

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

# 2011

Open to Public Inspection

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

**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHILDREN'S HEALTH COUNCIL, INC.</b>		<b>D</b> Employer identification number <b>94-1312311</b>
	Doing Business As		<b>E</b> Telephone number <b>(650) 688-3685</b>
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	<b>650 CLARK WAY</b>		<b>G</b> Gross receipts \$ <b>13,635,582.</b>
	City or town, state or country, and ZIP + 4 <b>PALO ALTO, CA 94304</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>TERRY BOYLE</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>HTTP://WWW.CHCONLINE.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation <b>1953</b>	<b>M</b> State of legal domicile <b>CA</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CHC HELPS CHILDREN, TEENS, AND FAMILIES FIND THE BEST WAYS TO LEARN, DEVELOP, AND THRIVE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>114</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>350</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-B, line 34	<b>7b</b>	<b>&lt;17,258.&gt;</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,385,431.</b>	<b>1,554,483.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>8,394,259.</b>	<b>7,613,993.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>544,368.</b>	<b>626,633.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>825,340.</b>	<b>608,133.</b>
		<b>11,149,398.</b>	<b>10,403,242.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>9,327,542.</b>	<b>8,902,624.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>501,695.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,992,069.</b>	<b>2,678,849.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,319,611.</b>	<b>11,581,473.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>&lt;1,170,213.&gt;</b>	<b>&lt;1,178,231.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>33,336,771.</b>	<b>31,183,485.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,603,163.</b>	<b>1,770,815.</b>
		<b>31,733,608.</b>	<b>29,412,670.</b>

## Part II Signature Block

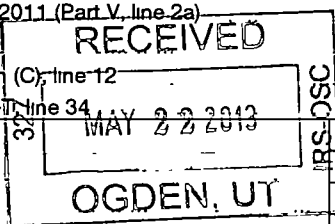
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date <b>5/9/13</b>
	<b>TERRY BOYLE CFO</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ANNE F. MACDONALD</b>	Preparer's signature <i>[Signature]</i>	Date <b>5/11/13</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00359548</b>
	Firm's name <b>FRANK, RIMERMAN &amp; CO. LLP</b>	Firm's EIN <b>94-1341042</b>	Firm's address <b>1801 PAGE MILL ROAD PALO ALTO, CA 94304</b>		
					Phone no <b>(650) 845-8100</b>

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

SCANNED JUN 19 2013



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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission: CHILDREN'S HEALTH COUNCIL HELPS CHILDREN, TEENS AND FAMILIES FIND THE BEST WAY TO LEARN, DEVELOP AND THRIVE BY PROVIDING PROFESSIONAL AND EDUCATIONAL SERVICES TO CHILDREN WITH SOCIAL, 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 organization's program service accomplishments for each of its three largest program services, as measured 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.

4a (Code ) (Expenses \$ 4,697,746. including grants of \$ ) (Revenue \$ 4,236,932.) 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 PSYCHOLOGICAL ISSUES ASSOCIATED WITH COMPLEX MEDICAL PROBLEMS. TREATMENT PROFICIENCIES INCLUDE, BUT ARE NOT LIMITED TO, GROUP THERAPY, PARENT-CHILD

4b (Code ) (Expenses \$ 3,276,778. including grants of \$ ) (Revenue \$ 3,083,288.) THE ESTHER B. CLARK SCHOOL IS A THERAPEUTIC DAY SCHOOL FOR STUDENTS AGES 7 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. 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 THERAPY 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 SO THE CHILD IS NO LONGER DERIVING EDUCATIONAL BENEFIT IN THE HOME DISTRICT SCHOOL.

4c (Code ) (Expenses \$ 31,494. including grants of \$ ) (Revenue \$ 900.) DURING THE MOST RECENTLY COMPLETED FISCAL YEAR (JULY 1, 2011 TO JUNE 30, 2012), CHILDREN'S HEALTH COUNCIL ALSO OFFERED 35 PARENT EDUCATION CLASSES (MOSTLY FOR NO CHARGE) ATTENDED BY 504 PEOPLE.

4d Other program services (Describe in Schedule O.) (Expenses \$ 768,627. including grants of \$ ) (Revenue \$ 499,991.)

4e Total program service expenses 8,774,645.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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
<b>7</b> 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
<b>8</b> 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	
<b>9</b> 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> 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, Parts II and IV</i>		X
<b>16</b> 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, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	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
<b>4b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, 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** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	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
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TERRY BOYLE 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**

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ROSALIE WITHLOCK, PHD EXECUTIVE DIRECTOR	40.00	X		X		X	272,000.	0.	0.	
(2) ROSS JAFFE, MD CHAIRMAN	0.00	X		X			0.	0.	0.	
(3) BREN LEISURE DIRECTOR	0.00	X					0.	0.	0.	
(4) ANDREW P. VALENTINE VICE CHAIR & SECRETARY	0.00	X		X			0.	0.	0.	
(5) LISA MOORING TREASURER	0.00	X		X			0.	0.	0.	
(6) MARK BERRYMAN, CPA DIRECTOR	0.00	X					0.	0.	0.	
(7) BRIAN DOMBKOWSKI DIRECTOR	0.00	X					0.	0.	0.	
(8) ELIZABETH DUMANIAN, MSW DIRECTOR	0.00	X					0.	0.	0.	
(9) MERRILEE HARRIS DIRECTOR	0.00	X					0.	0.	0.	
(10) MARY JOHNSON DIRECTOR	0.00	X					0.	0.	0.	
(11) SUZANNE KILLEA, CPA DIRECTOR	0.00	X					0.	0.	0.	
(12) JOHN KRIEWALL DIRECTOR	0.00	X					0.	0.	0.	
(13) KELLY ANNE LOOK, MD DIRECTOR	0.00	X					0.	0.	0.	
(14) JAMES OTIENO DIRECTOR	0.00	X					0.	0.	0.	
(15) MARGOT PARKER DIRECTOR	0.00	X					0.	0.	0.	
(16) NAOMI CHAVEZ PETERS DIRECTOR	0.00	X					0.	0.	0.	
(17) REBECCA B. ROBERTSON 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) RAYMOND DEE TOLLES DIRECTOR	0.00	X						0.	0.	0.
(19) JENNIFER ULLYOT DIRECTOR	0.00	X						0.	0.	0.
(20) QUIN WHITMAN DIRECTOR	0.00	X						0.	0.	0.
(21) MANUEL HENRIQUEZ DIRECTOR	0.00	X						0.	0.	0.
(22) SANDRA KATZMAN DIRECTOR	0.00	X						0.	0.	0.
(23) KIM ROBERTS DIRECTOR	0.00	X						0.	0.	0.
(24) BRUCE FIELDING, JR. CFO	40.00			X		X		178,768.	0.	0.
(25) GLEN ELLIOT, MD CHIEF PSYCHIATRIST	40.00				X	X		212,425.	0.	0.
(26) JOAN BARAN, PHD CLINIC DIRECTOR	40.00				X	X		151,302.	0.	0.
<b>1b Sub-total</b>								814,495.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								814,495.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	48,532.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1505951.				
	g	Noncash contributions included in lines 1a-1f \$		48,532.				
	h	<b>Total.</b> Add lines 1a-1f		1554483.				
	<b>Program Service Revenue</b>	2 a	SCHOOL DISTRICT FUNDIN	Business Code 611600	3694163.	3694163.		
b		PATIENT FEES	621400	2045990.	2045990.			
c		GOVERNMENT CONTRACTS	621400	1873840.	1873840.			
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		7613993.				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		477,296.			477,296.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			149,337.			149,337.
	8 a	Gross income from fundraising events (not including \$ 48,532. of contributions reported on line 1c). See Part IV, line 18	a		1,191,768.			
		Less: direct expenses	b		790753.			
		Net income or (loss) from fundraising events			401,015.			401,015.
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>								
11 a	STANFORD CONTRACTS FOR	Business Code 900099		102,929.	102,929.			
	OUTCOMES & MEASUREMENT	900099		65,111.	65,111.			
	OTHER INCOME	900099		32,670.	32,670.			
	All other revenue	611600		6,408.	6,408.			
	<b>Total.</b> Add lines 11a-11d			207,118.				
12	<b>Total revenue.</b> See instructions			10,403,242.	7821111.	0.	1,027,648.	

**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).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	835,220.	383,876.	451,344.	
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	6,725,062.	5,585,600.	806,672.	332,790.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	802,193.	644,903.	124,885.	32,405.
10 Payroll taxes	540,149.	426,960.	89,601.	23,588.
11 Fees for services (non-employees):				
a Management				
b Legal	14,196.		14,196.	
c Accounting	86,135.		86,135.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	136,185.		136,185.	
g Other	170,502.	125,667.	44,835.	
12 Advertising and promotion	4,635.	717.	3,918.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	17,841.	17,470.	130.	241.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,704.	1,054.	2,650.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	400,377.	279,403.	109,647.	11,327.
23 Insurance	111,087.	76,423.	31,818.	2,846.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <b>TRANSPORTATION</b>	630,517.	630,517.		
b <b>UTILITIES &amp; MAINTENANCE</b>	464,843.	346,377.	105,457.	13,009.
c <b>SUPPLIES</b>	450,784.	241,369.	192,293.	17,122.
d <b>BANK CHARGES</b>	74,885.		74,885.	
e All other expenses	113,158.	14,309.	30,482.	68,367.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	11,581,473.	8,774,645.	2,305,133.	501,695.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	78,111.	<b>1</b>	219,904.
	<b>2</b> Savings and temporary cash investments	407,365.	<b>2</b>	916,080.
	<b>3</b> Pledges and grants receivable, net	562,309.	<b>3</b>	546,019.
	<b>4</b> Accounts receivable, net	3,570,928.	<b>4</b>	1,506,350.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			<b>6</b>
	<b>7</b> Notes and loans receivable, net			<b>7</b>
	<b>8</b> Inventories for sale or use			<b>8</b>
	<b>9</b> Prepaid expenses and deferred charges	94,768.	<b>9</b>	102,106.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 12,493,652.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 5,287,423.	7,197,049.	<b>10c</b> 7,206,229.
	<b>11</b> Investments - publicly traded securities			<b>11</b>
	<b>12</b> Investments - other securities. See Part IV, line 11	21,426,241.	<b>12</b>	20,686,797.
	<b>13</b> Investments - program-related. See Part IV, line 11			<b>13</b>
	<b>14</b> Intangible assets			<b>14</b>
	<b>15</b> Other assets. See Part IV, line 11			<b>15</b>
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	33,336,771.	<b>16</b>	31,183,485.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,400,956.	<b>17</b>	1,377,538.
	<b>18</b> Grants payable			<b>18</b>
	<b>19</b> Deferred revenue	202,207.	<b>19</b>	393,277.
	<b>20</b> Tax-exempt bond liabilities			<b>20</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties			<b>23</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties			<b>24</b>
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			<b>25</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	1,603,163.	<b>26</b>	1,770,815.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	12,208,574.	<b>27</b>	10,206,030.
	<b>28</b> Temporarily restricted net assets	743,943.	<b>28</b>	424,477.
	<b>29</b> Permanently restricted net assets	18,781,091.	<b>29</b>	18,782,163.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>
	<b>33</b> <b>Total net assets or fund balances</b>	31,733,608.	<b>33</b>	29,412,670.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	33,336,771.	<b>34</b>	31,183,485.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,403,242.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,581,473.
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,178,231.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,733,608.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1,142,707.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	29,412,670.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 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 line 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2011)



**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,106,746.	933,974.	1,609,994.	1,385,431.	1,554,483.	6,590,628.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,106,746.	933,974.	1,609,994.	1,385,431.	1,554,483.	6,590,628.
<b>5</b> 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)						1,421,785.
<b>6 Public support.</b> Subtract line 5 from line 4						5,168,843.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	1,106,746.	933,974.	1,609,994.	1,385,431.	1,554,483.	6,590,628.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,779,700.	941,070.	269,904.	336,124.	477,296.	3,804,094.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						10,394,722.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	45,933,608.
<b>13 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**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	49.73 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	15	51.76 %
<b>16a 33 1/3% support test - 2011.</b> 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>b 33 1/3% support test - 2010.</b> 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"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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>b 10% -facts-and-circumstances test - 2010.</b> 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"/>		
<b>18 Private foundation.</b> 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), 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 (ASC 958), 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	▶ \$ <u>62,026.</u>

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 (ASC 958) 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 acquisition, 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 Escrow and Custodial Arrangements.** Complete if the 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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 the 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	22,621,385.	20,873,383.	19,705,144.	27,482,830.	
b Contributions	805,500.	128,286.	358,119.	611,764.	
c Net investment earnings, gains, and losses	<1,150,656.>	2,908,388.	2,320,640.	<6,897,633.>	
d Grants or scholarships					
e Other expenditures for facilities and programs	<566,000.>	<1,172,790.>	<1,394,874.>	<1,386,122.>	
f Administrative expenses	<107,351.>	<115,878.>	<115,646.>	<105,695.>	
g End of year balance	21,602,878.	22,621,385.	20,873,383.	19,705,114.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  12.00 %
  - b Permanent endowment  86.00 %
  - c Temporarily restricted endowment  2.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------|-----|----|
| (i) unrelated organizations                                                           |     | X  |
| (ii) related organizations                                                            |     | X  |
| 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 Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		9,696,291.	3,449,849.	6,246,442.
c Leasehold improvements				
d Equipment		1,247,697.	1,073,361.	174,336.
e Other		1,549,664.	764,213.	785,451.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,206,229.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	13,166,642.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITIES &		
(C) LIMITED PARTNERSHIP		
(D) INTERESTS	7,520,155.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	<b>20,686,797.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,403,242.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,581,473.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,178,231.>
4	Net unrealized gains (losses) on investments	4	<1,142,707.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	<1,142,707.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<2,320,938.>

**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	9,124,350.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<1,142,707.>
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	<1,142,707.>
3	Subtract line 2e from line 1	3	10,267,057.
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	136,185.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	136,185.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,403,242.

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

1	Total expenses and losses per audited financial statements	1	11,445,288.
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	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,445,288.
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	136,185.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	136,185.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,581,473.

**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, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE COUNCIL HAS BEEN DETERMINED TO BE EXEMPT FROM**

**FEDERAL AND CALIFORNIA INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, RESPECTIVELY. AS A RESULT, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.**

**ALTHOUGH THE COUNCIL IS RECOGNIZED AS TAX EXEMPT, IT IS STILL LIABLE FOR TAX ON ITS UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE COUNCIL DOES NOT**

**Part XIV** Supplemental Information (continued)

BELIEVE IT HAS UBTI THAT SHOULD HAVE BEEN REPORTED FOR TAX PURPOSES.

THE COUNCIL APPLIES THE PROVISIONS SET FORTH IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION TOPIC 740 TO ACCOUNT FOR UNCERTAINTY IN INCOME TAXES. THE COUNCIL ASSESSED ALL INCOME TAX POSITIONS TAKEN WHERE THE STATUTE OF LIMITATIONS REMAINED OPEN. EXAMPLES OF THESE TAX POSITIONS INCLUDE THE COUNCIL'S TAX-EXEMPT STATUS AND POTENTIAL SOURCES OF UBTI. THE COUNCIL BELIEVES THAT ITS TAX FILING POSITION WILL BE SUSTAINED UPON TAX EXAMINATIONS; THEREFORE, NO LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS HAS BEEN RECORDED AT JUNE 30, 2012 OR 2011.

THE COUNCIL'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990) IS SUBJECT TO EXAMINATION, GENERALLY FOR THREE YEARS AFTER IT IS FILED WITH THE INTERNAL REVENUE SERVICE. THE COUNCIL'S CALIFORNIA EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN IS SUBJECT TO EXAMINATION, GENERALLY FOR FOUR YEARS AFTER IT IS FILED WITH THE FRANCHISE TAX BOARD.

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 THE CHC 50TH ANNIVERSARY CAMPAIGN, WHICH PRIMARILY INCLUDES THE CAMPAIGN CONDUCTED IN THE EARLY 1990'S TO FINANCE OUR BUILDING AND TO INCREASE THE

**Part XIV** Supplemental Information (continued)

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

**Part XIV** Supplemental Information (continued)

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. PART X, LINE 2: AS OF JANUARY 1, 2009, THE COUNCIL HAS ADOPTED THE PROVISIONS SET FORTH IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, ISSUED ORIGINALLY AS FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. AS OF THE ADOPTION DATE, THE COUNCIL ASSESSED THE PRONOUNCEMENT TO DETERMINE ALL INCOME TAX POSITIONS WHERE THE STATUTE OF LIMITATIONS REMAINED OPEN. THE COUNCIL DID NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS AS A RESULT OF THE IMPLEMENTATION OF THE PRONOUNCEMENT. THE COUNCIL DOES NOT ANTICIPATE ANY SIGNIFICANT INCREASES OR DECREASES TO UNRECOGNIZED INCOME TAX BENEFITS DURING THE NEXT TWELVE MONTHS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED APPRECIATION OF MARKETABLE SECURITIES: 3,216,987



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SUMMER SYMPHONY (event type)	AUXILIARY & BARGAIN BOX (event type)	1 (total number)	
1	Gross receipts	929,067.	295,833.	15,400.	1,240,300.
2	Less: Charitable contributions	48,532.			48,532.
3	Gross income (line 1 minus line 2)	880,535.	295,833.	15,400.	1,191,768.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	48,532.		48,532.
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	583,960.	158,261.	
10	Direct expense summary. Add lines 4 through 9 in column (d)				( 790,753 )
11	Net income summary. Combine line 3, column (d), and line 10				401,015.

**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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<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 line 1, column d, and line 7				( _____ )

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?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public Inspection

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 any of the boxes on line 1a are 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <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, with respect to the filing organization or a related organization:

- 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2011

**Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROSALIE WITHLOCK, PHD	(i) 272,000.	(ii) 0.	(iii) 0.	0.	0.	272,000.	0.
2 BRUCE FIELDING, JR.	(i) 178,768.	(ii) 0.	(iii) 0.	0.	0.	178,768.	0.
3 GLEN ELLIOT, MD	(i) 212,425.	(ii) 0.	(iii) 0.	0.	0.	212,425.	0.
4 JOAN BARAN, PHD	(i) 151,302.	(ii) 0.	(iii) 0.	0.	0.	151,302.	0.
5	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
6	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
7	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
8	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
9	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
10	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
11	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
12	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
13	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
14	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
15	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
16	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	3	6,780.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( PROMOTION )	X	3	25,803.	FAIR MARKET VALUE
26	Other ▶ ( TRANSPORTATIO )	X	5	15,949.	FAIR MARKET VALUE
27	Other ▶ ( )				
28	Other ▶ ( )				

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 Acknowledgement **29**

	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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**  
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, ADHD; LEARNING DISABILITIES, ANXIETY/DEPRESSION,  
AND MEDICATION MANAGEMENT. CHC PROVIDES ASSESSMENT AND THERAPEUTIC  
SERVICES SO CHILDREN CAN THRIVE AT HOME, AT SCHOOL AND IN LIFE. 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, 2011 TO JUNE  
30, 2012), THE CLINIC:

1. RESPONDED TO 1,769 CALLS FOR INFORMATION AND REFERRAL
2. PROVIDED 50,066 HOURS OF ASSESSMENT AND TREATMENT SERVICES TO 1,848  
CHILDREN AND THEIR FAMILIES.
3. PROVIDED \$360,000 IN FINANCIAL ASSISTANCE TO CLINIC CLIENT FAMILIES  
WHO WOULD OTHERWISE NOT BE ABLE TO OBTAIN THE SERVICES THEIR CHILDREN  
NEED, AND
4. OFFERED CONTINUING EDUCATION CLASSES ATTENDED BY 170 MENTAL HEALTH  
PROFESSIONALS

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

DURING THE MOST RECENTLY COMPLETED FISCAL YEAR (JULY 1, 2011 TO JUNE  
30, 2012), THE ESTHER B. CLARK SCHOOL:

1. PROVIDED INTEGRATED EDUCATIONAL AND CLINICAL SERVICES TO 63 STUDENTS  
AND THEIR FAMILIES, AND
2. TRANSITIONED 14 STUDENTS BACK TO THEIR NEIGHBORHOOD SCHOOLS OR LESS  
RESTRICTIVE EDUCATIONAL ENVIRONMENTS

Name of the organization

CHILDREN'S HEALTH COUNCIL, INC.

Employer identification number

94-1312311

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SAND HILL SCHOOL, WHICH OPENED IN FEBRUARY 2011, IS A PRIVATE, INDEPENDENT SCHOOL WITH A CAMPUS LOCATED AT CHILDREN'S HEALTH COUNCIL, INC. SAND HILL SCHOOL OFFERS A PERSONALIZED LEARNING ENVIRONMENT FOR CHILDREN IN GRADES K-3 WHO ARE BRIGHT, BUT STRUGGLING IN A CONVENTIONAL CLASSROOM SETTING. SPECIALIZING IN EARLY SUPPORT FOR CHILDREN WITH LEARNING ISSUES, SAND HILL SCHOOL TEACHERS COLLABORATE WITH THE COUNCIL'S SPECIALISTS TO CREATE THE PATH FOR EACH CHILD'S SUCCESSFUL TRANSITION TO A MORE 'TYPICAL' CLASSROOM.

EXPENSES \$ 768,627. INCLUDING GRANTS OF \$ 0. REVENUE \$ 499,991.

FORM 990, PART VI, SECTION B, LINE 11: WHEN THE DRAFT OF THE FORM 990 IS READY FOR REVIEW, COPIES WILL BE CIRCULATED AMONGST THE AGENCY'S BOARD OF DIRECTORS AUDIT COMMITTEE FOR REVIEW IN ACCORDANCE WITH THE PROCEDURE SET IN PLACE BY THE ORGANIZATION. SUBSEQUENT TO THIS REVIEW, THE FORM 990 WILL BE FILED.

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 GOVERNMENT CODE SECTION 12586(G) AND THE APPLICABLE PROVISIONS OF FEDERAL LAW, REVIEW THE COMPENSATION OF THE EXECUTIVE

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

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 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 WEBSTAR AND IS AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
NET UNREALIZED LOSSES ON INVESTMENTS: -1,142,707.

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

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868*  
**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE CHILDREN'S HEALTH COUNCIL, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>94-1312311</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>650 CLARK WAY</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PALO ALTO, CA 94304</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**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.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions for Form 8868 **Rimmerman & Co. LLP 94-1341042** Form 8868 (Rev. 1-2012)

**1801 Page Mill Road  
 Palo Alto, CA 94304**

- 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).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)							
Enter filer's identifying number, see instructions							
<b>Type or print</b> File by the due date for filing your return See instructions	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name of exempt organization or other filer, see instructions <b>THE CHILDREN'S HEALTH COUNCIL, INC.</b></td> <td style="width: 40%;">Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>94-1312311</b></td> </tr> <tr> <td>Number, street, and room or suite no. If a P O box, see instructions <b>650 CLARK WAY</b></td> <td>Social security number (SSN) <input type="checkbox"/></td> </tr> <tr> <td colspan="2">City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PALO ALTO, CA 94304</b></td> </tr> </table>	Name of exempt organization or other filer, see instructions <b>THE CHILDREN'S HEALTH COUNCIL, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>94-1312311</b>	Number, street, and room or suite no. If a P O box, see instructions <b>650 CLARK WAY</b>	Social security number (SSN) <input type="checkbox"/>	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PALO ALTO, CA 94304</b>	
Name of exempt organization or other filer, see instructions <b>THE CHILDREN'S HEALTH COUNCIL, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>94-1312311</b>						
Number, street, and room or suite no. If a P O box, see instructions <b>650 CLARK WAY</b>	Social security number (SSN) <input type="checkbox"/>						
City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PALO ALTO, CA 94304</b>							

Enter the Return code for the return that this application is for (file a separate application for each return) 011

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted 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, 2013**

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**

6 If the tax year entered in line 5 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 RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION. THIS IS NECESSARY TO COMPLETE AN ACCURATE TAX RETURN.**

<b>8a</b> 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	<b>8a</b>	\$	0.
<b>b</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.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

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 **6/25/13**

**Frank, Rimerman & Co. LLP 94-1341042**  
 1801 Page Mill Road  
 Palo Alto, CA 94304