

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| For | calen | idar year 2013 or tax year beginning | | , and ending | <u></u> | |
|---------------------------|------------|--|---|--|--|--|
| Nai | ne of | foundation | | | A Employer identification | number |
| т | HE | CHILDRENS HEALTH FOUND | DATION | | 74-2450465 | |
| | | and street (or P O box number if mail is not delivered to stree | | Room/suite | B Telephone number | |
| 2 | 99 | SOUTH MAIN STREET, SUI | TE 2370 | | 435-649-22 | 21 |
| | | own, state or province, country, and ZIP or foreign particles. The LAKE CITY, UT 84111 | postal code | | C If exemption application is p | pending, check here |
| | | all that apply Initial return | Initial return of a fo | ormer public charity | D 1. Foreign organizations | s, check here |
| • | ,,,,,,,,,, | Final return | Amended return | • | | |
| | | Address change | Name change | | Foreign organizations me check here and attach co | eeting the 85% test, omputation |
| H (| heck | type of organization X Section 501(c)(3) e | xempt private foundation | | E If private foundation sta | tus was terminated |
| |] Se | ction 4947(a)(1) nonexempt charitable trust | Other taxable private founda | | under section 507(b)(1 | |
| l Fa | ır ma | arket value of all assets at end of year J Account | ing method Cash | X Accrual | F If the foundation is in a | 60-month termination |
| (fi | om l | | ther (specify) | | under section 507(b)(1 | |
| • | \$ | 37,212. (Part I, colu | ımn (d) must be on cash t | basis.) | | |
| Pá | ırt l | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for chantable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | | | N/A | |
| | 2 | Check X if the foundation is not required to attach Sch. B | | | | |
| | 3 | Interest on savings and temporary cash investments | 355. | 355. | | STATEMENT 1 |
| | 4 | Dividends and interest from securities | | | | |
| | 5a | Gross rents | | | | - internal |
| | b | Net rental income or (loss) | , | | | <u></u> |
| Revenue | 6a b | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | | | | |
| Š | 7 | assets on line 6a Capital gain net income (from Part IV, line 2) | | 0. | The state of the s | |
| ď | 8 | Net short-term capital gain | | | 1 | |
| | 9 | Income modifications | '-i-d' | , },, '', ', ' | | (4) |
| | 10a | Grace calce loce returns | | ······································ | *, | |
| | b | Less Cost of goods sold | | | | |
| | C | Gross profit or (loss) | | | | |
| | 11 | Other income | | | | |
| | 12 | Total Add lines 1 through 11 | 355. | 355. | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0. | 0. | | 0. |
| | 14 | Other employee salaries and wages | | | | |
| s | 15 | Pension plans, employee benefits | | i | | |
| ıses | | Legal fees | | | | _ |
| ē | | Accounting fees STMT 2 | 510. | 0. | ··· | 0. |
| ũ | | Other professional fees STMT 3 | 365. | 0. | | 0. |
| and Administrative Expens | 17 | Interest | | | | |
| stra | 18 | Taxes | | | | |
| Ë | 19 | Depreciation and depletion | ļ | | | |
| μþ | 20 | Occupancy | | | | |
| βÞ | 21 | Travel, conferences, and meetings | | | | |
| j ar | 22 23 | Printing and publications Other expenses STMT 4 | 6. | 0. | | 0. |
| ţ | 24 | Total operating and administrative | | | | 0. |
| Operating | 24 | expenses. Add lines 13 through 23 | 881. | 0. | | 0. |
| Ö | 25 | Contributions, gifts, grants paid | 0. | • | | 0. |
| | 26 | Total expenses and disbursements. | | | <u> </u> | 1 |
| | -" | Add lines 24 and 25 | 881. | 0. | | 0. |
| | 27 | Subtract line 26 from line 12 | | | | |
| | i | Excess of revenue over expenses and disbursements | -526. | | | |
| | | Net investment income (if negative, enter -0-) | | 355. | | { |
| | | Adjusted net income (if negative, enter -0-) | | | N/A | <u></u> |

Form **990-PF** (2013)

LHA For Paperwork Reduction Act Notice, see instructions.

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | |
|---|---|---|--------|
| • | (must agree with end-of-year figure reported on prior year's return) | 1 | 37,738 |
| 2 | Enter amount from Part I, line 27a | 2 | -526 |
| 3 | Other increases not included in line 2 (itemize) | 3 | 0 |
| 4 | Add lines 1, 2, and 3 | 4 | 37,212 |
| 5 | Decreases not included in line 2 (itemize) | 5 | 0 . |
| | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 37,212 |

Form 990-PF (2013)

| Part IV Capital Gains a | nd Losses for Tax on In | vestment | Income | | | | | |
|--|--|--|---|-----------|--------------------------------|---------------------------------|-------------------------|----------------------------------|
| (a) List and describ | e the kind(s) of property sold (e g house, or common stock, 200 shs | , real estate, | | `P-Pu | acquired irchase onation | (c) Date acc (mo., day | quired , yr) | (d) Date sold (mo , day, yr) |
| 1a | | | | | | | | |
| b NON | E | | | <u> </u> | | | | |
| C | | | | | | | | |
| d | | | | | | | | |
| е | | T | | <u> </u> | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | t or other basis xpense of sale | | | (h) Gain (e) plus (f | or (loss) () minus (| |
| a | | | | | | | | |
| b | | | | | | | | |
| C | | | | | | | | |
| d | | <u> </u> | | | | | | |
| е | | | 10/01/00 | | | | | |
| Complete only for assets showing | | | | | | I) Gains (Col I (k), but not | | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (K) Ex | cess of col (I) col (J), If any | | | Losses (fr | om col (I |))) |
| a | **** | | | | - | | | |
| b | | | | | | | | |
| C | | | | | | | | |
| d | | | | _ | | | | |
| e | | <u> </u> | | | 1 | | | |
| 2 Capital gain net income or (net capi | tal loss) { If gain, also enter If (loss), enter -0: | r in Part I, line ? - in Part I, line ! | 7 7 | } 2 | | | | |
| 3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co | | nd (6) | | | | | | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification Un | dou Costion 4040/s) fou | Dadwaad | Toy on Not | 3 | hanna and Inc. | | | |
| | | | • | | unent m | come | | |
| (For optional use by domestic private for | oundations subject to the section 4 | 494U(a) tax on | net investment in | come) | | | | |
| If section 4940(d)(2) applies, leave this | part blank | | | | | | | |
| Was the foundation liable for the sectio | n 4942 tay on the distributable am | nount of any ve | ar in the bace ner | nod2 | | | | Yes X No |
| If "Yes," the foundation does not qualify | | | • | 100 | | | | |
| 1 Enter the appropriate amount in ear | | | | ntries | | | | · |
| (a) | (b) | Ĩ | | (c) | | " | Destarb | (d) |
| Base period years Calendar year (or tax year beginning | Advised avaleurs dist | tributions | Net value of no | | le-use assets | ; (cc | | útión ratio ded by col (c)) |
| 2012 | | 0. | | | 37,212 | 2. | | .000000 |
| 2011 | | 2,196. | | | 1,656 | | | 1.32608 |
| 2010 | | 0. | | | 39,608 | 3. | | .000000 |
| 2009 | | 2,400. | | | 39,129 | | | .061336 |
| 2008 | | 3,644. | | | 1,910 |). | | 1.90785 |
| | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | 2 | | 3.295276 |
| 3 Average distribution ratio for the 5- | | on line 2 by 5, o | or by the number | of years | | | | 4-4 |
| the foundation has been in existenc | e if less than 5 years | | | | | 3 | | .659055 |
| 4 Enter the net value of noncharitable | -use assets for 2013 from Part X, I | line 5 | | | | 4 | | 36,913 |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 24,328 |
| 6 Enter 1% of net investment income | (1% of Part I, line 27b) | | | | | 6 | | 4. |
| 7 Add lines 5 and 6 | , , , , , - , | | | | | 7 | | 24,332 |
| | Ocad VIII. June A | | | | | | | 0. |
| 8 Enter qualifying distributions from F | | | | | | 8 | | |
| If line 8 is equal to or greater than li See the Part VI instructions | ne 7, check the box in Part VI, line | 1b, and comp | lete that part using | g a 1% ta | x rate | | | |

323521 10-10-13

Form **990-PF** (2013)

| Form | 990-PF (2013) THE CHILDRENS HEALTH FOUNDATION | I | | | 2450 | | | age 4 |
|------|--|---------------------------------------|---------|------|--------------|----------|-------------|---------------|
| | rt VI Excise Tax Based on Investment Income (Section 4940) | a), 4940(b), 4940(e), o | r 49 | 48 · | - see i | nstru | ction | s) |
| | Exempt operating foundations described in section 4940(d)(2), check here and ente | er "N/A" on line 1 | | | | | | |
| - | Date of ruling or determination letter (attach copy of letter if neces | sary-see Instructions) | | | | | | _ |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here | and enter 1% | Ļ | 1 | | | | <u>7.</u> |
| | of Part I, line 27b | | | | | | | |
| | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% o | | | | | | | • |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Other | ers enter -0-) | L | 2 | _ | | | 0. |
| | Add lines 1 and 2 | | L | 3_ | <u> </u> | | | 7. |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Other | ers enter -0-) | Ļ | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | - | 5 | ļ | • | | 7. |
| | Credits/Payments | I | | | | | | |
| а | 2013 estimated tax payments and 2012 overpayment credited to 2013 | <u>6a</u> | _ | | | | | |
| | Exempt foreign organizations - tax withheld at source | 6b | _ | | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | 6c | 7. | | | | | |
| | Backup withholding erroneously withheld | 6d | | | | | | 7 |
| | Total credits and payments Add lines 6a through 6d | | - | | | | | <u>7.</u> |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach | ed | | 8_ | | | | 0. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | ▶ | 9 | | | | <u> </u> |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 1 | ▶ | 10 | | | | |
| | Enter the amount of line 10 to be Credited to 2014 estimated tax | Refunded | | 11 | Ш | | | |
| | rt VII-A Statements Regarding Activities | | | | | r1 | Yes | No |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislat | tion or did it participate or inter | vene i | n | | 1- | 163 | X |
| | any political campaign? | - / instructions for the defin | امميان | , | | 1a 1b | | $\frac{x}{x}$ |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purpose: | | | | | "" | | |
| | If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and | copies of any materials pub | usrie | 1 01 | | | | |
| | distributed by the foundation in connection with the activities. | | | | | ,, | 1 | Х |
| | Did the foundation file Form 1120-POL for this year? | oor | | | | 10 | | |
| a | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation \$\(\begin{align*} \ 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 0. | | | | | |
| _ | Enter the reimbursement (if any) paid by the foundation during the year for political expenditu | · · · · · · · · · · · · · · · · · · · | •• | | | | | |
| ť | managers > \$ 0. | ie tax imposed on loundation | | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS | 12 | | | | 2 | | X |
| _ | If "Yes," attach a detailed description of the activities. | , | | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing ins | strument, articles of incorporati | on. or | | | | | |
| ٠ | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | , | | | 3 | | X |
| 42 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | | | 4a | | Х |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | | N | I/A | 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith | er | | | | | | |
| | By language in the governing instrument, or | | | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory of the state | directions that conflict with the | state | aw | | | | |
| | remain in the governing instrument? | | | | | 6 | | _X_ |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp | olete Part II, col (c), and Par | t XV | | | 7 | X | |
| | | | | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions | s) ► <u>NONE</u> | | | | | | |
| | | ·· | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto | orney General (or designate) | | | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | | | 86 | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of sect | | r calen | dar | | | | ν, |
| | year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," con | | | | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule | listing their names and addresses | | | | 10 | | X |

Form **990-PF** (2013)

Total. Add lines 1 through 3

74-2450465 THE CHILDRENS HEALTH FOUNDATION Page 8 Form 990-PF (2013) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 22,160. a Average monthly fair market value of securities 1a 15,315. 1b b Average of monthly cash balances 16 c Fair market value of all other assets 37,475. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 37,475 3 3 Subtract line 2 from line 1d 4 4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 36,913 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 5 ,846 Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here
and do not complete this part) 1,846. Minimum investment return from Part X, line 6 1 1 7. Tax on investment income for 2013 from Part VI, line 5 2h Income tax for 2013 (This does not include the tax from Part VI) c Add lines 2a and 2b 2¢ 3 Distributable amount before adjustments Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 839 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 0. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3а b Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form 990-PF (2013)

5 6

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see Instructions)

| | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
|--|---------------------------------------|---------------------------------------|---|---|
| 1 Distributable amount for 2013 from Part XI, | ····· | | | 1,839. |
| tine 7 | 411 I ' 4 | 4 | · | 1,037. |
| 2 Undistributed income, if any, as of the end of 2013 | | | 0. | |
| a Enter amount for 2012 only | · | | | |
| b Total for prior years | | 0. | | |
| 3 Excess distributions carryover, if any, to 2013 | · · · · · · · · · · · · · · · · · · · | | ′ ! | <u> </u> |
| | | | | |
| a From 2008 3,570. b From 2009 468. | | | | |
| c From 2010 | | | | |
| d From 2011 2, 121. | | | | |
| e From 2012 | | | | |
| f Total of lines 3a through e | 6,159. | | | |
| 4 Qualifying distributions for 2013 from | -, | | | ······································ |
| Part XII, line 4 > \$ 0. | | | | |
| a Applied to 2012, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | '- |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | ······································ | · · · · · · · · · · · · · · · · · · · |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2013 distributable amount | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 7 115 11 11 11 11 11 11 11 11 11 11 11 11 | 0. |
| e Remaining amount distributed out of corpus | 0. | ••••• | | |
| 5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) | 1,839. | | | 1,839. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 4,320. | | | |
| b Prior years' undistributed income Subtract | | | | ······································ |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | ······································ |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2012 Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2013 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2014 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | ····· | | |
| 8 Excess distributions carryover from 2008 | | | | |
| not applied on line 5 or line 7 | 1,731. | | | |
| 9 Excess distributions carryover to 2014. | | | | |
| Subtract lines 7 and 8 from line 6a | 2,589. | | | *************************************** |
| 10 Analysis of line 9 | | | | |
| a Excess from 2009 468. | | | | |
| b Excess from 2010 | | | | |
| c Excess from 2011 2, 121. | | | | |
| d Excess from 2012 | | | | |
| e Excess from 2013 | | | | Form 990-PF (2013) |

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Foundation **Amount** status of Name and address (home or business) recipient a Paid during the year NONE **▶** 3a 0. b Approved for future payment NONE **▶** 3b Total ٥.

| Part XVI- | | come-Produc | | | | | | | 2430403 | Page 12 |
|-------------------|---|-------------------|------------------|--|---------------|---------------|---------------------------------------|----------------|----------------|-------------|
| Enter gross am | ounts unless otherwise indic | cated | Unrelat | ed business i | ncome | | ded by section 512 | 2, 513, or 514 | (e) | |
| Citter gross am | ounts amoss otherwise mak | oatoo | (a) | (| (b) | (C) Exclu- | (d |) | Related or exe | empt |
| 1 Program se | nyica rayaniia | | Business code | Am | ount | sion | Amo | unt | function inco | me |
| _ | | | | | | | - | | | |
| _ | | | | - | | | | | | |
| | | | | | | | | | | |
| | | | | | | + | | | | |
| | | | | | | | | | | |
| | | | - | | | - | | | | |
| f | | A | | | | +- | | | | |
| - | contracts from governmen | t agencies | ļ | | | + | · · · · · · · · · · · · · · · · · · · | - | <u> </u> | |
| • | p dues and assessments | | | ļ | | + | | | | |
| | savings and temporary cash | | | | | 1 1 4 | : | 255 | | |
| investments | | | | ļ | | 14 | | 355. | <u>-</u> | |
| • | nd interest from securities | | - cmm- | ļ | ····· | | ļ | , | | |
| 5 Net rental in | icome or (loss) from real est | tate | | ļ | | | | | | |
| a Debt-fina | anced property | | <u></u> | <u> </u> | | | <u> </u> | | <u></u> . | |
| b Not debt | -financed property | | | ļ | | | | | | |
| 6 Net rental in | come or (loss) from person | al | | | | | | | | |
| property | | | | | | | | | | |
| 7 Other invest | tment income | | | | | | | | | |
| 8 Gain or (los | s) from sales of assets other | r | | | | | | | | |
| than invento | pry | | | | | | | | | |
| 9 Net income | or (loss) from special events | S | | | | | | _ | | |
| | or (loss) from sales of invei | | | | | | | | | |
| 11 Other reven | | • | | | | | | | | |
| а | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | - | | |
| e | | | | | | | | | | |
| • | id columns (b), (d), and (e) | | | | 0 | - | | 355. | | 0. |
| | ine 12, columns (b), (d), and | d (a) | <u> </u> | 1 | | •, | l | | | 355 |
| | | | | | | | | 13 | | 333 |
| | t in line 13 instructions to ve | my calculations) | ·· | | | | | · | | |
| Part XVI-I | Relationship | of Activities to | o the Acc | omplishn | nent of E | xemp | t Purposes | S | | |
| Line No. | Fueles below how each act | h | | | - 4 D- + \0.0 | AA1 | | | | |
| Line No. | Explain below how each act the foundation's exempt pu | | | | | A COULUI | outed important | y to the accom | nplishment of | |
| | | | | | | EOD | CHADIMA | DIE AC | MTV/TMTEC | |
| | ICOME EARNED | | | | | | | | | |
| | COME EARNED | | | | | | | | | |
| B IN | ICOME EARNED | ON BROKER | RAGE AC | COUNT | USED . | FOR | CHARITA | BLE AC | TIVITIES | |
| | | | | | | | | | | |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ·· | | | - | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | _ _ | | | | | | · · · · · · · · · · · · · · · · · · · | | - <u></u> | |
| | | | | | | - | | | | |
| | | | · | | | | | | | |

Form **990-PF** (2013)

323621 10-10-13

| Part XVII | | | | TOUNDATION | and Polation | /4-245 ships With Noncha | | Page 13 |
|--|--|---|---------------------|--|-------------------------|---|---|---------------------|
| S. S | Exempt Organ | | 151615 10 1 | and Transactions | alia Neiation: | | Illabie | |
| 1 Did the o | rganization directly or Indi | rectly engage in any | of the following | ng with any other organizat | on described in sec | tion 501(c) of | Ye | s No |
| | · | | • | 27, relating to political orga | nizations? | | | |
| | from the reporting found | | * | • | | | | ? ` \62% |
| | | | | | | | 1a(1) | X X |
| • . | | · · · · · · · · · · · · · · · · · · · | ******* | ** ** ** * * * * * * * * * * * * * * * * | | | 18(2) | X Valories |
| b Other train | / 1 | | 414- | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| (1) 5ale: | s oi asseis io a nonçiiania Daeae of apeate from a po | iole exempl digalitza mohoditohio evennt | noitedan | | | , ., | 1b(1) 1b(2) | X |
| | | | | | | *** *** *** *** * * * * * * * * * * * * | | $\frac{\hat{x}}{x}$ |
| (a) Rein | niusement arrangements | ्रा,, दावद्व वावाग्रव ।,,, | ** | 10.2 ba 4 b 1000 f fr 1 11 dr 1 10 | | ··· · · · · · · · · · · · · · · · · · | 10(4) | $\frac{n}{x}$ |
| | | | | | | * | | X |
| (5) Perio | ormance of services or me | mbership or fundra | ising solicitation | ons | | | 10(5) | X |
| | | | | | | | | X |
| | | | | | | market value of the goods, | | |
| of service | es given by the reporting t | oundation. If the fou | mdation receiv | ed less than fair market val | ue in any transactio | n or sharing arrangement, : | show in | |
| | d) the value of the goods, | | | | | | | |
| (a) Line no. | (b) Amount involved | (c) Name o | | e exempt organization | (d) Description | on of transfers, transactions, and | sharing amange | ements |
| | | | N/A | | | | | |
| | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | <u> </u> | | | ····· | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | ···· | | | | |
| | | | ····· | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | ··· | | | | |
| | · | | , | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | or more tax-exempt organ | | _ | | |
| | | |)(3)) or in seci | tion 527? , | | · [| Yeş L | X No |
| b if Yes, c | omplete the following sch (a) Name of org | | ···· | (h) Type of executation | 1 | (n) Description of calculate | h | |
| | N/A | Janizaudii | ···· | (b) Type of organization | } | (c) Description of relations | nip | |
| | M/A | | ····· | | ļ | ···· | | |
| | | * =/ + +/ = *= +++ ++++++ | | | | | ······································ | |
| | | | | | | | | |
| | | 7 | 7 | | | | | |
| | penulties of perjust declars | trail have examined th | is return, includin | ng accompanying schedules and | statements, and to the | best of my knowledge | 100 | california d |
| Sign | eliet, it is true, conscir and con | mplete. Occlaration of b | repaier (olliarthe | n taxpayer) is based on all infor | mation of which prepare | a ner and viscosiscofer Lep | y the iRS discu- um with the pre- wn below (see | parer |
| Here | | ec 1 | | 10/21/14 | Chair- | | X Yes [| □ No |
| Sig | nature of officer or trustee | | | Date | Title | | | |
| | Print/Type preparer's na | me | Preparer's s | ignature | Date | Check If PTIN | | |
| D-:-1 | | | _ | | المداد | self- employed | | |
| Paid | RANDY SELL | | LA | <u> </u> | 10.21.14 | | 126018 | |
| Preparer | Firm's name ► PRO | ressional | BUSHOW | ESS-ADVISORS | s, LLC | Firm's EIN ► 20-3 | 153167 | |
| Use Only | Sirm's address & 1 17 | OF COURT | 500 W | em curmo oo | 10 | ļ | | |
| | Firm's address > 17 | | 500\WE | ST, SUITE 20 | ·U | 001 2 | 06. 100 | Λ |
| | , <u>.</u> | CHITEON | 27 440 | 1 | | | 96-106 | |
| | | | / | J | | Tr. | orm 990-P | r (2013) |

323822 10-10-13

. . . . 8

| FORM 990-PF INTEREST ON SAVI | NGS AND TEM | PORARY CASH 1 | INVESTMENTS | STATEMENT 1 |
|------------------------------|------------------------------|-----------------------------------|------------------------------|-------------------------------|
| SOURCE | (A REVEI PER B | NUE NET | (B) INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
| US BANCORP | | 355. | 355. | |
| TOTAL TO PART I, LINE 3 | | 355. | 355. | |
| FORM 990-PF | ACCOUNTI | NG FEES | | STATEMENT 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | |
| ACCOUNTING | 510. | 0 | • | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 510. | 0 | • | 0. |
| FORM 990-PF 0 | THER PROFES | SIONAL FEES | | STATEMENT 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | |
| AGENT FEE | 365. | 0 | • | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 365. | 0 | • | 0. |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT 4 |
| | | | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | |
| | EXPENSES | NET INVEST- | ADJUSTED NET INCOM | CHARITABLE |
| DESCRIPTION | EXPENSES PER BOOKS | NET INVEST- MENT INCOME | ADJUSTED NET INCOM | CHARITABLE E PURPOSES |

| FORM 990-PF CORPORATE STOCE | K | STATEMENT 5 |
|---|------------|----------------------|
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
| IMAGEWARE SYSTEMS INC | 22,160. | 22,160. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 22,160. | 22,160. |
| FORM 990-PF CORPORATE BONDS | S | STATEMENT 6 |
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
| US BANCORP | 12,123. | 12,123. |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 12,123. | 12,123. |

Form **8868** (Rev January 2014)

Jepartment of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

| | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | |
|--|-------------------------------|---------------|---------------------------------------|--|------------------------|--|
| If you are filing for an Automatic 3-M | | | | | | ► X |
| If you are filing for an Additional (No | t Automatic) 3-Month É | xtenšion, | complete only Part II (on page 2 o | f this form |). | |
| Do not complete Part II unless you ha | ive already been granted | an aütom | atic simonth extension on a previou | sly filed F | orm 8868. | |
| Electronic filing (e-file) You can election | onically file Form 8868 if | you need | a 3-month automatic extension of ti | me to file | (6 months for a co | rporation |
| required to file Form 990-T), or an additi | onal (not automatic) 3·mo | onth exten | ision of time. You can electronically | file Form 8 | 3868 to request an | extension |
| of time to file any of the forms listed in F | art I or Part II with the ex | ception o | f Form 8870, Information Return for | Transfers | Associated With (| Certain |
| Personal Benefit Contracts, which must | be sent to the IRS in par | oer format | (see instructions). For more details | on the ele | ectronic filing of thi | s form. |
| visit www.irs gov/efile and click on e-file | | | | | | |
| Part I Automatic 3-Mont | h Extension of Time | e. Only | submit original (no copies ne | eded). | | |
| A corporation required to file Form 990- | Tand requesting an auto- | matic 6-m | onth extension - check this box and | complete | | |
| Part Lonly | | | | | | ▶ □ |
| All other corporations (including 1120-C | filers), partnerships, REN | 1ICs, and | trusts must use Form 7004 to reque | st an exte | nsion of time | |
| to tile income tax returns. | | | | Enter fil | er's identifying n | umber |
| Type or Name of exempt organization | n or other filer, see instru | ictions. | | Employe | er identification nui | mber (EIN) or |
| print | | | | | | |
| THE CHILDRENS | HEALTH FOUND | ATION | | 1 | 74-24504 | 65 |
| Number, street, and room o | r suite no If a P.O box, s | ee instruc | etions. | Social se | ecurity number (SS | |
| return See 299 SOUTH MAIN | STREET, SUI | <u> PE 23</u> | 70 | | | |
| matructions City, town or post office, sta | ite, and ZIP code. For a fo | oreign add | dress, see instructions. | | | |
| SALT LAKE CITY | , UT 84111 | | | | | |
| | | | | | | —————————————————————————————————————— |
| Enter the Return code for the return that | this application is for (file | e a separa | te application for each return) | | | 0 4 |
| | | , , | | | | |
| Application | ٠ ا | Return | Application | | | Return |
| is For | | Code | ls For: | | | Code |
| Form 990 or Form 990-EZ | | 01. | Form 990-T (corporation) | | | 07 |
| Form 990-BL | | 02 | Form 1041-A | | | 08 |
| Form 4720 (individual) | | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990-PF | | 04 | Form 5227 | | | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | | 06 | Form 8870 | | | 12 |
| | NDY FIELDS | | 0.7mv Nm 0.40C0 | | | |
| • The books are in the care of \triangleright 33 | 3 MAIN ST - 1 | PARK | | | | |
| Telephone No ► 435-645-2 | 049 | | Fax No. ► | | | |
| If the organization does not have an organization. | iffice or place of business | in the Ur | nited States, check this box | | ., , , , | ▶ |
| • If this is for a Group Return, enter the | | | | | | |
| | | | ch a list with the names and EINs o | | ers the extension | is for. |
| | months for a corporation | required 1 | to file Form 990-T) extension of time | until | ~ i . | |
| AUGUST 15, 2014 | , to file the exempt | i organiza | tion return for the organization name | eo aboye. | The extension | |
| is for the organization's return for. | | | | | | |
| $\triangleright \overline{X} $ calendar year 2013 or | | | d anding | | | |
| tax year beginning | | , an | a ending | | - ' | |
| and the second s | | nook reas | on: . Initial return | Final retur | 'n | |
| 2 If the tax year entered in line 1 is fo | | IOCK ICOS | on: , | i iliai jotoi | " | |
| Change in accounting period 3a If this application is for Forms 990- | DI 000 DE 000 T 4720 | 6r 606,0 | hter the tentative tax lass any | | | |
| 3a If this application is for Forms 990- | 3L, 990.PP, 990.1, 4720, | 01 00091 | Ly (Arth | За | s | 0. |
| nonrefundable credits. See instruction. b. If this application is for Forms 990- | | | | | | |
| estimated tax payments made Inc | PF, 990-1, 4720, 01 0000 | avment al | lowed as a credit. | 3b | \$ | 0. |
| 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | luce any prior year overp | ument wit | h this form, if required. | | | |
| c Balance due Subtract line 35 from | The Dayment System) | See instru | ctions. | 30 | \$ | 0. |
| by using EFTPS (Electronic Federa Caution If you are going to make an elec | trans funde withdrawel | (direct del | bit) with this Form 8868, see Form 8 | | nd Form 8879-EO | or payment |
| Caution If you are going to make an electrications | MONIC IONOS WITHOLAWAI | ,5501 001 | | | | |
| | Reduction Act Notice | see instri | uctions. | | Form 8868 (| Rev. 1·2014) |
| LHA For Privacy Act and Paperwork | Treatment not transal. | | | | | |
| 7 31 13 | | | 1.4 | | | |

| Form 8868 (Rev. 1-2014) | | | | | Page 2 |
|---|---------------------|--|-------------|----------------|-----------------------|
| If you are filing for an Additional (Not Automatic) 3-Month Ex | xtension, | complete only Part II and check thi | s box | | ▶ [X] |
| Note. Only complete Part II if you have already been granted an | | | | 8868. | |
| • If you are filing for an Automatic 3-Month Extension, comple | | | | | |
| Part II Additional (Not Automatic) 3-Month E | Extension | n of Time. Only file the origin | nal (no c | opies n | eeded). |
| | | Enter filer's | identifyi | ng numbe | er, see instructions |
| Type or Name of exempt organization or other filer, see instru | uctions. | | Employe | er identific | ation number (EIN) or |
| File by the THE CHILDRENS HEALTH FOUNDA | TION | | | 74-2 | 2450465 |
| Number, street, and room or suite no. If a PO. box, street are See 299 SOUTH MAIN STREET, SUIT | | | Social s | ecunty nui | mber (SSN) |
| City, town or post office, state, and ZIP code. For a f SALT LAKE CITY, UT 84111 | oreign add | dress, see instructions. | | | |
| | | | | | |
| Enter the Return code for the return that this application is for (fil | e a separa | te application for each return) | | | 0 4 |
| Application | Return | Application | | | Return |
| ls For | Code | Is For | | | Code |
| Form 990 or Form 990-EZ | 01 | | | ··· | |
| Form 990-BL | 02 | Form 1041-A | | | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990-PF | 04 | Form 5227 | | | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | 12 |
| STOP! Do not complete Part II if you were not already granted | d an autor | <u>natic 3-month extension on a prev</u> | iously file | ed Form 8 | 868. |
| RANDY FIELDS | | | | | |
| • The books are in the care of \triangleright 333 MAIN ST - | PARK | | | | |
| Telephone No ► 435-645-2049 | | Fax No | | | · . |
| If the organization does not have an office or place of business | | | | | ▶ □ |
| If this is for a Group Return, enter the organization's four digit | | | | | |
| box ► If it is for part of the group, check this box ► | | | all memb | ers the ex | tension is for |
| | | BER 15, 2014. | | | |
| 5 For calendar year 2013 , or other tax year beginning | | , and ending | | | · |
| 6 If the tax year entered in line 5 is for less than 12 months, o | heck reas | on: L Initial return L | Final ! | etum | |
| L Change in accounting period | | | | | |
| 7 State in detail why you need the extension | מזשמת | DN NOW AVAILABLE | | | |
| INFORMATION NEEDED TO PREPARE | RETU | KN NOT AVAILABLE | | | |
| | | | | | |
| | | | | | |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 | , or 6069, | enter the tentative tax, less any | | | 0. |
| nonrefundable credits See instructions. | | | 8a | \$ | <u></u> |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069 | | | | | |
| tax payments made Include any prior year overpayment all | lowed as a | a credit and any amount paid | <u> </u> | | 0. |
| previously with Form 8868. | | | 8b | \$ | |
| Balance due. Subtract line 8b from line 8a. Include your pa | • | n this form, if required, by using | | | 0. |
| EFTPS (Electronic Federal Tax Payment System). See instru | | st be completed for Part II o | 8c | \$ | |
| | | | | f mu knowl | adae and belief |
| Under penalties of perjury. Leclare that have examined this form, includ it is true, correct, and complete, and trap an authorized to prepare this fo | ning accomp orm. | anying schedules and statements, and to | 1116 0621 0 | 1 111y Kilowii | suge and bener, |
| I = VI / I | | [XI] | Date | ▶ %. | 1014 |
| Signature Title | | | Date | | 1 8868 (Rev. 1-2014) |
| 14 | | | | FUIII | 10000 (110V. 172014) |
| 1 / | | | | | |