

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 private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

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	C Name of organization CHILDREN'S HEALTH COUNCIL INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 650 CLARK WAY City or town, state or province, country, and ZIP or foreign postal code PALO ALTO, CA 94304	D Employer identification number 94-1312311 E Telephone number (650) 688-3685 G Gross receipts \$ 35,209,309
F Name and address of principal officer TERRY BOYLE 650 CLARK WAY PALO ALTO, CA 94304		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: HTTP://WWW.CHCONLINE.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1953 M State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities CHC HELPS CHILDREN, TEENS, AND FAMILIES FIND THE BEST WAYS TO LEARN, DEVELOP, AND THRIVE			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3		23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		23
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		143
6	Total number of volunteers (estimate if necessary)	6		350
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		2,713
b	Net unrelated business taxable income from Form 990-T, line 34	7b		-27,153
		Prior Year		Current Year
8	Contributions and grants (Part VIII, line 1h)		3,745,475	1,893,009
9	Program service revenue (Part VIII, line 2g)		10,510,022	11,693,901
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,017,808	2,927,398
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		380,341	651,987
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,653,646	17,166,295
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		7,790,817	9,659,664
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b	Total fundraising expenses (Part IX, column (D), line 25) <u>859,727</u>			
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,902,507	3,629,107
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		10,693,324	13,288,771
19	Revenue less expenses Subtract line 18 from line 12		4,960,322	3,877,524
		Beginning of Current Year		End of Year
20	Total assets (Part X, line 16)		36,564,755	41,797,648
21	Total liabilities (Part X, line 26)		1,424,130	2,239,268
22	Net assets or fund balances Subtract line 21 from line 20		35,140,625	39,558,380

Part II Signature Block

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

Sign Here	***** Signature of officer	2015-03-26 Date	
	TERRY BOYLE CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name ANNE F MACDONALD	Preparer's signature	Date 2015-03-26
	Firm's name FRANK RIMERMAN & CO LLP	Firm's EIN 94-1341042	Check <input type="checkbox"/> if self-employed
	Firm's address 1801 PAGE MILL ROAD PALO ALTO, CA 94304	Phone no (650) 845-8100	PTIN P00359548

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

FROM ITS FOUNDING, CHILDREN'S HEALTH COUNCIL (CHC) HAS SOUGHT TO IMPROVE THE LIVES OF CHILDREN AND FAMILIES IN OUR COMMUNITY WE HELP OUR COMMUNITY'S CHILDREN WHO HAVE LEARNING DIFFERENCES BY REMOVING BARRIERS TO THEIR EDUCATION, SUCH AS LANGUAGE, LOCATION, OR COST WE HELP OUR COMMUNITY'S FAMILIES BY PROVIDING THEM WITH PARENT EDUCATION ABOUT THEIR CHILDREN'S LEARNING DIFFERENCES, OPTIONS FOR THEIR CHILDREN'S EDUCATION, AND SPECIFIC SERVICES TO HELP THEIR CHILDREN FULFILL THEIR POTENTIAL OUR VISION WE BELIEVE IN A WORLD WHERE EVERY CHILD CAN REACH THEIR PROMISE AND POTENTIAL OUR MISSION WE REMOVE BARRIERS TO LEARNING, HELPING CHILDREN BECOME RESILIENT, HAPPY AND SUCCESSFUL AT HOME, AT SCHOOL AND IN LIFE OUR CENTER, TWO SCHOOLS AND COMMUNITY CLINIC SERVE FAMILIES IN SILICON VALLEY AS WELLS AS THE GREATER SAN FRANCISCO BAY AREA

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 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 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 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 \$ 4,348,319 including grants of \$) (Revenue \$ 5,694,144)

THE ESTHER B CLARK SCHOOL (EBC) PROVIDES TRANSFORMATIVE EDUCATION WHERE CHILDREN WITH SEVERE EMOTIONAL AND BEHAVIORAL ISSUES RE-ENGAGE IN LEARNING AND DEVELOP THE POSITIVE BEHAVIORS NECESSARY TO TRANSITION BACK TO A SCHOOL DISTRICT EBC IS A LICENSED NON-PUBLIC SCHOOL (NPS) FOR CHILDREN AGES SEVEN TO 16 STRUGGLING WITH ANXIETY, DEPRESSION OR OTHER EMOTIONAL AND BEHAVIORAL CHALLENGES WE PROVIDE A COMPREHENSIVE, THERAPEUTIC PROGRAM WITH THE GOAL OF RETURNING ALL STUDENTS TO THEIR HOME DISTRICT AS PRODUCTIVELY ENGAGED AND APPROPRIATELY SELF-MANAGED AFTER TWO TO FOUR YEARS AT EBC OUR SCHOOL SERVES APPROXIMATELY 75 STUDENTS, EACH REFERRED BY ONE OF 36 CONTRACTED DISTRICTS IN THE GREATER SAN FRANCISCO BAY AREA ALL STUDENTS WHO ATTEND EBC SCHOOL HAVE BEEN FOUND ELIGIBLE FOR SPECIAL EDUCATION UNDER EMOTIONALLY DISTURBED (ED) OR OTHER HEALTH IMPAIRED (OHI) ELIGIBILITY AND HAVE IEP'S THE FREQUENCY AND/OR INTENSITY OF THE "FIGHT OR FLIGHT" BEHAVIORS THESE STUDENTS DEMONSTRATE AT SCHOOL, AND OFTEN AT HOME, PREVENTS THEM FROM GAINING EDUCATIONAL BENEFIT IN THEIR CURRENT SETTING THAT'S WHERE EBC CAN HELP EBC SCHOOL IS A THERAPEUTIC SCHOOL STUDENTS ADMITTED INTO THE PROGRAM ARE ABLE TO ACCESS THEIR GRADE LEVEL CURRICULUM WITH ACCOMMODATIONS WHEN THEY ARE AT EMOTIONAL BASELINE STUDENTS ARE GROUPED ACCORDING TO AGE, SOCIAL AND EDUCATIONAL NEEDS HERE SOME OF THE HIGHLIGHTS OF OUR COMPREHENSIVE, THERAPEUTIC PROGRAM - SIX HOUR SCHOOL DAYS BUILD ACADEMIC SKILLS IN ALL SUBJECT AREAS - A HIGHLY STRUCTURED, YET LOW STRESS POSITIVE BEHAVIOR SUPPORT AND INTERVENTION SYSTEM - INDIVIDUAL, GROUP AND FAMILY THERAPIES - EACH CLASS HAS A MAXIMUM OF 12 LIKE-AGED STUDENTS STAFFED BY A TEAM OF FOUR PROFESSIONALS - A CREDENTIALLED SPECIAL EDUCATION TEACHER - A LICENSED THERAPIST - A TRAINED BEHAVIORIST - A CLASSROOM ASSISTANT - THIS TEAM CREATES A 1:3 STAFF TO STUDENT RATIO TO ENSURE PERSONALIZED ATTENTION AND SUPPORT THROUGHOUT EACH DAY

4b (Code) (Expenses \$ 2,668,927 including grants of \$) (Revenue \$ 2,987,404)

THE COMMUNITY CLINIC PROVIDES NURTURING SPECIALISTS WHO ASSESS CHILDREN AND DELIVER BEHAVIORAL HEALTH AND REHABILITATIVE SERVICES TO UNDERSERVED FAMILIES, LIFTING SOCIAL, EMOTIONAL AND DEVELOPMENTAL BARRIERS TO LEARNING AND LIFE SUCCESS THE COMMUNITY CLINIC HELPS CHILDREN AND FAMILIES SUCCEED AT HOME, AT SCHOOL, AND IN LIFE THROUGH EVALUATION, THERAPY AND MEDICATION MANAGEMENT THE CULTURALLY SENSITIVE AND DIVERSE STAFF IS COMMITTED TO WORKING WITH BILINGUAL FAMILIES AND TO PROVIDING SERVICES TO FAMILIES IN VARIOUS SAN FRANCISCO BAY LOCATIONS SERVICES INCLUDE EVALUATION, INDIVIDUAL AND FAMILY THERAPY, AND MEDICATION MANAGEMENT BY A WIDE RANGE OF SPECIALISTS (PSYCHIATRISTS, PSYCHOLOGISTS, MARRIAGE AND FAMILY THERAPISTS, SOCIAL WORKERS, EDUCATIONAL SPECIALISTS, OCCUPATIONAL THERAPISTS AND BEHAVIORISTS) THE COMMUNITY CLINIC SPECIALIZES IN ANXIETY & DEPRESSION, ADHD, AUTISM AND LEARNING DISABILITIES FOR AGES 0 - 18 YEARS IN ADDITION, THE COMMUNITY CLINIC OFFERS CONTINUING EDUCATION WORKSHOPS FOR MENTAL HEALTH PROFESSIONALS AND SERVES AS A TRAINING SITE FOR PSYCHIATRY FELLOWS AND PSYCHOLOGY PRE- AND POST-DOCS

4c (Code) (Expenses \$ 1,774,576 including grants of \$) (Revenue \$ 1,893,687)

THE CENTER PROVIDES CONSULTATIONS, PERSONALIZED EVALUATIONS AND TREATMENT OPTIONS FOR YOUNG CHILDREN, SCHOOL-AGED CHILDREN AND ADOLESCENTS PROGRAMS HIGHLIGHT STRENGTHS AND EMPHASIZE A TRUE APPRECIATION FOR INDIVIDUAL DIFFERENCES WORKING TOGETHER, WE EMPOWER CHILDREN TO UNCOVER THEIR POTENTIAL AND BECOME HAPPIER AND MORE RESILIENT THE CENTER PROVIDES EXPERT INTERDISCIPLINARY EVALUATIONS, INDIVIDUALIZED TREATMENT AND PERSONALIZED PROGRAMS TO MEET EVERY CHILD'S UNIQUE CHALLENGES AND NEEDS THE EXPERT STAFF WORKS WITH FAMILIES AND SCHOOLS TO PROVIDE INDIVIDUALIZED TREATMENT SOLUTIONS FOR ADHD & INATTENTION, AUTISM SPECTRUM DISORDER, LEARNING CHALLENGES, AND ANXIETY & DEPRESSION OUR IN-HOUSE EXPERTS ARE THE BEST IN THEIR FIELDS OUR TEAMS WORK TOGETHER TO BRING ALL THEIR KNOWLEDGE AND POINTS OF VIEW TO THE TABLE TO DISCOVER WHAT'S REALLY GOING ON WITH EACH CHILD STAFF INCLUDES PSYCHOLOGISTS, NEUROPSYCHOLOGISTS, PSYCHIATRISTS, EDUCATIONAL SPECIALISTS, OCCUPATIONAL THERAPISTS AND SPEECH-LANGUAGE PATHOLOGISTS WE ALSO PARTNER WITH OUTSIDE SPECIALISTS, TOP-TIER CARE PROVIDERS, SCHOOLS AND OTHER ORGANIZATIONS TO CONNECT EVERY FAMILY WITH THE SOLUTION THAT'S RIGHT FOR THEM WE EMPOWER CHILDREN WITH SOCIAL, EMOTIONAL, PHYSICAL AND ACADEMIC LEARNING TO UNCOVER THEIR GREATEST POTENTIAL SERVICES INCLUDE PROVIDING SOLUTIONS FOR FAMILIES VIA - PARENT CONSULTATIONS - SINGLE EXPERT EVALUATIONS - EXPERT TEAM EVALUATIONS - NEUROPSYCHOLOGICAL EVALUATIONS - PSYCHOEDUCATIONAL EVALUATIONS - ADHD ONE-DAY EVALUATIONS - AUTISM ONE-DAY EVALUATIONS - INDIVIDUALIZED EDUCATIONAL EVALUATIONS - INDIVIDUAL AND FAMILY THERAPIES - MEDICATION MANAGEMENT - EXECUTIVE FUNCTIONING COACHING - SPEECH AND LANGUAGE THERAPY - OCCUPATIONAL THERAPY - IQ TESTING - EDUCATION THERAPY AND TUTORING - KINDERGARTEN READINESS GROUPS - TEEN TALK EMPOWERMENT GROUP FOR TEENS - OTHER GROUPS - PARENT EDUCATION

(Code) (Expenses \$ 1,503,419 including grants of \$) (Revenue \$ 1,548,059)

SAND HILL SCHOOL IS A PRIVATE, INDEPENDENT SCHOOL WHICH OFFERS A PERSONALIZED LEARNING ENVIRONMENT FOR CHILDREN IN GRADES K-6 (EXPANDING TO K-8) WHO ARE BRIGHT, BUT STRUGGLING IN A CONVENTIONAL SETTING THE PROGRAM EMPHASIZES STUDENTS' STRENGTHS AND EMPOWERS EACH CHILD TO BUILD ACADEMIC SKILLS AND RESILIENCY WHILE DEVELOPING STRONG SOCIAL COMPETENCIES AND A JOY FOR LEARNING THE CURRICULUM INTEGRATES SOCIAL, EMOTIONAL, ACADEMIC AND PHYSICAL LEARNING SPECIALIZING IN EARLY SUPPORT FOR CHILDREN LEARNING AND ATTENTION ISSUES, SAND HILL SCHOOL TEACHERS COLLABORATE WITH THE CENTER'S SPECIALISTS IN A UNIQUE AND HAPPY ENVIRONMENT TO CREATE A PATH FOR EACH CHILD'S SUCCESSFUL TRANSITION THE STUDENTS BUILD A POSITIVE SENSE OF SELF, LEARN HOW TO MAKE A FRIEND AND BE A FRIEND, AND TAKE PRIDE IN ACCOMPLISHMENTS

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,503,419 including grants of \$) (Revenue \$ 1,548,059)

4e Total program service expenses 10,295,241

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. 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>		No
5 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>		No
6 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> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>	Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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> <input checked="" type="checkbox"/>		No
10 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> <input checked="" type="checkbox"/>	Yes	
11 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		
a 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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>	Yes	
c 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> <input checked="" type="checkbox"/>		No
d 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> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
f 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> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
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 and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 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 (see instructions)</i> <input checked="" type="checkbox"/>		No
18 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> <input checked="" type="checkbox"/>	Yes	
19 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> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or 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>	22		No
23	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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	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>	27		No
28	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, 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>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 197		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 143		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	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. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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 <input checked="" type="checkbox"/> CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 <input checked="" type="checkbox"/> TERRY BOYLE AND ANDRES SIERRA 650 CLARK WAY PALO ALTO, CA 94304 (650) 688-3685

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c	24,426					
	d	Related organizations 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,868,583					
	g	Noncash contributions included in lines 1a-1f \$ 1g	24,426					
	h	Total. Add lines 1a-1f 1h	1,893,009					
Program Service Revenue	2a	SCHOOL DISTRICT FUNDING	611600	6,976,903	6,976,903			
	b	GOVERNMENT CONTRACTS	621400	3,281,957	3,281,957			
	c	PATIENT FEES	621400	1,435,041	1,435,041			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f 2g		11,693,901				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) 3		803,833	36	803,797		
	4	Income from investment of tax-exempt bond proceeds 4						
	5	Royalties 5						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) 6d						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	19,956,437				
			(ii) Other					
			b	Less cost or other basis and sales expenses	17,832,872			
			c	Gain or (loss)	2,123,565			
	d	Net gain or (loss) 7d		2,123,565	4,817	2,118,748		
	8a	Gross income from fundraising events (not including \$ 24,426 of contributions reported on line 1c) See Part IV, line 18 8a						
	a		434,876					
b	Less direct expenses 8b	210,142						
c	Net income or (loss) from fundraising events 8c		224,734		224,734			
9a	Gross income from gaming activities See Part IV, line 19 9a							
a								
b	Less direct expenses 9b							
c	Net income or (loss) from gaming activities 9c							
10a	Gross sales of inventory, less returns and allowances 10a							
a								
b	Less cost of goods sold 10b							
c	Net income or (loss) from sales of inventory 10c							
	Miscellaneous Revenue	Business Code						
11a	STANFORD CONTRACTS FOR CLINICAL S	900099	226,075	226,075				
b	CASTILLEJA CLINICAL SERVICES	900099	73,112	73,112				
c	THE NUEVA SCHOOL CLINICAL SERVICE	900099	63,066	63,066				
d	All other revenue		65,000	65,000				
e	Total. Add lines 11a-11d 11e		427,253					
12	Total revenue. See Instructions 12		17,166,295	12,123,294	2,713	3,147,279		

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)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the 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.	623,560	352,560	271,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	7,568,466	6,195,410	882,549	490,507
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	934,192	766,991	107,693	59,508
10	Payroll taxes.	533,446	447,913	53,772	31,761
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	33,024		33,024	
c	Accounting.	65,225		65,225	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	100,574		100,574	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	821,069	410,452	266,375	144,242
12	Advertising and promotion.				
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.	16,600	15,042	1,275	283
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	5,978	5,871	107	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	351,989	260,472	80,957	10,560
23	Insurance.	104,290	71,392	25,258	7,640
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	TRANSPORTATION	854,145	854,145		
b	LOSS - ASSET DISPOSAL	493,514	365,201	113,508	14,805
c	SUPPLIES	464,935	345,123	106,660	13,152
d	UTILITIES & MAINTENANCE	242,573	177,531	57,950	7,092
e	All other expenses	75,191	27,138	-32,124	80,177
25	Total functional expenses. Add lines 1 through 24e.	13,288,771	10,295,241	2,133,803	859,727
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	1,684,943	1	2,128,518
	2 Savings and temporary cash investments	2,222,352	2	7,697,854
	3 Pledges and grants receivable, net	2,355,914	3	2,245,405
	4 Accounts receivable, net	1,007,165	4	1,428,568
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	92,806	9	40,559
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 12,854,092		
	b Less accumulated depreciation	10b 5,834,259	6,895,678	10c 7,019,833
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	22,305,897	12	21,236,911
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,564,755	16	41,797,648	
Liabilities	17 Accounts payable and accrued expenses	949,973	17	1,531,081
	18 Grants payable		18	
	19 Deferred revenue	474,157	19	708,187
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	1,424,130	26	2,239,268
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,102,940	27	14,456,007
	28 Temporarily restricted net assets	1,404,806	28	4,385,545
	29 Permanently restricted net assets	20,632,879	29	20,716,828
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	35,140,625	33	39,558,380	
34 Total liabilities and net assets/fund balances	36,564,755	34	41,797,648	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,166,295
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,288,771
3	Revenue less expenses Subtract line 2 from line 1	3	3,877,524
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,140,625
5	Net unrealized gains (losses) on investments	5	540,231
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	39,558,380

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c 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	Yes	
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?		No
3b 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		

Additional Data

Software ID:
Software Version:
EIN: 94-1312311
Name: CHILDREN'S HEALTH COUNCIL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
ROSALIE WHITLOCK PHD EXECUTIVE DIRECTOR	40 00	X		X				271,700	0	7,502
ANDREW VALENTINE CHAIRMAN	4 00	X		X				0	0	0
JAMES OTIENO VICE-CHAIRMAN	4 00	X		X				0	0	0
MANUEL HENRIQUEZ TREASURER	4 00	X		X				0	0	0
ELIZABETH DUMANIAN SECRETARY	4 00	X		X				0	0	0
RAHELA ABBAS DIRECTOR	4 00	X						0	0	0
ROCHELLE BOCHNER DIRECTOR	4 00	X						0	0	0
DENISE GESCHKE DIRECTOR	4 00	X						0	0	0
CALLA GRIFFITH DIRECTOR	4 00	X						0	0	0
ELAINE HAHN DIRECTOR	4 00	X						0	0	0
MERRILEE HARRIS DIRECTOR	4 00	X						0	0	0
JULIE HOOPER DIRECTOR	4 00	X						0	0	0
MARY JOHNSON DIRECTOR	4 00	X						0	0	0
SANDRA KATZMAN DIRECTOR	4 00	X						0	0	0
JOHN KRIEWALL DIRECTOR	4 00	X						0	0	0
BREN LEISURE DIRECTOR	4 00	X						0	0	0
DEBRA MCCALL DIRECTOR	4 00	X						0	0	0
MARGOT PARKER DIRECTOR	4 00	X						0	0	0
NAOMI CHAVEZ PETERS DIRECTOR	4 00	X						0	0	0
KIM ROBERTS DIRECTOR	4 00	X						0	0	0
BECKIE ROBERTSON DIRECTOR	4 00	X						0	0	0
RAYMOND DEE TOLLES DIRECTOR	4 00	X						0	0	0
QUIN WHITMAN DIRECTOR	4 00	X						0	0	0
GLEN ELLIOT MD CHIEF PSYCHIATRIST	32 00				X			193,975	0	7,502
JOAN BARAN PHD CLINICAL DIRECTOR	40 00				X			160,516	0	15,692

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
CHRISTOPHER HARRIS EBC SCHOOL DIRECTOR	40 00					X		147,096	0	8,302
RAMSEY KHASHO THE CENTER DIRECTOR	40 00					X		139,995	0	7,502
TERENCE BOYLE CHIEF FINANCIAL OFFICER	40 00					X		130,824	0	7,502
TRISHANJIT SINGH CLINICIAN	40 00					X		106,070	0	7,502
LYDIA FLASHER CLINICIAN	40 00					X		103,840	0	11,714
BRUCE FIELDING FORMER CHIEF FINANCIAL OFFICER	40 00						X	105,585	0	7,502
CAROL ROCCUZZO FORMER HR DIRECTOR	40 00						X	147,380	0	30,502
JULIE SLAY FORMER EQI DIRECTOR	40 00						X	109,823	0	25,001

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S HEALTH COUNCIL INC

Employer identification number
94-1312311

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,609,994	1,385,431	1,554,483	3,745,475	1,893,009	10,188,392
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,609,994	1,385,431	1,554,483	3,745,475	1,893,009	10,188,392
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,069,319
6 Public support. Subtract line 5 from line 4						6,119,073

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,609,994	1,385,431	1,554,483	3,745,475	1,893,009	10,188,392
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	269,904	336,124	477,296	624,638	803,833	2,511,795
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						12,700,187
12 Gross receipts from related activities, etc. (see instructions)					12	36,844,130

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	48.180 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	45.860 %

16a 33 1/3% support test—2013. 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

b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and other details.

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.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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 XIII

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?

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?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment 20.000%
b Permanent endowment 67.000%
c Temporarily restricted endowment 13.000%
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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations.

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

Table with 2 columns: Yes, No. Row: 3b

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	17,605,952
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	540,231
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	540,231
3	Subtract line 2e from line 1	3	17,065,721
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	100,574
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	100,574
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	17,166,295

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	13,188,197
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	13,188,197
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	100,574
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	100,574
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	13,288,771

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
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 PROVIDED FOR 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 RECEIVES UBTI FROM ITS INVESTMENTS THAT HAS BEEN REPORTED FOR TAX PURPOSES. NO TAX LIABILITY EXISTS AT JUNE 30, 2014 OR 2013. THE COUNCIL APPLIES THE PROVISIONS SET FORTH IN FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION TOPIC 740 TO ACCOUNT FOR THE 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 POSITIONS WILL BE SUSTAINED UPON TAX EXAMINATIONS, THEREFORE, NO LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS HAS BEEN RECORDED AT JUNE 30, 2014 OR 2013. 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.
SCHEDULE D, 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 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 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.
SCHEDULE D, 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.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization CHILDREN'S HEALTH COUNCIL INC

Employer identification number 94-1312311

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>OCTOBERFEST</u> (event type)	<u>AUXILIARY & BARGAIN BOX</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	194,609	253,470	11,223	459,302
	2 Less Contributions	24,426			24,426
	3 Gross income (line 1 minus line 2)	170,183	253,470	11,223	434,876
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	24,426			24,426
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	43,048	142,668		185,716
10 Direct expense summary Add lines 4 through 9 in column (d) ▶					(210,142)
11 Net income summary Subtract line 10 from line 3, column (d) ▶					224,734

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 Subtract line 7 from line 1, column (d) ▶					

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

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

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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 idemnification 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 in 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 directors, trustees, officers, including 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, but 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 501(c)(3) and 501(c)(4) organizations only 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
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II 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 and Title		(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 WHITLOCK PHD EXECUTIVE DIRECTOR	(i)	271,700	0	0	0	7,502	279,202	0
	(ii)	0	0	0	0	0	0	0
(2) GLEN ELLIOT MD CHIEF PSYCHIATRIST	(i)	193,975	0	0	0	7,502	201,477	0
	(ii)	0	0	0	0	0	0	0
(3) JOAN BARAN PHD CLINICAL DIRECTOR	(i)	160,516	0	0	0	15,692	176,208	0
	(ii)	0	0	0	0	0	0	0
(4) CHRISTOPHER HARRIS EBC SCHOOL DIRECTOR	(i)	147,096	0	0	0	8,302	155,398	0
	(ii)	0	0	0	0	0	0	0
(5) BRUCE FIELDING FORMER CHIEF FINANCIAL OFFICER	(i)	105,585	0	0	0	7,502	113,087	0
	(ii)	0	0	0	0	0	0	0
(6) CAROL ROCCUZZO FORMER HR DIRECTOR	(i)	147,380	0	0	0	30,502	177,882	0
	(ii)	0	0	0	0	0	0	0
(7) JULIE SLAY FORMER EQI DIRECTOR	(i)	109,823	0	0	0	25,001	134,824	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2013

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S HEALTH COUNCIL INC

Employer identification number

94-1312311

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
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 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 XII, LINE 2C	THE ORGANIZATION'S AUDIT COMMITTEE HAS OVERSIGHT OVER THE AUDIT OF THE FINANCIAL STATEMENT AND RECOMMENDS SELECTION OF THE INDEPENDENT AUDITORS AND INFORMATION RETURN PREPARERS TO THE BOARD FOR RATIFICATION.