

**Short Form  
Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**  
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public  
Inspection**

**A For the 2008 calendar year, or tax year beginning** , 2008, **and ending** ,

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:                | <b>C</b>  | <b>D</b> Employer identification number |
| <input type="checkbox"/> Address change      | CHILDRENS HERITAGE FOUNDATION<br>4001 W INDIAN SCHOOL RD<br>PHOENIX, AZ 85019 | 30-0352399                              |
| <input type="checkbox"/> Name change         |   | <b>E</b> Telephone number               |
| <input type="checkbox"/> Initial return      |   | (602) 233-1191                          |
| <input type="checkbox"/> Termination         |   | <b>F</b> Group Exemption Number..... ▶  |
| <input type="checkbox"/> Amended return      |   |   |
| <input type="checkbox"/> Application pending |   |   |

Please use IRS label or print or type. See Specific Instructions.

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ WWW.CHILDRENSHERITAGEFOUNDATION.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Organization type (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 491,132.

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) |  |             |
|---|--|-------------|
|   | 1 Contributions, gifts, grants, and similar amounts received.....  | 1 491,132.  |
|   | 2 Program service revenue including government fees and contracts.....   | 2           |
|   | 3 Membership dues and assessments.....   | 3           |
|   | 4 Investment income.....   | 4           |
| REVENUE   | 5a Gross amount from sale of assets other than inventory.....  | 5a          |
|   | b Less: cost or other basis and sales expenses.....  | 5b          |
|   | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch).....   | 5c          |
|   | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here..... ▶ <input type="checkbox"/>      |             |
|   | a Gross revenue (not including \$ _____ of contributions reported on line 1).....  | 6a          |
|   | b Less: direct expenses other than fundraising expenses.....   | 6b          |
|   | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....   | 6c          |
|   | 7a Gross sales of inventory, less returns and allowances.....  | 7a          |
|   | b Less: cost of goods sold.....  | 7b          |
|   | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....  | 7c          |
|   | 8 Other revenue (describe ▶ _____).....  | 8           |
|   | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)..... ▶   | 9 491,132.  |
| EXPENSES  | 10 Grants and similar amounts paid (attach schedule)..... SEE STATEMENT 1  | 10 368,309. |
|   | 11 Benefits paid to or for members.....  | 11          |
|   | 12 Salaries, other compensation, and employee benefits.....  | 12          |
|   | 13 Professional fees and other payments to independent contractors.....  | 13 21,617.  |
|   | 14 Occupancy, rent, utilities, and maintenance.....  | 14          |
|   | 15 Printing, publications, postage, and shipping.....  | 15 1,746.   |
|   | 16 Other expenses (describe ▶ SEE STATEMENT 2).....  | 16 31,354.  |
|   | 17 Total expenses (add lines 10 through 16)..... ▶   | 17 423,026. |
| ASSETS  | 18 Excess or (deficit) for the year (Subtract line 17 from line 9).....  | 18 68,106.  |
|   | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)..... | 19 52,211.  |
|   | 20 Other changes in net assets or fund balances (attach explanation).....  | 20          |
|   | 21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶  | 21 120,317. |

| Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. |                       |                 |
|---|-----------------------|-----------------|
| (See the instructions for Part II.)   |                       |                 |
|   | (A) Beginning of year | (B) End of year |
| 22 Cash, savings, and investments.....  | 29,313.               | 22 87,518.      |
| 23 Land and buildings.....  |                       | 23              |
| 24 Other assets (describe ▶ SEE STATEMENT 3).....   | 23,280.               | 24 34,897.      |
| 25 Total assets.....  | 52,593.               | 25 122,415.     |
| 26 Total liabilities (describe ▶ SEE STATEMENT 4).....  | 382.                  | 26 2,098.       |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....   | 52,211.               | 27 120,317.     |



**Part V Other Information** (Note the statement requirement in General Instruction V.)

|     |   | Yes | No |
|-----|---|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.   |     | X  |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.   |     | X  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  |     |    |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  |     | X  |
| 35b | If 'Yes,' has it filed a tax return on Form 990-T for this year?  |     |    |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.   |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0.   |     |    |
| 37b | Did the organization file Form 1120-POL for this year?  |     | X  |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                       |     | X  |
| 38b | If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A   |     |    |
| 39  | 501(c)(7) organizations. Enter:   |     |    |
| 39a | a Initiation fees and capital contributions included on line 9. N/A   |     |    |
| 39b | b Gross receipts, included on line 9, for public use of club facilities. N/A  |     |    |
| 40a | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 0.; section 4912 0.; section 4955 0.  |     |    |
| 40b | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I. |     | X  |
| 40c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.  |     |    |
| 40d | Enter amount of tax on line 40c reimbursed by the organization. 0.  |     |    |
| 40e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.   |     | X  |
| 41  | List the states with which a copy of this return is filed <b>CA</b>   |     |    |

42a The books are in care of **RICHARD FULLER** Telephone no. **(602) 233-1191**  
 Located at **4001 W INDIAN SCHOOL RD PHOENIX AZ** ZIP + 4 **85019**

|     |  | Yes | No |
|-----|--|-----|----|
| 42b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If 'Yes,' enter the name of the foreign country: ..  |     | X  |
| 42c | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.<br>At any time during the calendar year, did the organization maintain an office outside of the U.S.?<br>If 'Yes,' enter the name of the foreign country: .. |     | X  |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

|    |  | Yes | No |
|----|--|-----|----|
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  |     | X  |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. |     | X  |

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 8

|  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If 'Yes,' was the related organization(s) a section 527 organization?  | <input type="checkbox"/> | <input type="checkbox"/>            |

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| Total number of other employees paid over \$100,000            |  |                  |   |  |

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of other independent contractors receiving over \$100,000       |                     |                  |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *Charles S. Hilsabeck* Date: 9/11/09

Type or print name and title: CHARLES HILSABECK DIRECTOR

---

**Paid Preparer's Use Only**

Preparer's signature: *James V. Kurtz* Date: 9/11/09

Firm's name (or yours if self-employed), address, and ZIP + 4: COLBY & POWELL, PLC  
1535 W. HARVARD AVE., STE. 101  
GILBERT, AZ 85233

Check if self-employed:  Preparer's Identifying Number (See instructions): P00053600

EIN: 13-4236561 Phone no.: (480) 635-3200

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)   |          |          |          | 251,855. | 491,132. | 742,987.  |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.   |          |          |          |          |          | 0.        |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. |          |          |          |          |          | 0.        |
| 4 <b>Total.</b> Add lines 1-3.  | 0.       | 0.       | 0.       | 251,855. | 491,132. | 742,987.  |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).          |          |          |          |          |          | 0.        |
| 6 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          | 742,987.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4.   | 0.       | 0.       | 0.       | 251,855. | 491,132. | 742,987.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  |          |          |          |          |          | 0.        |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.  |          |          |          |          |          | 0.        |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          | 0.        |
| 11 <b>Total support.</b> Add lines 7 through 10.   |          |          |          |          |          | 742,987.  |
| 12 Gross receipts from related activities, etc. (see instructions).  |          |          |          |          | 12       | 0.        |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input checked="" type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). | 14 | % |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.                     | 15 | % |

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose. . . . .     |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .   |          |          |          |          |          |           |
| 6 <b>Total.</b> Add lines 1-5. . . . .  |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons. . . . .  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000. . . |          |          |          |          |          |           |
| c Add lines 7a and 7b. . . . .  |          |          |          |          |          |           |
| 8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . . .  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .   |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .  |          |          |          |          |          |           |
| c Add lines 10a and 10b. . . . .  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .   |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  |          |          |          |          |          |           |
| 13 <b>Total support.</b> (add lns 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . . | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g. . . . .                    | 16 | % |

**Section D. Computation of Investment Income Percentage**

|   |    |   |
|---|----|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). . . . . | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. . . . .                      | 18 | % |

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶



Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ and 990-PF  
▶ See separate instructions.

OMB No. 1545-0047

2008

Name of the organization

CHILDRENS HERITAGE FOUNDATION

Employer identification number

30-0352399

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule** –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules** –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

CHILDRENS HERITAGE FOUNDATION

Employer identification number

30-0352399

**Part I** Contributors (see instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|---------------|---|-----------------------------------|---|
| 1             | DAVID GOODLEY<br>-----<br>1144 STRATFORD DR<br>-----<br>ENCINITAS, CA 92024<br>-----            | \$ 10,000.                        | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |
| 2             | HELP FROM ABOVE<br>-----<br>4001 W INDIAN SCHOOL DR<br>-----<br>PHOENIX, AZ 85019<br>-----      | \$ 89,300.                        | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |
| 3             | JOAN MEYER<br>-----<br>2400 W PLUMB LN<br>-----<br>RENO, NV 89509<br>-----                      | \$ 7,750.                         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |
| 4             | NICOLE GRABLE<br>-----<br>326 ARROYO DR<br>-----<br>ENCINITAS, CA 92024<br>-----                | \$ 14,222.                        | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |
| 5             | STEVEN HODSDON<br>-----<br>PO BOX 675490<br>-----<br>RANCHO SANTA FE, CA 92067<br>-----         | \$ 11,145.                        | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |
| 6             | GLAXOSMITHKLINE FOUNDATION<br>-----<br>PO BOX 13681<br>-----<br>PHILADELPHIA, PA 19101<br>----- | \$ 13,982.                        | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |

Name of organization

CHILDRENS HERITAGE FOUNDATION

Employer identification number

30-0352399

**Part I** Contributors (see instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|---------------|---|--------------------------------|--|
| 7             | CAMMIE MILLER<br>-----<br>1097 NORMANDY HILL LN<br>-----<br>ENCINITAS, CA 92024<br>-----      | \$ ----- 8,945.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8             | CORY CROMMETT<br>-----<br>3298 POPPY HILLS LANE<br>-----<br>ENCINITAS, CA 92024<br>-----      | \$ ----- 8,213.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9             | AUTO CONNECTION<br>-----<br>9350 WAXIE WAY SUITE 550<br>-----<br>SAN DIEGO, CA 92123<br>----- | \$ ----- 22,600.               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| ---           | -----<br>-----<br>-----<br>-----  | \$ -----                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| ---           | -----<br>-----<br>-----<br>-----  | \$ -----                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| ---           | -----<br>-----<br>-----<br>-----  | \$ -----                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |



|  |   |
|--|---|
| Name of organization<br><b>CHILDRENS HERITAGE FOUNDATION</b> | Employer identification number<br><b>30-0352399</b> |
|--|---|

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... ▶ \$ N/A

| (a)<br>No. from Part I                  | (b)<br>Purpose of gift | (c)<br>Use of gift                       | (d)<br>Description of how gift is held |
|---|------------------------|--|--|
| N/A                                     |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| <b>(e)<br/>Transfer of gift</b>         |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |

## CHILDRENS HERITAGE FOUNDATION

30-0352399

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CASH AMOUNT GIVEN: \$ 209,204.  
 FAIR MARKET VALUE: 159,105.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

|                            |           |                       |
|----------------------------|-----------|-----------------------|
| INSURANCE.....             | \$        | 5,357.                |
| MEALS & ENTERTAINMENT..... |           | 629.                  |
| OFFICE EXPENSES.....       |           | 11,314.               |
| OTHER.....                 |           | 8,566.                |
| REPAIRS & MAINT.....       |           | 1,200.                |
| TELEPHONE.....             |           | 516.                  |
| TRAVEL.....                |           | 3,772.                |
| <b>TOTAL</b>               | <b>\$</b> | <b><u>31,354.</u></b> |

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

|                                    | <u>BEGINNING</u>         | <u>ENDING</u>            |
|------------------------------------|--------------------------|--------------------------|
| PLEDGES AND GRANTS RECEIVABLE..... | \$ 23,280.               | \$ 34,897.               |
| <b>TOTAL</b>                       | <b>\$ <u>23,280.</u></b> | <b>\$ <u>34,897.</u></b> |

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

|  | <u>BEGINNING</u>      | <u>ENDING</u>           |
|--|-----------------------|-------------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES..... | \$ 382.               | \$ 2,098.               |
| <b>TOTAL</b>                               | <b>\$ <u>382.</u></b> | <b>\$ <u>2,098.</u></b> |

**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

CHILDREN'S HERITAGE FOUNDATION (CHF) PARTNERS WITH INDIGENEOUS CHURCHES AND OTHER NONPROFIT ORGANIZATIONS IN THREE COUNTRIES-UGANDA, JAMAICA, AND THE DOMINICAN REPUBLIC, SUPPORTING PROJECTS THAT TARGET THE FOLLOWING BASIC NEEDS: FOOD, SHELTER, BASIC EDUCATION, SAFE DRINKING WATER, HEALTHCARE, ECONOMIC SELF-SUFFICIENCY, AND FAITH.

**STATEMENT 6  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

CHILDREN'S HERITAGE FOUNDATION (CHF) HAS BEEN ABLE TO MEET THE DAILY NEEDS OF OVER 600 DISADVANTAGED CHILDREN IN AFRICA AND THE CARIBBEAN. CHF HAS BEEN ABLE TO ASSIST THESE CHILDREN WITH SHELTER, HEALTHCARE, EDUCATION, FOOD, AND SUPPORT OF CARING ADULTS.

**STATEMENT 7  
FORM 990-EZ, PART III, LINE 30  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

CHILDREN'S HERITAGE FOUNDATION (CHF) HAS PROVIDED MISSION TRIPS FOR INDIVIDUALS WHO HAVE A DESIRE TO GO TO AFRICA TO HELP. THESE MISSION TRIPS ALLOW THESE INDIVIDUALS TO HELP CONSTRUCT BUILDINGS, WELLS, FENCES, AND SCHOOLS FOR THE VILLAGERS TO USE. THESE MISSION TRIPS ALLOW DONORS TO SEE HOW THEIR DONATIONS ARE BEING SPENT TO HELP THE COMMUNITY.

**STATEMENT 8  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

# California Exempt Organization 2008 Annual Information Return

199

Calendar Year 2008 or fiscal year beginning month 01 day 01 year 2008, and ending month 12 day 31 year 2008.

**A** First Return Filed?  Yes  No  
**B** Type of organization Exempt under Section 23701  (insert letter) **D**  (insert letter)  
 IRC Section 4947(a)(1) trust

Corporation/Organization Name **CHILDRENS HERITAGE FOUNDATION**  
 Address **4001 W. INDIAN SCHOOL RD.**  
 City **PHOENIX** State **AZ** ZIP Code **85019**

**C** Amended Return?  Yes  No  
**D** Are you a subordinate/affiliate in a group exemption?  Yes  No  
 (a) Is this a group filing for affiliates? See General Instruction L  Yes  No  
 (b) If "Yes," enter the number of affiliates \_\_\_\_\_  
 (c) Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
 (d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
 (e) Federal Group Exemption Number \_\_\_\_\_  
 (f) Is a roster of subordinates attached?  Yes  No  
**E** Final return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized (attach explanation)  
 If a box is checked, enter date \_\_\_\_\_  
**F** Check the box if the organization filed: (1)  990T (2)  990PF (3)  990H  
**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

**H** Accounting method used (1)  Cash (2)  Accrual (3)  Other  
**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations.  Yes  No  
**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents.  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_  
**L** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

|                       |    |  |    |            |
|-----------------------|----|--|----|------------|
| Receipts and Revenues | 1  | Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 00         |
|                       | 2  | Gross dues and assessments from members and affiliates   | 2  | 00         |
|                       | 3  | Gross contributions, gifts, grants, and similar amounts received   | 3  | 491,132 00 |
|                       | 4  | Total gross receipts for filing requirement test. Add line 1 through line 3.<br>This line must be completed. If the result is less than \$25,000, see General Instruction C. | 4  | 491,132 00 |
|                       | 5  | Cost of goods sold   | 5  | 00         |
|                       | 6  | Cost or other basis, and sales expenses of assets sold   | 6  | 00         |
|                       | 7  | Total costs. Add line 5 and line 6   | 7  | 00         |
|                       | 8  | Total gross income. Subtract line 7 from line 4  | 8  | 491,132 00 |
| Expenses              | 9  | Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 423,026 00 |
|                       | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | 10 | 68,106 00  |
| Filing Fee            | 11 | Filing fee \$10 or \$25. See General Instruction F   | 11 | 00         |
|                       | 12 | Total payments   | 12 | 00         |
|                       | 13 | Penalties and Interest. See General Instruction J  | 13 | 00         |
|                       | 14 | Use tax. See General Instruction K   | 14 | 00         |
|                       | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  | 15 | 00         |

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *Charles S. Hildebrand* Title **DIRECTOR** Date **9/11/09**  
 Telephone ( 602 ) 233-1191

**Paid Preparer's Use Only**  
 Preparer's signature *James V. Smith* Date **09/11/09** Check if self-employed   
 Firm's name (or yours, if self-employed) and address **COLBY & POWELL, PLC**  
**1535 W. HARVARD AVE., SUITE 101, GILBERT, AZ 85233**  
 Preparer's SSN/PTIN **P 0 0 0 5 3 6 0 0**  
 FEIN **1 3 4 2 3 6 5 6 1**  
 Telephone ( 480 ) 635-3200

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.**

|                             |    |  |      |         |    |
|-----------------------------|----|--|------|---------|----|
| Receipts from Other Sources | 1  | Gross sales or receipts from all business activities. See instructions   | ● 1  |         | 00 |
|                             | 2  | Interest   | ● 2  |         | 00 |
|                             | 3  | Dividends  | ● 3  |         | 00 |
|                             | 4  | Gross rents  | ● 4  |         | 00 |
|                             | 5  | Gross royalties  | ● 5  |         | 00 |
|                             | 6  | Gross amount received from sale of assets (See Instructions)   | ● 6  |         | 00 |
|                             | 7  | Other income. Attach schedule  | ● 7  |         | 00 |
|                             | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7.<br>Enter here and on Side 1, Part I, line 1. | 8    |         | 00 |
| Expenses and Disbursements  | 9  | Contributions, gifts, grants, and similar amounts paid. Attach schedule  | ● 9  | 368,309 | 00 |
|                             | 10 | Disbursements to or for members  | ● 10 |         | 00 |
|                             | 11 | Compensation of officers, directors, and trustees. Attach schedule   | ● 11 |         | 00 |
|                             | 12 | Other salaries and wages   | ● 12 |         | 00 |
|                             | 13 | Interest   | ● 13 |         | 00 |
|                             | 14 | Taxes  | ● 14 |         | 00 |
|                             | 15 | Rents  | ● 15 |         | 00 |
|                             | 16 | Depreciation and depletion (See instructions)  | ● 16 |         | 00 |
|                             | 17 | Other. Attach schedule   | ● 17 | 54,717  | 00 |
|                             | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.                   | 18   | 423,026 | 00 |

**Schedule L Balance Sheets**

|  | Beginning of taxable year |        | End of taxable year |         |
|--|---------------------------|--------|---------------------|---------|
|  | (a)                       | (b)    | (c)                 | (d)     |
| <b>Assets</b>  |                           |        |                     |         |
| 1 Cash   |                           | 29,313 | ●                   | 87,518  |
| 2 Net accounts receivable                            |                           |        | ●                   |         |
| 3 Net notes receivable. Attach schedule              |                           |        | ●                   |         |
| 4 Inventories  |                           |        | ●                   |         |
| 5 Federal and state government obligations           |                           |        | ●                   |         |
| 6 Investments in other bonds. Attach schedule        |                           |        | ●                   |         |
| 7 Investments in stock. Attach schedule              |                           |        | ●                   |         |
| 8 Mortgage loans (number of loans _____)             |                           |        | ●                   |         |
| 9 Other investments. Attach schedule                 |                           |        | ●                   |         |
| 10 a Depreciable assets                              |                           |        |                     |         |
| b Less accumulated depreciation                      | ( )                       | ( )    |                     |         |
| 11 Land  |                           |        | ●                   |         |
| 12 Other assets. Attach schedule                     |                           | 23,280 | ●                   | 34,897  |
| 13 Total assets                                      |                           | 52,593 |                     | 122,415 |
| <b>Liabilities and net worth</b>                     |                           |        |                     |         |
| 14 Accounts payable                                  |                           | 382    | ●                   | 2,098   |
| 15 Contributions, gifts, or grants payable           |                           |        | ●                   |         |
| 16 Bonds and notes payable. Attach schedule          |                           |        | ●                   |         |
| 17 Mortgages payable                                 |                           |        | ●                   |         |
| 18 Other liabilities. Attach schedule                |                           |        |                     |         |
| 19 Capital stock or principle fund                   |                           |        | ●                   |         |
| 20 Paid-in or capital surplus. Attach reconciliation |                           |        | ●                   |         |
| 21 Retained earnings or income fund                  |                           | 52,211 | ●                   | 120,317 |
| 22 Total liabilities and net worth                   |                           | 52,593 |                     | 122,415 |

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

|   |   |          |    |  |        |
|---|---|----------|----|--|--------|
| 1 | Net income per books  | ● 68,106 | 7  | Income recorded on books this year not included in this return. Attach schedule      | ●      |
| 2 | Federal income tax  | ●        | 8  | Deductions in this return not charged against book income this year. Attach schedule | ●      |
| 3 | Excess of capital losses over capital gains                                       | ●        | 9  | Total. Add line 7 and line 8   |        |
| 4 | Income not recorded on books this year. Attach schedule                           | ●        | 10 | Net income per return.   |        |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ●        |    | Subtract line 9 from line 6  | 68,106 |
| 6 | Total.  |          |    |  |        |
|   | Add line 1 through line 5   | 68,106   |    |  |        |

**CHILDRENS HERITAGE FOUNDATION  
FORM 199  
PART II, LINE 17 SCHEDULE**

|                       |                  |
|-----------------------|------------------|
| PROFESSIONAL FEES     | 17,768.00        |
| OFFICE EXPENSES       | 11,314.00        |
| OTHER                 | 8,566.00         |
| INSURANCE             | 5,357.00         |
| BANK FEES             | 3,849.00         |
| TRAVEL                | 3,772.00         |
| POSTAGE               | 1,746.00         |
| REPAIRS & MAINT       | 1,200.00         |
| MEALS & ENTERTAINMENT | 629.00           |
| TELEPHONE             | 516.00           |
|                       | <hr/>            |
| TOTAL                 | <u>54,717.00</u> |

**CHILDRENS HERITAGE FOUNDATION  
FORM 199  
SCHEDULE L, LINE 12 SCHEDULE**

|                    | <u>BEGINNING</u> | <u>ENDING</u> |
|--------------------|------------------|---------------|
| PLEDGES RECEIVABLE | 23,280.00        | 34,897.00     |

Name of organization

CHILDRENS HERITAGE FOUNDATION

Employer identification number

30-0352399

**Part I** Contributors (see instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|---------------|---|-----------------------------------|---|
| 1             | DAVID GOODLEY<br>-----<br>1144 STRATFORD DR<br>-----<br>ENCINITAS, CA 92024<br>-----            | \$ 10,000.                        | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |
| 2             | HELP FROM ABOVE<br>-----<br>4001 W INDIAN SCHOOL DR<br>-----<br>PHOENIX, AZ 85019<br>-----      | \$ 89,300.                        | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |
| 3             | JOAN MEYER<br>-----<br>2400 W PLUMB LN<br>-----<br>RENO, NV 89509<br>-----                      | \$ 7,750.                         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |
| 4             | NICOLE GRABLE<br>-----<br>326 ARROYO DR<br>-----<br>ENCINITAS, CA 92024<br>-----                | \$ 14,222.                        | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |
| 5             | STEVEN HODSDON<br>-----<br>PO BOX 675490<br>-----<br>RANCHO SANTA FE, CA 92067<br>-----         | \$ 11,145.                        | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |
| 6             | GLAXOSMITHKLINE FOUNDATION<br>-----<br>PO BOX 13681<br>-----<br>PHILADELPHIA, PA 19101<br>----- | \$ 13,982.                        | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II if there is a noncash contribution.)</small> |

Name of organization

Employer identification number

CHILDRENS HERITAGE FOUNDATION

30-0352399

**Part I** Contributors (see instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|---------------|---|--------------------------------|--|
| 7             | CAMMIE MILLER<br>-----<br>1097 NORMANDY HILL LN<br>-----<br>ENCINITAS, CA 92024<br>-----      | \$ ----- 8,945.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8             | CORY CROMMETT<br>-----<br>3298 POPPY HILLS LANE<br>-----<br>ENCINITAS, CA 92024<br>-----      | \$ ----- 8,213.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9             | AUTO CONNECTION<br>-----<br>9350 WAXIE WAY SUITE 550<br>-----<br>SAN DIEGO, CA 92123<br>----- | \$ ----- 22,600.               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| ---           | -----<br>-----<br>-----<br>-----  | \$ -----                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| ---           | -----<br>-----<br>-----<br>-----  | \$ -----                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| ---           | -----<br>-----<br>-----<br>-----  | \$ -----                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |