

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)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CHILDREN'S HEALTH COUNCIL, INC. Doing Business As		D Employer identification number 94-1312311
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 650 CLARK WAY		E Telephone number (650) 688-3685
		City or town, state or country, and ZIP + 4 PALO ALTO, CA 94304		G Gross receipts \$ 19,638,870.
		F Name and address of principal officer BRUCE FIELDING SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ HTTP://WWW.CHCONLINE.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
			L Year of formation: 1953	M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. CHC HELPS CHILDREN, TEENS, AND FAMILIES FIND THE BEST WAYS TO LEARN, DEVELOP, AND THRIVE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of employees (Part V, line 2a)	5	190
	6	Total number of volunteers (estimate if necessary)	6	560
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (b)	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,106,746.	975,076.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,797,943.	8,167,436.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11d)	748,275.	<4,190,945.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,614,607.	825,214.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,267,571.	5,776,781.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,824,143.	9,449,819.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 428,532.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,931,080.	2,918,152.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,755,223.	12,367,971.	
19	Revenue less expenses. Subtract line 18 from line 12	<1,487,652.>	<6,591,190.>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	38,498,383.	30,030,310.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,392,947.	1,539,874.
			37,105,436.	28,490,436.

Part II Signature Block

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: *Bruce Fielding* Date: 4/29/10
 BRUCE FIELDING, CFO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Frank Rimerman* Date: 4/27/10 Check if self-employed: Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: FRANK, RIMERMAN & CO. LLP
 1801 PAGE MILL ROAD
 PALO ALTO, CA 94304
 EIN: Phone no.: (650) 845-8100

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 IRS-OSC

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission
TO PROVIDE PROFESSIONAL SERVICES TO CHILDREN WITH EMOTIONAL, LEARNING, LANGUAGE, NEUROLOGICAL, AND/OR MENTAL DISABILITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code.) (Expenses \$ 5,953,302. including grants of \$) (Revenue \$ 2,376,971.)
THE OUTPATIENT CLINIC PROVIDES ASSESSMENT, TREATMENT, AND EDUCATIONAL SERVICES FOR CHILDREN AND THEIR FAMILIES FROM BIRTH THROUGH ADOLESCENCE WHO STRUGGLE WITH WIDE-RANGING DEVELOPMENTAL, BEHAVIORAL, EMOTIONAL, AND LEARNING CHALLENGES. THESE SERVICES REFLECT MULTIPLE DISCIPLINES, INCLUDING PSYCHIATRY, PSYCHOLOGY, NEUROPSYCHOLOGY, SOCIAL WORK, EDUCATION, AND BEHAVIOR MANAGEMENT, AS WELL AS SPEECH AND LANGUAGE THERAPY AND OCCUPATIONAL THERAPY. CHC HAS SPECIFIC EXPERTISE CONCERNING AUTISM SPECTRUM DISORDERS; THE DEVELOPMENTAL, BEHAVIORAL, AND EMOTIONAL PROBLEMS OF INFANTS AND YOUNG CHILDREN; SCHOOL-AGE CHILDREN'S CHALLENGES AND RELATIONSHIPS WITH SCHOOLS; AND PSYCHOSOCIAL ISSUES ASSOCIATED WITH COMPLEX MEDICAL PROBLEMS. TREATMENT PROFICIENCIES INCLUDE, BUT ARE NOT LIMITED TO, GROUP THERAPY, PARENT-CHILD

4b (Code.) (Expenses \$ 2,888,838. including grants of \$) (Revenue \$ 3,208,919.)
THE ESTHER B. CLARK SCHOOL IS A THERAPEUTIC DAY SCHOOL FOR STUDENTS AGES 8 TO 16 WHOSE EDUCATIONAL NEEDS CANNOT BE MET BY USUAL OR SPECIAL EDUCATION PROGRAMS IN THEIR LOCAL DISTRICTS. THEY STRUGGLE WITH SIGNIFICANT BEHAVIORAL AND/OR EMOTIONAL ISSUES THAT MAKE IT DIFFICULT FOR THEM TO SUCCEED IN SCHOOL. APPROXIMATELY HALF OF THEM HAVE LEARNING DISABILITIES AS WELL. IN ADDITION TO GRADE LEVEL ACADEMICS, STUDENTS RECEIVE INTEGRATED CLINICAL SERVICES - INDIVIDUAL AND FAMILY THERAPY AS WELL AS ART AND MUSIC THERAPY - AND MEDICATION MANAGEMENT. SPEECH AND LANGUAGE AND OCCUPATIONAL THERAPY SERVICES ARE PROVIDED AS WELL WHEN SPECIFIED IN STUDENTS' INDIVIDUAL EDUCATION PLANS. THE DESIRED OUTCOME IS TO RETURN STUDENTS TO PROGRAMS IN THEIR HOME SCHOOL DISTRICTS WITHIN ONE-AND-A-HALF TO THREE YEARS.

4c (Code.) (Expenses \$ 468,779. including grants of \$) (Revenue \$ 479,068.)
THE CENTER FOR COMMUNITY EDUCATION ADDRESSES THE COMMUNITY'S NEED FOR RELIABLE INFORMATION ABOUT THE MOST PRESSING PROBLEMS OF CHILDHOOD, CHALLENGES OF PARENTING, AND SPECIAL NEEDS OF STUDENTS; SERVICES INCLUDE PARENT EDUCATION CLASSES AND WORKSHOPS; A PARENT RESOURCE CENTER; A SPEAKER'S BUREAU, AND SCHOOLS ATTUNED TRAINING, WHICH PREPARES ELEMENTARY, MIDDLE, AND HIGH SCHOOL TEACHERS TO IDENTIFY LEARNING DIFFERENCES AND DIFFERENTIATE INSTRUCTION BASED ON INDIVIDUAL NEEDS. DURING THE MOST RECENTLY COMPLETED FISCAL YEAR (JULY 1, 2008 TO JUNE 30, 2009), THE CENTER:

1. OFFERED PARENT EDUCATION WORKSHOPS AT CHC AND AT VARIOUS LOCATIONS IN THE COMMUNITY

4d Other program services. (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 9,310,919. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1a	38		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	190		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	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)?		X
4a			
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		
4a			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
6a			
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions</i>			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization BRUCE FIELDING AND ANDRES SIERRA - (650) 688-3685 650 CLARK WAY, PALO ALTO, CA 94304

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL ROCUZZO HUMAN RESOURCES DIRECTOR	40.00					X	111,202.	0.	0.	
BRUCE FIELDING, JR. CFO	40.00			X		X	174,423.	0.	0.	
ANNE B. MOSES EXECUTIVE DIRECTOR	40.00			X			115,384.	0.	0.	
JOAN BARAN CLINIC DIRECTOR	40.00					X	107,891.	0.	0.	
ASHLEY CHEN STAFF PSYCHIATRIST	32.00					X	119,452.	0.	0.	
KATHERINE DEVAUL STAFF PSYCHIATRIST	40.00					X	156,194.	0.	0.	
GLEN ELLIOT, MD MEDICAL DIRECTOR	40.00				X		208,766.	0.	0.	
BREN LEISURE CHAIR	0.00	X		X			0.	0.	0.	
LAWRENCE M. SCHWAB TREASURER	0.00	X		X			0.	0.	0.	
ROBERT A. KELLER VICE-CHAIR	0.00	X		X			0.	0.	0.	
ANDREW VALENTINE SECRETARY	0.00	X		X			0.	0.	0.	
MARK BERRYMAN, CPA DIRECTOR	0.00	X					0.	0.	0.	
ELIZABETH DUMANIAM, MSW DIRECTOR	0.00	X					0.	0.	0.	
RITA DESALES FRENCH, PHD DIRECTOR	0.00	X					0.	0.	0.	
ROSS JAFFE, MD DIRECTOR	0.00	X					0.	0.	0.	
CHRISTINE JOHNSON, PHD DIRECTOR	0.00	X					0.	0.	0.	
MARY JOHNSON DIRECTOR	0.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUZANNE KILLEA DIRECTOR	0.00	X						0.	0.	0.
MICHELE KIRSCH DIRECTOR	0.00	X						0.	0.	0.
JOHN KRIEWALL DIRECTOR	0.00	X						0.	0.	0.
KELLY LOOK, MD DIRECTOR	0.00	X						0.	0.	0.
LISA MOORING DIRECTOR	0.00	X						0.	0.	0.
JAMES OTIENO DIRECTOR	0.00	X						0.	0.	0.
MARGOT PARKER DIRECTOR	0.00	X						0.	0.	0.
NAOMI CHAVEZ PETERS DIRECTOR	0.00	X						0.	0.	0.
DEE TOLLES DIRECTOR	0.00	X						0.	0.	0.
ROSALIE WITHLOCK, PHD DIRECTOR	0.00	X						0.	0.	0.
1b Total								993,312.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 7

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	41,702.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	933,374.			
	g Noncash contributions included in lines 1a-1f \$		41,702.			
	h Total. Add lines 1a-1f		975,076.			
	Program Service Revenue	2 a SCHOOL DISTRICT FUNDIN	Business Code 611600	3208919.	3208919.	
b PATIENT FEES		621400	2856039.	2856039.		
c GOVERNMENT CONTRACTS		621400	2102478.	2102478.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			8167436.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		941,070.		941,070.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		<5,132,015.>		<5,132,015.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses				
c Net income or (loss) from fundraising events			381,264.	381,264.		
9 a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a STANFORD CONTRACTS FOR	900099	211,365.	211,365.			
b OUTCOMES & MEASUREMENT	900099	129,996.	129,996.			
c CEU & PARENT ED SEMINA	611600	77,598.	77,598.			
d All other revenue	900099	24,991.	24,991.			
e Total. Add lines 11a-11d		443,950.				
12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		5776781.	8992650.	0.	<4,190,945.>	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	607,639.	226,079.	381,560.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,269,246.	6,207,295.	894,047.	167,904.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,007,883.	829,239.	155,421.	23,223.
10 Payroll taxes	565,051.	462,115.	91,040.	11,896.
11 Fees for services (non-employees):				
a Management				
b Legal	35,748.	6,686.	29,062.	
c Accounting	60,787.		60,787.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	105,695.		105,695.	
g Other	407,817.	73,260.	159,865.	174,692.
12 Advertising and promotion	171,968.	134,631.	37,211.	126.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	360.	360.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,781.	22,096.	9,090.	595.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	300,370.	222,274.	69,085.	9,011.
23 Insurance	104,765.	18,516.	85,731.	518.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	466,831.	352,713.	103,179.	10,939.
b UTILITIES & MAINTENANCE	446,953.	334,521.	99,999.	12,433.
c TRANSPORTATION	334,206.	334,206.		
d BAD DEBT EXPENSE	273,797.	46,870.	226,927.	
e BANK CHARGES	64,839.		64,839.	
f All other expenses	112,235.	40,058.	54,982.	17,195.
25 Total functional expenses Add lines 1 through 24f	12,367,971.	9,310,919.	2,628,520.	428,532.
26 Joint Costs Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,721,028.	1	1,779,200.
	2 Savings and temporary cash investments	7,801.	2	10,420.
	3 Pledges and grants receivable, net	629,676.	3	538,757.
	4 Accounts receivable, net	2,929,110.	4	2,648,066.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	197,723.	9	155,009.
	10a Land, buildings, and equipment, cost basis	10a 11,228,883.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 4,361,407.	7,142,650.	10c 6,867,476.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	24,870,395.	12	18,031,382.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		38,498,383.	16	30,030,310.
Liabilities	17 Accounts payable and accrued expenses	1,392,947.	17	1,539,874.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		1,392,947.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,445,130.	27	9,291,507.
	28 Temporarily restricted net assets	938,671.	28	442,453.
	29 Permanently restricted net assets	18,721,635.	29	18,756,476.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	37,105,436.	33	28,490,436.
	34 Total liabilities and net assets/fund balances	38,498,383.	34	30,030,310.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990. Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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 any "unusual grants.")	1,878,940.	2,221,968.	1,346,218.	1,106,746.	933,974.	7,487,846.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	1,878,940.	2,221,968.	1,346,218.	1,106,746.	933,974.	7,487,846.
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)						
6 Public Support. Subtract line 5 from line 4						7,487,846.

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	1,878,940.	2,221,968.	1,346,218.	1,106,746.	933,974.	7,487,846.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	471,781.	829,402.	1,206,799.	1,779,700.	941,070.	5,228,752.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						12,716,598.
12 Gross receipts from related activities, etc. (see instructions)					12	48,756,804.
13 First five years. 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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	58.88 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	66.93 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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 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 any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 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 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year 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 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. 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

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 line 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **CHILDREN'S HEALTH COUNCIL, INC.** Employer identification number **94-1312311**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ 62,026.
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,482,830.				
b Contributions	611,764.				
c Investment earnings or losses	<6,897,633.>				
d Grants or scholarships					
e Other expenditures for facilities and programs	<1,386,122.>				
f Administrative expenses	<105,695.>				
g End of year balance	19,705,114.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment 2.00 %
- b Permanent endowment 98.00 %
- c Term endowment .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		9,467,738.	2,735,148.	6,732,590.
c Leasehold improvements				
d Equipment		1,594,943.	1,522,083.	72,860.
e Other		166,202.	104,176.	62,026.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				6,867,476.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,776,781.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,367,971.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<6,591,190.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<2,023,810.>
9	Total adjustments (net). Add lines 4-8	9	<2,023,810.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<8,615,000.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,647,276.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<2,023,810.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<2,023,810.>
3	Subtract line 2e from line 1	3	5,671,086.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	105,695.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	105,695.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,776,781.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,262,276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	12,262,276.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	105,695.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	105,695.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,367,971.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE CHC ENDOWMENT IS COMPRISED OF PERMANENT ENDOWMENT

AND BOARD-DESIGNATED FUNDS, FOR SIMPLICITY ARE REFERRED TO HEREIN AS OUR ENDOWMENT.

THE HISTORICAL SOURCES OF THE PRINCIPAL VALUE OF THE ENDOWMENT CAN BE ALLOCATED GENERALLY AS FOLLOWS:

THE FUNDS CONTRIBUTED FROM THE ENDOWMENT'S INCEPTION UP TO THE ONSET OF

Part XIV Supplemental Information (continued)

THE CHC 50TH ANNIVERSARY CAMPAIGN, WHICH PRIMARILY INCLUDES THE CAMPAIGN CONDUCTED IN THE EARLY 1990'S TO FINANCE OUR BUILDING AND TO INCREASE THE GENERAL ENDOWMENT, AND THE PROCEEDS OF THE 50TH CAMPAIGN CONCLUDED IN LATE 2007

THE DONOR INTENT BOTH SUPPORTS THE LATITUDE OF CHOICE WE HAVE IN EMPLOYING THE ENDOWMENT'S RESOURCES, AND GIVES US GREAT INSIGHT INTO THE GENERAL AND/OR SPECIFIC PURPOSES THAT DONORS INTENDED FOR THEIR CONTRIBUTIONS, WHICH WE BOTH WANT AND NEED TO HONOR.

ALTHOUGH NO WRITTEN AGREEMENTS WERE SIGNED WITH DONORS TO EACH CAMPAIGN, THE CAMPAIGN GOALS REPRESENT THE PRINCIPLES UNDER WHICH CONTRIBUTIONS WERE SOLICITED AND AGREED TO BY DONORS.

THE STATED GOALS OF THE EARLIER CAMPAIGN WERE THREE-FOLD:

1. INCREASE THE OVERALL SIZE OF THE ENDOWMENT TO PRODUCE INCOME TO SUPPORT SCHOLARSHIPS AND TO OFFSET THE GAP BETWEEN EXPENSES AND REVENUE FROM SERVICES PROVIDED
2. CONSTRUCT, EQUIP, AND MAINTAIN THE CHC BUILDING
3. TO CONTINUE TO INCREASE THE SIZE OF THE ENDOWMENT TO PRODUCE AT LEAST \$1 MILLION IN INVESTMENT INCOME EACH YEAR FOR PROGRAM SUPPORT

THE 50TH CAMPAIGN HAD THREE MAIN INITIATIVES:

1. CHILDREN'S SUCCESS IN SCHOOL. THIS INCLUDED SUPPORT FOR PROGRAMS AND SERVICES FOR: EBC SCHOOL, SOCIAL SKILLS, PRESCHOOL, AND KINDERGARTEN READINESS GROUPS, TRANSITIONAL SERVICES, BEHAVIOR MANAGEMENT SERVICES, AND CONTINUING EDUCATION TO HELP PROFESSIONALS MAINTAIN BEST PRACTICES
2. EXCELLENCE IN RESEARCH AND TRAINING. TO DEEPEN AND EXPAND THE EXPERTISE

Part XIV Supplemental Information (continued)

OF THE E&QI DEPARTMENT, AND TO STRENGTHEN THE TRAINING INTERNSHIP PROGRAM
3. FINANCIAL AID FOR FAMILIES. TO PROVIDE A SUBSTANTIAL DIFFERENCE IN THE
AMOUNT OF FINANCIAL ASSISTANCE THAT WE PROVIDE EACH YEAR

THE FUNDS RAISED WERE INTENDED TO PROVIDE A VERY BROAD SPECTRUM OF SUPPORT
FOR CHC ACTIVITIES, AND THERE IS VERY LITTLE SPECIFIC RESTRICTION ON HOW
THE FUNDS ARE TO BE PUT TO USE. IT ALSO SUPPORTS AND DOESN'T RESTRICT THE
CURRENT STRATEGIC PLANNING WORK THAT WE'RE CURRENTLY UNDERTAKING.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED DEPRECIATION OF MARKETABLE SECURITIES: -\$2,023,810

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		SUMMER SYMPHONY (event type)	AUXILIARY & BARGAIN BOX (event type)	1 (total number)	(Add col. (a) through col. (c))
Revenue	1	1,199,913.	275,203.	13,000.	1,488,116.
	2	155,902.			155,902.
	3	1,044,011.	275,203.	13,000.	1,332,214.
Direct Expenses	4				
	5	155,902.			155,902.
	6		86,279.		86,279.
	7	586,321.	80,746.		667,067.
	8	Direct expense summary Add lines 4 through 7 in column (d)			(909,248.)
	9	Net income summary Combine lines 3 and 8 in column (d)			422,966.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)			()	
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

	Yes	No
9a		
10a		
11		
12		

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
------------	---

b An outside facility

13b	%
------------	---

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2008

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization: **CHILDREN'S HEALTH COUNCIL, INC.**
Employer identification number: **94-1312311**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)
 Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BRUCE FIELDING, JR.	(i)	174,423.	0.	0.	0.	174,423.	0.
	(ii)	0.	0.	0.	0.	0.	0.
KATHERINE DEVAUL	(i)	156,194.	0.	0.	0.	156,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.
GLEN ELLIOT, MD	(i)	208,766.	0.	0.	0.	208,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public
Inspection

Name of the organization **CHILDREN'S HEALTH COUNCIL, INC.** Employer identification number **94-1312311**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN W. BUOYMASTER	MEMBER OF CHC INVES	2,374,000.	CHC PURCHAS		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

2008
Open to Public
Inspection

Name of the organization **CHILDREN'S HEALTH COUNCIL, INC.** Employer identification number **94-1312311**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	4	10,852	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HOTEL ROOMS)	X	1	10,350	FAIR RENTAL VALUE
26 Other ▶ (MAGAZINE AD)	X	1	8,500	FMV
27 Other ▶ (DISPLAY)	X	1	5,600	FMV
28 Other ▶ (FULL PAGE AD)	X	1	3,800	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II		X
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information

PART I, OTHER TYPES OF PROPERTY:

SIGNAGE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1800.

(D) METHOD OF DETERMINING REVENUE: FMV

FLOWERS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 800.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHILDREN'S HEALTH COUNCIL, INC.

Employer identification number

94-1312311

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

INTERACTION THERAPY, AND MEDICATION MANAGEMENT. IN ADDITION, THE CLINIC OFFERS CONTINUING EDUCATION WORKSHOPS FOR MENTAL HEALTH PROFESSIONALS AND SERVES AS A TRAINING SITE FOR PSYCHIATRY FELLOWS AND PSYCHOLOGY PRE- AND POST-DOCS. DURING THE MOST RECENTLY COMPLETED FISCAL YEAR (JULY 1, 2008 TO JUNE 30, 2009), THE CLINIC:

1. RESPONDED TO 3,292 CALLS FOR INFORMATION AND REFERRAL,
2. PROVIDED 35,060 HOURS OF ASSESSMENT AND TREATMENT SERVICES TO 1,859 CHILDREN AND THEIR FAMILIES,
3. PROVIDED \$589,000 IN FINANCIAL ASSISTANCE TO CLINIC CLIENT FAMILIES WHO WOULD OTHERWISE NOT BE ABLE TO OBTAIN THE SERVICES THEIR CHILDREN NEED, AND
4. OFFERED 7 CONTINUING EDUCATION CLASSES ATTENDED BY 221 MENTAL HEALTH PROFESSIONALS

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

IN 2009 THE ESTHER B. CLARK SCHOOL WAS AWARDED THE SCHOOL OF EXCELLENCE AWARD FROM THE NATIONAL ASSOCIATION OF SPECIAL EDUCATION TEACHERS. THIS AWARD WAS PRESENTED TO ONLY FIVE OTHER SCHOOLS IN CALIFORNIA AND TO ONLY 56 SCHOOLS NATIONWIDE. (THE SCHOOL WAS ALSO A RECIPIENT OF THIS AWARD IN 2008.) DURING THE MOST RECENTLY COMPLETED FISCAL YEAR (JULY 1, 2008 TO JUNE 30, 2009), THE SCHOOL:

1. PROVIDED INTEGRATED EDUCATIONAL AND CLINICAL SERVICES (8,571 HOURS)

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

CHILDREN'S HEALTH COUNCIL, INC.

Employer identification number

94-1312311

TO 80 STUDENTS AND THEIR FAMILIES, AND

2. TRANSITIONED 36 STUDENTS BACK TO THEIR NEIGHBORHOOD SCHOOLS OR LESS

RESTRICTIVE EDUCATIONAL ENVIRORNMENTS

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

ATTENDED BY OVER 1,700 PARENTS AND CAREGIVERS, AND

2. PROVIDED SCHOOLS ATTUNED TRAINING TO 246 TEACHERS

FORM 990, PART VI, SECTION A, LINE 10: WHEN THE DRAFT OF THE FORM 990 IS

READY FOR REVIEW, COPIES WILL BE CIRCULATED AMONGST THE AGENCY'S AUDIT

COMMITTEE FOR REVIEW IN ACCORDANCE WITH THE PROCEDURE SET IN PLACE BY THE

ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST

DISCLOSURE STATEMENTS ARE COMPLETED ANNUALLY BY THE DIRECTORS, AND AT THE

TIME OF HIRE BY OFFICERS AND KEY EMPLOYEES. IF A CONFLICT IS DISCLOSED,

MANAGEMENT AND THE BOARD CHAIR ARE NOTIFIED, AND THE SITUATION IS

ADJUDICATED.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE OF THE

BOARD (WITHOUT PARTICIPATION BY THE EXECUTIVE DIRECTOR) WILL SPECIFICALLY,

IN ACCORDANCE WITH GOVERNEMENT CODE SECTION 12586(G) AND THE APPLICABLE

PROVISIONS OF FEDERAL LAW, REVIEW THE COMPENSATION OF THE EXECUTIVE

DIRECTOR, AND THE DIRECTOR OF FINANCE/CHIEF FINANCIAL OFFICER, AT LEAST

ANNUALLY AND WHENEVER A MODIFICATION IN COMPENSATION IS PROPOSED. THE

REVIEW SHALL INCLUDE AN EVALUATION OF THE PERFORMANCE OF THE OFFICERS, AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHILDREN'S HEALTH COUNCIL, INC.

Employer identification number

94-1312311

AN ANALYSIS OF COMPARABLE COMPENSATION DATA. BASED ON ITS REVIEW, THE COMMITTEE SHALL RECOMMEND TO THE BOARD OF DIRECTORS JUST AND REASONABLE COMPENSATION AMOUNTS FOR THE AFOREMENTIONED OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FORM 990 IS POSTED ON THE GUIDESTAR WEBSITE AND IS AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C THE ORGANIZATION'S AUDIT COMMITTEE HAS OVERSIGHT OVER THE AUDIT OF THE FINANCIAL STATEMENTS AND RECOMMENDS SELECTION OF THE INDEPENDENT AUDITORS AND TAX PREPARERS TO THE BOARD FOR RATIFICATION.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN W. BUOYMASTER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF CHC INVESTMENT COMMITTEE AND EX-BOARD MEMBER.

(C) AMOUNT OF TRANSACTION \$ 2374000.

(D) DESCRIPTION OF TRANSACTION: CHC PURCHASED NON-MARKETABLE INVESTMENTS FROM CAPITAL HALL PARTNERS, WHERE JOHN W. BUOYMASTER IS THE DIRECTOR OF PORTFOLIO MANAGEMENT.

(E) SHARING OF ORGANIZATION REVENUES? = NO

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	THE CHILDREN'S HEALTH COUNCIL, INC.	94-1312311
	Number, street, and room or suite no. If a P O. box, see instructions.	For IRS use only
	650 CLARK WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PALO ALTO, CA 94304	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

BRUCE FIELDING AND ANDRES SIERRA

- The books are in the care of **650 CLARK WAY - PALO ALTO, CA 94304**
Telephone No. **(650) 688-3685** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

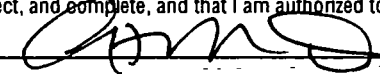
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
TAXPAYER REQUESTS ADDITIONAL TIME TO COMPILE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA** Date **2/2/10**

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