Form	99	0	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	except private foundations	2016
Dana	ment of It	ne Treasury	Do not enter social security numbers on this form as it may		Open to Public
	al Revenue		Information about Form 990 and its instructions is at www.	.lrs.gov/form990.	Inspection
AF	or the 2	2016 calend	lar year, or tax year beginning and ending		
Всі	nock if opticable;	C Name o	forganization	D Employer Identificat	llon number
	Address	THE	CHILDREN'S HEALTH FUND		
	Name	Doing b	usiness as	13-34	58427
	Initial	Number	r and street (or P.O. box if mall is not delivered to street address) Room/sui	and the second se	
Ē	Final .	215	WEST 125TH STREET 301	212-5	35-9400
	termin+ ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	12,782,179.
[Anendes	NEW	YORK, NY 10027	H(a) is this a group retu	rn
	Applica-	F Name a	nd address of principal officer: DENNIS WALTO	for subordinates?	
	pending		AS C ABOVE	H(b) Are all subordinates inclu	
I T	axexen	npt status: (27 If "No," attach a lis	t, (see instructions)
JV	/ebsite	► WWW.	CHILDRENSHEALTHFUND.ORG	H(c) Group exemption r	
K F	orm of o	rganization:	X Corporation Trust Association Other K L Ye	ar of formation: 1988 M S	itate of legal domicile: NY
	rt1 S	Summary			
U	1 B	riefly descril	be the organization's mission or most significant activities: TO PROVID	DE HEALTH CARE	TO THE
2 U	N	ATION	S MOST MEDICALLY UNDERSERVED CHILDREN	AND THEIR FAM.	ILIES.
Activities & Governance			ox 🕨 🔲 If the organization discontinued its operations or disposed of mo		its.
0			ting members of the governing body (Part VI, line 1a)		1.6
8			dependent voting members of the governing body (Part VI, line 1b)		15
es			of individuals employed in calendar year 2016 (Part V, line 2a)		69
îviti			of volunteers (estimate if necessary)		253
Act	7 a To	otal unrelate	d business revenue from Part VIII, column (C), line 12		0.
_	b N	et unrelated	I business taxable income from Form 990 T, line 34		and the second s
				Prior Year 12,105,957.	Current Year 11,692,917.
e			and grants (Part VIII, line 1h)	12,103,957.	10,000.
Revenue			ice revenue (Part VIII, line 2g)	136,363.	146,893.
Rei			come (Part VIII, column (A); lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-430,862.	-211,963.
			e (Part VIII, column (A), lines 5, 60, 80, 90, 90, and 110)	11,811,458.	11,637,847.
			milar amounts paid (Part IX, column (A), lines 1-3)	3,987,796.	4,033,300.
- 1			to or for members (Part IX, column (A), line 4)	0.	0.
			er compensation, employee benefits (Part IX, column (A), lines 5-10)	4,811,525.	4,867,892.
Expenses			fundraising fees (Part IX, column (A), line 11e)	84,000.	66,500.
pen	БТ	otal fundrais	sing expenses (Part IX, column (D), line 25)		
ŭ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,960,066.	2,710,686.
			es. Add Ilnes 13-17 (must equal Part IX, column (A), line 25)	11,843,387.	11,678,378.
			expenses. Subtract line 18 from line 12	-31,929.	-40,531.
108				Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 T	otal assets	(Part X, Ilne 16)	13,870,910.	12,904,028.
ASS BAS	21 T		s (Part X, líne 26)	7,761,471.	6,791,441.
let Met	22 N	et assets or	fund balances. Subtract line 21 from line 20	6,109,439.	6,112,587.
Pa	rt II	Signatur	re Block		
Und	er penalt	les of perjury	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my k	nowledge and belief, it is
Irue,	correct,	and complet	e. Deglaration of preparer (other than officer) is based on all information of which prepa	irer has any knowledge.	
-				10/10/17	
Sigi	n	Signatu	ie of officer	Date	
Her			NIS WALTO, CHIEF EXECUTIVE OFFICER		
		Type or	print name and title	10min lass s	
			eparer's name Preamar's sunavre	Dale Check	
Pald			SHAPIRO	10/3 17 settiemplayed	P01333816
Prep	arer [Firm's name	LOEB & TROPER LLP	Firm's EIN 🛌	13-1517563
Use	Only	Firm's addres	s 655 THIRD AVENUE, 12TH FLOOR		

	NEW YORK, NY 10017	Phone no. 212 - 867 - 4000
May the IRS di	scuss this return with the preparer shown above? (see instructions)	X Yes No
	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2016)

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: CHF ENSURES HIGH QUALITY HEALTH CARE TO THE NATION'S MORE MEDICALLY-UNDERSERVED CHILDREN AND ADOLESCENTS BY EXPAND CARE , REDUCING HEALTH BARRIERS TO LEARNING, ENGAGING IN PARTNERSHIPS , AND ACTIVATING IN TIMES OF CRISIS . 2 Did the organization undertake any significant program services during the year which were not listed on the	[
1 Briefly describe the organization's mission: CHF ENSURES HIGH QUALITY HEALTH CARE TO THE NATION'S MON MEDICALLY-UNDERSERVED CHILDREN AND ADOLESCENTS BY EXPAN CARE, REDUCING HEALTH BARRIERS TO LEARNING, ENGAGING IN PARTNERSHIPS, AND ACTIVATING IN TIMES OF CRISIS.	
CHF ENSURES HIGH QUALITY HEALTH CARE TO THE NATION'S MO MEDICALLY-UNDERSERVED CHILDREN AND ADOLESCENTS BY EXPAN CARE, REDUCING HEALTH BARRIERS TO LEARNING, ENGAGING IN PARTNERSHIPS, AND ACTIVATING IN TIMES OF CRISIS.	l
MEDICALLY-UNDERSERVED CHILDREN AND ADOLESCENTS BY EXPAN CARE, REDUCING HEALTH BARRIERS TO LEARNING, ENGAGING IN PARTNERSHIPS, AND ACTIVATING IN TIMES OF CRISIS.	сm
CARE, REDUCING HEALTH BARRIERS TO LEARNING, ENGAGING IN PARTNERSHIPS, AND ACTIVATING IN TIMES OF CRISIS.	
PARTNERSHIPS, AND ACTIVATING IN TIMES OF CRISIS.	
prior Form 990 or 990-EZ?	Yes X
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
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	s measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, and
revenue, if any, for each program service reported.	10.000
4a (Code:) (Expenses \$ 4,690,932. including grants of \$ 2,510,031.) (Reven	
NATIONAL PROGRAMS: IN 2016, CHF'S NATIONAL NETWORK OF PL	
STATES AND THE DISTRICT OF COLUMBIA CUMULATIVELY REACHED INDIVIDUALS VIA 289,700 HEALTH CARE ENCOUNTERS PROVIDED	
DIFFERENT LOCATIONS. ACROSS THE NATION, MOBILE CLINICS	
HEALTH CENTERS BROUGHT COMPREHENSIVE CARE - MEDICAL, ME	
CASE MANAGEMENT, NUTRITION SERVICES AND MUCH MORE TO LO	
AT-RISK FAMILIES. EACH CHF PROGRAM IS AFFILIATED WITH A	-
	ENSURING PATIEN
	DDITIONALLY,
EACH CHF PROGRAM ESTABLISHES RELATIONSHIPS WITH SOCIAL	
PROVIDERS (PRIVATE AND GOVERNMENT) IN THEIR LOCAL COMMUN	
MEET ITS PATIENTS' COMPLEX NEEDS.	
4b (Code:) (Expenses \$ 2,707,348. including grants of \$ 1,304,957.) (Revenue	ue \$
NEW YORK PROGRAMS: IN 2016, CHF'S NY FLAGSHIP PROGRAM S	
HOMELESS OR LOW-INCOME CHILDREN & FAMILY MEMBERS THROUG	
MEDICAL, MENTAL HEALTH, NUTRITION, DENTAL, CASE MANAGEM	ENT, AND
COMMUNITY OUTREACH ENCOUNTERS. THE NY FLAGSHIP PROGRAM	CONTINUES TO
MAKE AN IMPACT BY DEVELOPING NEW MODELS OF CARE THAT AR	
THE NATIONAL NETWORK. IN 2016, CHF CONTINUED ITS HEALTH	
LEARN (HRL) INITIATIVE IN 3 NYC ELEMENTARY SCHOOLS SERV	
CHILDREN BY SCREENING AND ADDRESSING HEALTH BARRIERS TO	
(HBLS). THE PROGRAM ALSO ENGAGES AND ACTIVATES FAMILIES	
TO ADDRESS HBLS AND ADDRESS SCHOOL CLIMATE AND ATTENDAN	
DISSEMINATE THIS TRAINING & EDUCATIONAL INFORMATION, CH	F DEVELOPED THE
ONLINE AND IN PERSON HRL RESOURCE AND TRAINING CENTER. 4c (Code:) (Expenses \$1,491,768. including grants of \$) (Revenue)	
Ac (Code:) (Expenses \$, 491, 768 • including grants of \$) (Reven PUBLIC EDUCATION AND AWARENESS: SINCE ITS INCEPTION, CH	
PROTECT AND EXPAND CHILDREN'S ACCESS TO QUALITY CARE. C	
MONITOR, EVALUATE AND RESPOND TO HEALTH REFORM IMPLEMEN	
EFFECTS ON KIDS. IN 2016, CHF PUBLISHED A REPORT ENTITL	
EFFECTS ON KIDS. IN 2016, CHF PUBLISHED A REPORT ENTITLE BUSINESS" THAT OUTLINED THE REMAINING CHALLENGES TO ENS	LUEPRINT FOR
EFFECTS ON KIDS. IN 2016, CHF PUBLISHED A REPORT ENTITLE BUSINESS" THAT OUTLINED THE REMAINING CHALLENGES TO ENSU HEALTH CARE, AND PROVIDED A PROGRAMMATIC AND ADVOCACY B	LUEPRINT FOR
EFFECTS ON KIDS. IN 2016, CHF PUBLISHED A REPORT ENTITLE BUSINESS" THAT OUTLINED THE REMAINING CHALLENGES TO ENS	LUEPRINT FOR
EFFECTS ON KIDS. IN 2016, CHF PUBLISHED A REPORT ENTITLE BUSINESS" THAT OUTLINED THE REMAINING CHALLENGES TO ENSU HEALTH CARE, AND PROVIDED A PROGRAMMATIC AND ADVOCACY B	LUEPRINT FOR
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EFFECTS ON KIDS. IN 2016, CHF PUBLISHED A REPORT ENTITLE BUSINESS" THAT OUTLINED THE REMAINING CHALLENGES TO ENSU HEALTH CARE, AND PROVIDED A PROGRAMMATIC AND ADVOCACY B CHF'S MISSION GOING FORWARD.	LUEPRINT FOR
EFFECTS ON KIDS. IN 2016, CHF PUBLISHED A REPORT ENTITLE BUSINESS" THAT OUTLINED THE REMAINING CHALLENGES TO ENSI- HEALTH CARE, AND PROVIDED A PROGRAMMATIC AND ADVOCACY B CHF'S MISSION GOING FORWARD. 4d Other program services (Describe in Schedule O.) (Expenses \$ 244, 118. including grants of \$ 218, 312.) (Revenue \$	LUEPRINT FOR
EFFECTS ON KIDS. IN 2016, CHF PUBLISHED A REPORT ENTITLE BUSINESS" THAT OUTLINED THE REMAINING CHALLENGES TO ENSINE HEALTH CARE, AND PROVIDED A PROGRAMMATIC AND ADVOCACY BE CHF'S MISSION GOING FORWARD. 4d Other program services (Describe in Schedule O.) (Expenses \$ 244, 118. including grants of \$ 218, 312.) (Revenue \$	LUEPRINT FOR) Form 990 (2
EFFECTS ON KIDS. IN 2016, CHF PUBLISHED A REPORT ENTITLE BUSINESS" THAT OUTLINED THE REMAINING CHALLENGES TO ENSU HEALTH CARE, AND PROVIDED A PROGRAMMATIC AND ADVOCACY B CHF'S MISSION GOING FORWARD. 4d Other program services (Describe in Schedule O.) (Expenses \$ 244,118. including grants of \$ 218,312.) (Revenue \$)
EFFECTS ON KIDS. IN 2016, CHF PUBLISHED A REPORT ENTITLE BUSINESS" THAT OUTLINED THE REMAINING CHALLENGES TO ENSU HEALTH CARE, AND PROVIDED A PROGRAMMATIC AND ADVOCACY B CHF'S MISSION GOING FORWARD. 40 Other program services (Describe in Schedule O.) (Expenses \$ 244,118. including grants of \$ 218,312.) (Revenue \$ 44 Total program service expenses > 9,134,166.) Form 990 (

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Form	990	(2016)	

Part IV Checklist of Required Schedules

THE CHILDREN'S HEALTH FUND

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
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</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
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? If "Yes," complete Schedule C, Part II	4	х	
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? If "Yes," complete Schedule C, Part III	5		X
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	11b		х
с	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? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
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</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		x

Form **990** (2016)

632003 11-11-16

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FOUL	990	(2010)	

THE CHILDREN'S HEALTH FUND

Part IV Checklist of Required Schedules (continued)

200 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 200 X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic granization and the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part K, column (A), ine 2'1 If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part K, column (A), ine 2'1 If "Yes," complete Schedule I, Parts I and II 22 X 23 Did the organization neaver "to" boart VI, Sciencia A, Ine 3, 4, or 5 about compensation of the organization recurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I 24 X 24 Did the organization have a tax-exempt bond is use with an outstanding principal amount of more than \$100,000 as of the last day of the yaar, it avais assice and the Docember 31, 2002? If "Yes," enaver lines 24b through 24d and complete Schedule I, Part I 246 246 25 Did the organization navaer than the organization and assis with an outstanding at any time during the year to defease any tax-exempt bonds? 24d 2				Yes	
12 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization nervor. Name 21: 117 Vice," complete Schedule I, Parts I and II 21 X 22 Did the organization nervor than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 21: 117 Vice," complete Schedule I, Parts I and III 22 X 23 Did the organization nervor Yes' to Part XI. Schedule I, Parts I and III 23 X 24 Did the organization nave 71 Yes," complete Schedule I, Parts I and III 23 X 24 Did the organization nave a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, taxt was issued anto Docember 31, 2002? II "Yes," answer lines 24 bitrough 24d and complete Schedule K. II 'Ne', oo bine 25a 24b 24c 24 Did the organization meating an orbehal of 'issuer for bonds outstanding at any time during the year 'to defase any tax exempt bonds? 24d 24d 25 Section 501(c)(A), and 501(c)(A) and 501(c)(A) organizations. Did the organization are any any amount on Part X, line 5, 6, or 22 for reselvables from or payables to any current or former officers, directors, trustees, ley employees, highest compensated employees, or disqualified persons? II 'Yes,' complete Schedule L, Part I 25e X 26 Did the organization oray any taselection commithe member, or to a 35% controlide en	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 If "res," complete Schedule I, Parts I and II. 21 X 22 Did the organization report mesh the 50,000 digrates or other assistance to or for domestic individuals on Part IX, column (A), line 27. If "Yes," complete Schedule I, Parts I and III. 22 X 23 Did the organization narvem "Yes" to Part VII, Sociton A, Ine 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustese, key employees, and highest compensated employees? If "Yes," complete Schedule I, IP No. 7 of other Schedule I, Part I 26 X 24 Did the organization report any amount on Part X. Ine 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, or disqualified person 21 If Yes, "complete Schedule I, Part II 26 X 25 Did the organization report any amount on Part X. Iine 5, 6, or 22 for receivables from or payables to any current or forme	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, common Y, lines 21 // Y ves, "complete Schedule I, Part I and III III III III III III III III IIII IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part X, Column (A), Im 27 II "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer 'Yes' to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's ourrent and former officers, directory, trustees, key employees, and highest compensated employees? If 'Yes," complete Schedule L, I'No', to or line 25a 2a X 24 Did the organization have a tax exampt 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? If 'Yes," answer lines 24b through 24d and complete Schedule L, I'No', to or line 25a 24a X 25 Did the organization invest any proceeds of tax evempt bonds beyond a temporary period exception? 24b 24d X 26 Did the organization invest any proceeds of tax evempt bonds beyond temporary period exception? 24d X 27 Did the organization area as an 'on behall of issue for bonds outstanding at any time during the year? 24d X 26 Section 50((28), 501((24), and 501((22)) organizations. Did the organization area period in a priory year, and that the transaction with a disqualified person in a priory year, and that the transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I 25a X 26 Did the organization areport any answort interaction with a disqualified person? If 'Yes,' complete Schedule L, Part IV 26i X 27 D		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J 23 X 24 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 vas sisued after Deember 31, 2002? If "Yes," complete Schedule A, II 'No", 'or to line 25a 24a X 24 Did the organization names assued after Deember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule A, II 'No", or to line 25a 24a X 24 Did the organization names assued after Deember 31, 2002? If "Yes," complete Schedule A, II 'No", or to line 25a 24d X 25 Section 501(c)(X), ord 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of in a prior year, and that the transaction with a disqualified person on in a prior year, and that the transaction negated in an excess benefit transaction with a disqualified person on a prior form 390 or 930 E27 If 'Yes,'' complete Schedule L, Part I 25a X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, response prior Form 390 or 930 E27 If 'Yes,'' complete Schedule L, Part IV 26 X 28 Was the organization approximation a part responses of the organization approximation active transaction with one of the following parties (see Schedule L, Part IV 26 X	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the liat day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule K, I'Wo', go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 26a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d X 25a Did the organization aware that tengaged in a neccess benefit transaction with a disqualified person during the year? 25a X 25b Did the organization aware that engage in an excess benefit transaction with a disqualified person during the year? 25a X 26b Did the organization aware that tengaged in a neccess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part I 25a X 27b Did the organization are port on any of the arganization engage in an excess benefit transaction with a disqualifi			22		X
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		27		x
	38				
			38	х	

Form **990** (2016)

632004 11-11-16

Pa	tt 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	32			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	69			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	eO		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	-				
	to file Form 8282?		I	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine			•		
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10-				
a k	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:					
11		11a	l			
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
b		116				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forn	11b	>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U U	organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand	130 13c				
				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		<u> </u>
	······································					(0010

Form **990** (2016)

632005 11-11-16

10261003 733030 1315

THE	CHILD	REN'S	HEALTH	FUND

Form 990 (2016)

Form 990 ((2016)
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THE CHILDREN'S HEALTH FUND

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.

1a Enter the number of voting members of the governing body at the end of the tax year 1a 1a 16 1b 1c 1c 1c 1c 1c 1b 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 2b 1c 1c<	600	Check if Schedule O contains a response or note to any line in this Part VI			
Tase Enter the number of voting members of the governing body, of the governing body delegated bread authority to an executive committee or similar committee, explain in Schedule 0. Interim term term term of voting members in the governing body, of the governing both and th	Sec	tion A. Governing Body and Management		Yes	ľ
If there are material differences in women profiles among members of the governing body, or if the governing body and the standard authority to an exacutive committee, synka in its Schedule 0. 15 2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other difficer, director, trustee, or key employees to a management of the company of the preson? 2 2 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 significant company or other person? 2 2 4 Did the organization base any significant changes to its governing documents since the pior Form 990 was fileo? 5 5 Did the organization base any significant changes to its governing body. 7 7 7 Did the organization base members or stockholders? 7 7 7 Did the organization base members or stockholders? 7 7 8 Did the organization common body? 8 2 8 9 Did the organization on the organization reserved to for subject to approval by members, stockholders, or parson other than the organization base which and authority to act on behalf of the governing body? 8 2 9 Did the organization have written policies and procedures governing body proving the activities of such chapters, affiliates? 10 9 Did the organization have written policies and procedures governing thed	10	Enter the number of veting members of the governing body at the and of the tay year 16		res	Ľ
bedy delegated broad authority to an execute committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent to the solution of officer, director, trustee, or key employees? D did wording and the control over management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person? C did the organization backed or trustees, or key employees to a spowring documents since the prior Form 990 was filed? D 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? D did the organization backed or the organization reserved to (or subject to approval by) members, stockholders, or the persons who had the power to elect or appoint one or more members of the governing body? D did the organization one memory and the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? D did the organization contemporaneous/ document the metings held on wittin actions undertaken during the year by the following: D did the organization contemporaneous/ document the metings held on wittin actions undertaken during the year by the following: D did the organization contemporaneous/ document the metings held on wittin actions undertaken during the year by the following: D did the organization contemporaneous/ document the metings held addresses in Schedule 0 D erdion B. Policies (The Stector I trustee, or key employee listed in Part VII. Section A, who cannot be reached at the governing body? D did the organization never the policies and procedures governing body before filing the form? D discretion the vector trustee, or key employees end addresses in Schedule 0 the process. If any used by the organization is event the organization for equival more than the solucy? If 'No,' go to time 13 D did the organization have written poli	Ia		-		
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215 WEST 125TH STREET, NEW YORK, NY 100272006 11-11-16SEE SCHEDULE O FOR FULL LIST OF STATES66					
2006 11-11-16 SEE SCHEDULE O FOR FULL LIST OF STATES Form 99					
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Part VII	II Compensation of Officers, Directors, Trustee	s, Key Employees, Highest Comp	ensated
	Employees, and Independent Contractors		

Check if Schedule O contains a response or note to any line 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.

	1	T				npoi	nou			
(A)	(B)			_ (((D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>				1/11/13		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	Institutional trustee		Key employee	Highest compensated employee				and related organizations
	line)	divid	stitut	Officer	ey em	ghes	rmer			organizations
(1) IRWIN REDLENER	25.00	드	=	5	ž	포뇽	<u>ک</u>			
	23.00	x		x				242 962	0.	0.
CO-FOUNDER & PRESIDENT		^		<u>^</u>				242,962.	0.	0.
(2) HERVE SEDKY	1.50	.,,								•
CHAIR		Х		X				0.	0.	0.
(3) JEFFREY S. MAURER, ESQ.	1.50									
TREASURER		Х		Х				0.	0.	0.
(4) SEAN CASSIDY	1.50									
BOARD MEMBER		X						0.	0.	0.
(5) HONORABLE DAVID N. DINKINS	1.50									
BOARD MEMBER		x						0.	0.	0.
(6) ROBERT ESSNER	1.50									
BOARD MEMBER		x						0.	0.	0.
(7) W. ROBERT FRIEDMAN, JR.	1.50							•••		
BOARD MEMBER	1.30	x						0.	0.	0.
(8) SAMUEL A. KEESAL, JR. ESQ.	1.50								•	```
BOARD MEMBER	1.50	x						0.	0.	0.
(9) ALEX KARNAL	1.50								••	```
BOARD MEMBER	1.50	x						0.	0.	0.
(10) PAUL METSELAAR	1.50						<u> </u>		•	<u>0.</u>
BOARD MEMBER	1.50	x						0.	0.	0.
	1.50	<u>^</u>						0.	0.	0.
(11) MARTHA MOLINA-BERNADETT, M.D.	1.50							0	0	0
BOARD MEMBER		X						0.	0.	0.
(12) ROBERT C. OSBORNE	1.50									0
BOARD MEMBER	1 50	X						0.	0.	0.
(13) PAUL SIMON	1.50									•
CO-FOUNDER & BOARD MEMBER		Х						0.	0.	0.
(14) ROBERT F. TANNENHAUSER, ESQ.	1.50									_
BOARD MEMBER		Х						0.	0.	0.
(15) JANE PAULEY	1.50									
BOARD MEMBER		X						0.	0.	0.
(16) HAMISH MCKENZIE	1.50									
BOARD MEMBER		X						0.	0.	0.
(17) DENNIS WALTO	50.00									
CHIEF EXECUTIVE OFFICER		1		x				277,720.	0.	36,031.
632007 11-11-16								· · ·		Form 990 (2016)

632007 11-11-16

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7 2016.04020 THE CHILDREN'S HEALTH FUND Form 990 (2016)

1315___1

Form 990 (2016)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C) (D) (E)									(F)			
Name and title	Name and title Average Position Reportable Reportable				Estima	ted						
	nours per box, unless person is both an compensation compensation				۱	amoun	t of					
	week		er an	aaa	recto	or/trus	tee)	from	from related		othe	
	(list any hours for	irecto						the	organizations		compens	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	()	from t organiza	
	organizations	ruste	ll trus		ee	mpen		(** 2/1000 10100)			and rela	
	below	Individual trustee or director	Institutional trustee	L.	Key employee	est co o yee	er				organiza	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				_	
(18) KAREN REDLENER	45.00											
CHIEF ADMINISTRATIVE OFFICER				Х				175,808.		0.	8,	790.
(19) CARLOS RIVERA	37.50							00 540			0.0	
CONTROLLER				Х				89,743.		0.	23,	746.
(20) DELANEY GRACY	50.00					37		102 007			2.2	200
CHIEF MEDICAL OFFICER	40.00					X		193,887.		0.	<u>،</u> ۲۲	268.
(21) JEB WEISMAN CHIEF INFORMATION OFFICER	40.00					x		190,365.		0.	30	626.
(22) DENNIS JOHNSON	30.00							190,303.			,	020.
VICE PRESIDENT, POLICY	50.00					x		130,188.		0.	40.	200.
(23) LUCY ROCHE-HERGER	40.00											
VICE PRESIDENT, DEVELOPMENT						x		124,185.		0.	6,	375.
(24) HUGH SIEGEL	37.50											
SENIOR DIRECTOR, STRATEGIC COMM.						Х		123,261.		0.	17,	046.
1b Sub-total								1,548,119.		0.	195,	082.
								0.		0.	195,	0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 1,548,119.					0.	195,						
2 Total number of individuals (including but r									,000 of reportable	Г Э		
compensation from the organization									•			9
											Yes	s No
3 Did the organization list any former officer,			e, ke	y er	nplc	yee,	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$15											4 X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-		ela	ted organization or indivi	dual for services		5	x
Section B. Independent Contractors		01	01 30		pers	<u>.</u>						
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	onti	racto	ors	that received more than	\$100.000 of com	pensa	ation from	
the organization. Report compensation for	•	•										
(A)								(B)			(C)	
Name and business								Description of s		C	ompensat	ion
COUNSELING FOR SCHOOLS, 505 EIGHTH MENTAL HEALTH						100	1					
AVENUE, SUITE 12A-06, NEW YORK, NY 10018				SERVICES (HR	L SITES)		196,	130.				
MANDARIN ORIENTAL NEW YORK , 80 COLUMBUS				CATERING SER	VICES		1/7	083				
CIRCLE,12TH FLOOR, NEW YORK, NY 10023 NICOLE WILLIAMS, 4 BOXWOOD DRIVE LAKE			_	CALEVING DEV		147,983.		905.				
LINCOLNDALE, NEW YORK, N								DATA MANAGEM	ENT		133,	579.
									-			
2 Total number of independent contractors (including but p	ot lir	nite	d to	tho	se lig	ster	d above) who received m	ore than			
\$100,000 of compensation from the organ	-					3						

Form **990** (2016)

632008 11-11-16

Image: second			Check if Schedule O cont	ains a response	e or note to any lin	e in this Part VIII			
Open Section Desiness Code Desiness Code b c							Related or exempt function	Unrelated business	from tax under
Open Section Desiness Code Desiness Code b c	nts Its	1 a	a Federated campaigns	1a					
Open Section Desiness Code Desiness Code b c	ar								
Open Section Desiness Code Desiness Code b c	Ğå°				1,559,753.				
Open Section Desiness Code Desiness Code b c	ar								
Open Section Desiness Code Desiness Code b c	s, °				436,567.				
Open Section Desiness Code Desiness Code b c	r Si								
Open Section Desiness Code Desiness Code b c	but				9,696,597.				
Open Section Desiness Code Desiness Code b c	ē								
Open Section Desiness Code Desiness Code b c	a Co		-			11,692,917.			
90 2 a PCORDAM FEES 524200 10,000. 10,000. a b	_	-				, ,			
Or ended b	ø	2 8	PROGRAM FEES			10,000.	10,000.		
a Total Add lines 2a-21 10,000. a Total Add lines 2a-21 10,000. 3 Investment lincome (including dividends, interest, and other similar amounts). 224,022. 224,022. 4 Income from investment of tax-exempt bond proceeds 24,022. 224,022. 5 Royatties (i) Real 0) Personal 0 6 a Gross rents (ii) Real 0) Other 0 7 A Gross amount from sales of roles) (ii) Securities 0 0 7 a Gross anount from sales of (iss) (iii) Other 747,110. 0 9 Less: cost or other basis 824,223. -77,129. -77,129. 6 a Gross income from fundraising events (not including \$	ي م	_ t	b			,	,		
a Total Add lines 2a-21 10,000. a Total Add lines 2a-21 10,000. 3 Investment lincome (including dividends, interest, and other similar amounts). 224,022. 224,022. 4 Income from investment of tax-exempt bond proceeds 24,022. 224,022. 5 Royatties (i) Real 0) Personal 0 6 a Gross rents (ii) Real 0) Other 0 7 A Gross amount from sales of roles) (ii) Securities 0 0 7 a Gross anount from sales of (iss) (iii) Other 747,110. 0 9 Less: cost or other basis 824,223. -77,129. -77,129. 6 a Gross income from fundraising events (not including \$	Sel		-						
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b Less: rental expenses		6 -	a Gross rents						
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d Net rental income or (loss) 									
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12 Total revenue . See instructions									
						11 637 847	10 000	r	-65 070
						11,037,047.	10,000.		

THE CHILDREN'S HEALTH FUND

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Form 990 (2016)

Part VIII Statement of Revenue

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2016.04020 THE CHILDREN'S HEALTH FUND 1315___1

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Part IX Statement of Functional Expenses

THE CHILDREN'S HEALTH FUND

	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A)	(B)	(C)	L
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	4 0 2 2 2 0 0	4 0 2 2 2 0 0		
	and domestic governments. See Part IV, line 21	4,033,300.	4,033,300.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 -	Benefits paid to or for members				
5	Compensation of current officers, directors,	854,801.	456,314.	337,125.	61,362
	trustees, and key employees	0.54,0010	430,314.	557,125.	01,302
5	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		3,106,542.	2,220,653.	246,671.	639,218
r 3	Other salaries and wages Pension plan accruals and contributions (include	5,200,5120	2,220,0330	230,0710	000,210
,	section 401(k) and 403(b) employer contributions)	106,986.	71,098.	11,549.	24,339
9	Other employee benefits	518,445.	340,344.	63,828.	114,27
,)	Payroll taxes	281,118.	176,649.	47,414.	57,05
,	Fees for services (non-employees):		27070191		
	Management				
	Legal	13,885.		13,885.	
	Accounting	55,300.		55,300.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	66,500.			66,50
	Investment management fees	,			
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	613,123.	412,751.	183,735.	16,63
2	Advertising and promotion	194,057.	136,597.	7,624.	49,830
3	Office expenses	655,967.	372,565.	136,751.	146,65
ļ	Information technology		-		
5	Royalties				
5	Occupancy	362,264.	246,038.	51,493.	64,73
,	Travel	250,585.	219,225.	17,853.	13,50'
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest	21,809.		21,809.	
	Payments to affiliates				
2	Depreciation, depletion, and amortization	414,287.	376,655.	12,009.	25,62
;	Insurance	129,409.	71,977.	33,404.	24,02
	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 0.)				
а					
b					
С					
d					
е	All other expenses	11 (80 080	0 104 100	1 0 4 0 4 5 0	1 222 5 5
5	Total functional expenses. Add lines 1 through 24e	11,678,378.	9,134,166.	1,240,450.	1,303,762
;	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 if following SOP 98-2 (ASC 958-720)				

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10 2016.04020 THE CHILDREN'S HEALTH FUND Form **990** (2016)

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments			1,575,034.
	3	Pledges and grants receivable, net		3	5,478,456.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	Ŭ	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 und		Ŭ	
	Ŭ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribut			
		employers and sponsoring organizations of section 501(c)(9) voluntary	"'g		
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges			238,455.
		Land, buildings, and equipment: cost or other		5	200,1001
	104	basis. Complete Part VI of Schedule D 10a 7,965,09	3.		
	b	Less: accumulated depreciation 10b 6,484,05	2. 1,892,703.	100	1 481 041.
	11	Less: accumulated depreciation 10b 6,484,05 Investments - publicly traded securities	4 054 004	11	1,481,041. 4,124,392.
	12	Investments - other securities. See Part IV, line 11		12	1,121,392.
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Intangible assets Other assets. See Part IV, line 11			6,350.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,904,028.
	17	Accounts payable and accrued expenses			628,554.
	18			18	6,162,887.
	19	Grants payable		19	0,102,00,1
	20	Deferred revenue		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
6	22	Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	~~	key employees, highest compensated employees, and disqualified persons.			
llidi		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	1 0 0 0 0 0 0		
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	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	7,761,471.	26	6,791,441.
		Organizations that follow SFAS 117 (ASC 958), check here X an			
Ś		complete lines 27 through 29, and lines 33 and 34.	-		
Fund Balances	27	Unrestricted net assets	2,019,562.	27	1,685,724.
	28	Temporarily restricted net assets		28	2,426,863.
	29	Permanently restricted net assets		29	2,000,000.
<u>n</u>		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ř	33	Total net assets or fund balances			6,112,587.
	34	Total liabilities and net assets/fund balances	10 000 010	34	12,904,028.
					Form 990 (2016)
					FORM 330 (2016)

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

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Form	1990 (2016) THE CHILDREN'S HEALTH FUND	13-3	468427	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,637		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,678	3,3	78.
3	Revenue less expenses. Subtract line 2 from line 1	3			31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,109		
5	Net unrealized gains (losses) on investments	5	43	3,6	67.
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			12.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,112	2,5	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2016)

632012 11-11-16

SCHEDULE A

(Form	990	or	990-	·ΕΖ
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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.

2016
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/for	rm990.	Inspection
	Employer	identification number

	THE	CHILDREN'S	HEALTH FUND				1	3-3468427
Part I	Reason for Public	Charity Status (All organizations must co	mplete th	is part.) Se	ee instruction	S.	
The ora	nization is not a private found	lation because it is: (For lines 1 through 12. c	heck only	one box.)			
1 🗂	A church, convention of ch							
2	A school described in sect					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
3	A hospital or a cooperative					ii).		
4	7	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:			accombet				and neopital o name,
5	An organization operated for	or the benefit of a co	llege or university owner	1 or operat	ted by a d	overnmental	init describ	ned in
J	section 170(b)(1)(A)(iv). (0				icu by a g	overnmentar		
e 🗌			aantal unit daaarihad in d	nation 17	70/6//4//4	()		
6 ∟ 7 X	A federal, state, or local go							nu de lite, el e e evile e el im
7 <u>X</u>	Ũ		iniai part of its support i	rom a gov	ernmenta		ne general	public described in
o [section 170(b)(1)(A)(vi). (C							
8	A community trust describe							
9 📖	An agricultural research org	-			-		-	-
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
	university:							
10 📖	An organization that norma							
	activities related to its exen							
	income and unrelated busi		(less section 511 tax) fro	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12 📖	An organization organized		•	-			-	
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section \$	509(a)(3). (Check the box in
_	lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete line	s 12e, 12f, an	d 12g.	
a 🗆	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	y giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b 🗌	Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving
	control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
c	Type III functionally interpretent of the second	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrate	ed with,
_	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	vith its suppo	rted organi	zation(s)
	that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness
	requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .		
е 🗌	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organiz	zation.			
f Er	ter the number of supported of	organizations						
g Pr	ovide the following information	n about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of		(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

2016.04020 THE CHILDREN'S HEALTH FUND 1315___1

Schedule A (Form 990 or 990-EZ) 2016 THE CHILDREN'S HEALTH FUND

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) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 16,994,440, 10,683,056 13,172,210 12,105,957 11,692,917 64,648,580. 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 ... 16,994,440. 10,683,056 13,172,210. 12,105,957 11,692,917 64,648,580. 4 Total. Add lines 1 through 3 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) 15,211,245. 49,437,335. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 16,994,440. 10,683,056. 13,172,210. 12,105,957 11,692,917, 64,648,580. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 695,749. 470,159. 281,584. 224,022. 304,695. 1,976,209. and income from similar sources 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 VI.) 66,624,789. 11 Total support. Add lines 7 through 10 10,000. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 74.20 14 % 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2015 Schedule A, Part II, line 14 75.45 15 % 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ► X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. 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 - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. 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 VI 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

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

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Schedule A (Form 990 or 990-EZ) 2016 THE CHILDREN'S HEALTH FUND Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Calendar year (or fiscal year beg	- /	(b) 2013	(c) 2014	(d) 2015	(e) 20)16	(f) Total
1 Gifts, grants, contribution	is, and						
membership fees receive	d. (Do not						
include any "unusual grar	nts.")						
2 Gross receipts from admi merchandise sold or serv formed, or facilities furnis	ices per- hed in						
any activity that is related organization's tax-exempt	t purpose						
3 Gross receipts from activ	ities that						
are not an unrelated trade iness under section 513	e or bus-						
4 Tax revenues levied for th	ne organ-						
ization's benefit and eithe or expended on its behalf	•						
5 The value of services or fa							
furnished by a governmer	ntal unit to						
the organization without of							
6 Total. Add lines 1 through	n 5						
7a Amounts included on line	s 1, 2, and						
3 received from disqualified	•		ļ				
b Amounts included on lines 2 and 3 from other than disqualified perso exceed the greater of \$5,000 or 19 amount on line 13 for the year	ns that 6 of the						
c Add lines 7a and 7b							
8 Public support. (Subtract line)							
Section B. Total Suppo	rt						
alendar year (or fiscal year beg		(b) 2013	(c) 2014	(d) 2015	(e) 20	116	(f) Total
9 Amounts from line 6				(4) 2010	(0) 20		(1) 10101
IOa Gross income from intere dividends, payments rece securities loans, rents, ro and income from similar s	st, eived on valties						
b Unrelated business taxable ir							
(less section 511 taxes) from acquired after June 30, 1975							
c Add lines 10a and 10b							
 Net income from unrelate activities not included in I whether or not the busine requirely carried on 	d business ine 10b, ess is						
2 Other income. Do not incl or loss from the sale of ca assets (Explain in Part VI.	apital						
13 Total support. (Add lines 9, 100	c, 11, and 12.)						
I4 First five years. If the For	rm 990 is for the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organizat	tion,
check this box and stop I							▶∟
Section C. Computatio	n of Public Support Pe	ercentage					
15 Public support percentag	e for 2016 (line 8, column (f)	divided by line 13,	column (f))		15		%
16 Public support percentag	e from 2015 Schedule A, Par	t III, line 15			16		%
Section D. Computatio	n of Investment Incon	ne Percentage					
17 Investment income perce					17		%
	ntage from 2015 Schedule A				18		%
9a 33 1/3% support tests -	•					nd line 17	
	k this box and stop here. Th						
b 33 1/3% support tests -	2015. If the organization did 3 1/3%, check this box and s	not check a box o	n line 14 or line 19a	a, and line 16 is mo	ore than 33	3 1/3%, an	nd
20 Private foundation. If the							
32023 09-21-16	organization dia not oneon a	, JOA OIT III (C 14, 18					or 990-EZ) 2016
JEUED 03-21-10			15	301	Cuule A (F	5111 390 (5 550-LZJ 2010
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Schedule A (Form 990 or 990-EZ) 2016 THE CHILDREN'S HEALTH FUND

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 THE CHILDREN'S HEALTH FUND Part IV Supporting Organizations (continued)

			Yes	No
44	Has the exception eccepted a gift or contribution from any of the following persons?		162	NO
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations		V.	N
	Did the diverters the state of the second supervised eventiations have the second to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	l		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ĺ		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ	2016
	17			

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2016.04020 THE CHILDREN'S HEALTH FUND 1315___1

Schedule A (Form 990 or 990 EZ) 2016 THE CHILDREN'S HEALTH FUND Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	lv integrate	ed Type III supporting or	anization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule A (Fe	orm 990 or 990-E	Z) 2016 THE	CHILDREN	<u>'S HE</u> A	LTH	FUND		13-346	<mark>8427</mark> Ра
Part VI S	Supplemental Part IV, Section A, ne 1; Part IV, Sec	Information lines 1, 2, 3b, 3 tion D, lines 2 a 6, and 8; and P	1. Provide the exp ic, 4b, 4c, 5a, 6, 9a nd 3; Part IV, Sect	lanations re a, 9b, 9c, 1 ion E, lines	equired 1a, 11b, 1c, 2a, :	by Part II, line 10; Part , and 11c; Part IV, Sect 2b, 3a, and 3b; Part V, o complete this part fo	II, line 17a or tion B, lines 1 line 1; Part V or any addition	17b; Part III, and 2; Part I Section B, I	line 12; V, Section C; ine 1e; Part \
(3	See Instructions.)								
32028 09-21-16					20				0 or 990-EZ)
61003 7	33030 13	15	2016.	04020	THE	CHILDREN'S	HEALTH	FUND	1315

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

eninction type (abook a

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

13-3468427	7
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THE CHILDREN'S HEALTH FUND	
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Organization type (check of	n gamzation type (check one).				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

13-3468427

THE CHILDREN'S HEALTH FUND

Part I	Contributors (See instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>250,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$675,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,709,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$550,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-18		\$ <u>650,000.</u> Schedwle B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)
020,02 10-10	22		,,

10261003 733030 1315 2016.04020 THE CHILDREN'S HEALTH FUND 1315___1

Employer identification number

13-3468427

THE CHILDREN'S HEALTH FUND

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
7		\$300,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u> 8 </u>		\$900,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
9		\$378,269.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>10</u>		\$\$	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u></u>		\$\$\$	Person X Payroll Noncash X (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo

Employer identification number

13-3468427

THE CHILDREN'S HEALTH FUND

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	YGIENE KITS		
11			
			12/16/16
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I			
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I			
_		\$	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I			
—		\$	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I			
		<u> </u>	
		\$Schedule B (Form G	990, 990-EZ, or 990-PF
3453 10-18-16	24		190, 990-EZ, 01 990-PF

10261003 733030 1315

Name of orga	nization			Employer identification number
THE CH	ILDREN'S HEALTH FUND			13-3468427
Part III	Exclusively religious, charitable, etc., cor the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	columns (a) through (e) and the follow	wing line entry. For organization	r (10) that total more than \$1,000 for
	Use duplicate copies of Part III if addition		less for the year. (Enter this into, onc	e.) ► +
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
- -				
		(e) Transfer of gif	t	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
- _				
		(e) Transfer of gif	t	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
-				
623454 10-18-1	6	25	Schedule	B (Form 990, 990-EZ, or 990-PF) (201

2016.04020 THE CHILDREN'S HEALTH FUND 1315___1

SCHEDULE C	Political Campaign and Lobbying Activities	;	OMB No. 1545-0047			
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 5	627	201	6		
Department of the Treasury Internal Revenue Service	 Complete if the organization is described below. Attach to Form 990 or Form Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/forms 		Open to Public Inspection			
If the organization ans	wered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Cam	paign Activ	ities), then			
 Section 501(c)(3) or 	anizations: Complete Parts I-A and B. Do not complete Part I-C.					
 Section 501(c) (othe 	r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Pa	rt I-B.				
 Section 527 organiz 	ations: Complete Part I-A only.					
If the organization ans	wered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Act	ivities), the	en			
 Section 501(c)(3) org 	panizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do	not comple	te Part II-B.			
 Section 501(c)(3) or 	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-E	3. Do not cc	mplete Part II	-A.		
If the organization ans	wered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Forn	n 990-EZ, F	art V, line 35	c (Proxy		
Tax) (see separate inst	ructions), then					
 Section 501(c)(4), (5) 	, or (6) organizations: Complete Part III.					
Name of organization		Employer i	identification	number		
	THE CHILDREN'S HEALTH FUND	13	3-34684	27		
Part I-A Comple	ete if the organization is exempt under section 501(c) or is a section 5	27 orgar	nization.			
1 Provide a description	on of the organization's direct and indirect political campaign activities in Part IV.					
2 Political campaign	activity expenditures	▶\$				
3 Volunteer hours for	political campaign activities					
Part I-B Comple	ete if the organization is exempt under section 501(c)(3).					
1 Enter the amount o	f any excise tax incurred by the organization under section 4955	▶\$				
2 Enter the amount o	f any excise tax incurred by organization managers under section 4955	.►\$				
3 If the organization i	ncurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No		
4a Was a correction m	ade?		Yes	No No		

bl	f "Yes."	describe	in	Part	IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities ______ \$
 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ______ \$
 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POI

0	Total exempt function expenditures. Add lines 1 and 2. Enter here and off off 11201 OE,		
	line 17b ► \$		
4	Did the filing organization file Form 1120-POL for this year?	Yes	10

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

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Sche	dule C (Form 990 or 990-EZ) 2016 THE C		468427 Page 2					
	t II-A Complete if the organization	iled Form 5768 (el	ection under					
	section 501(h)).							
A Cł	Check 🕨 🛄 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,							
	expenses, and share of excess lobbying expenditures).							
B Cł	neck 🕨 🔲 if the filing organization check	ed box A and "limited control" provisions apply.						
	Limits on Lob (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals					
1a	Total lobbying expenditures to influence pub	17,925.						
b	Total lobbying expenditures to influence a le	gislative body (direct lobbying)	69,111.					
с		d 1b)	87,036.					
d			11,591,342.					
		es 1c and 1d)	11,678,378.					
f		unt from the following table in both columns.	733,919.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$17.000.000	\$1.000.000.						

g Grassroots nontaxable amount (enter 25% of line 1f)	183,480.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720		

reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

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Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total				
2a Lobbying nontaxable amount	814,878.	846,491.	742,169.	733,919.	3,137,457.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					4,706,186.				
c Total lobbying expenditures	103,835.	38,465.	33,313.	87,036.	262,649.				
d Grassroots nontaxable amount	203,720.	211,623.	185,542.	183,480.	784,365.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,176,548.				
f Grassroots lobbying expenditures	25,150.	38,465.	33,313.	17,925.	114,853.				

Schedule C (Form 990 or 990-EZ) 2016

Yes

No

632042 11-10-16

10261003 733030 1315

Schedule C (Form 990 or 990-EZ) 2016 THE CHILDREN'S HEALTH FUND

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OR	(b) Par		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cal			
~			2a		
	Current year				
	Carryover from last year				
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		🗸		
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
-	t IV Supplemental Information		V		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) list): Part II-	A, lines 1 :	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	-,,	,	(- 50	

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2016.04020 THE CHILDREN'S HEALTH FUND 1315___1

13-3468427 Page 3

Department of the Treasury Internal Revenue Service

(Form 990)

 Supplemental Financial Statements

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

 ▶ Attach to Form 990.

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



Nam	e of the organization THE CHILDREN'S HEA	Employer identification number 13-3468427	
Pa			
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa		-	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	education)	prically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ►		0 0
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	•	,	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	
a	In Part XIII, describe how the organization reports conservat		
5	include, if applicable, the text of the footnote to the organization		
	conservation easements.		the organization's accounting for
Pa	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under SFAS 116 (AS		port and balance sheet works of art
Ia	historical treasures, or other similar assets held for public ex		
	· · · · · ·		ice of public service, provide, in Part Alli,
b	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Schedule D (Form 990) 2016

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2016.04020 THE CHILDREN'S HEALTH FUND

Sche	Schedule D (Form 990) 2016 THE CHILDREN'S HEALTH FUND 13-3468427 Page 2								
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collectior	n item	s
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
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 ma		¥			L	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	is or other assets no	t included				
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
с	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1 f		_		
	Did the organization include an amount on F					L	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete i				1		() [
4.	De sinsis e de seu la dese	(a) Current year	(b) Prior year	(c) Two years back		years back		,	
1a 5	Beginning of year balance	2,000,000.	2,000,000.	6,835,589.	0,4	261,832.	<u> </u>	521,	440.
D	Contributions	83,819.	115,917.	65,202.	, ,	373,757.		785	297.
	Net investment earnings, gains, and losses	05,015.	113,517.	05,202.	· · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		705,	257.
	Grants or scholarships								
e	Other expenditures for facilities and programs	60,000.	115,917.	4,900,791.		300,000.		44	911.
f	Administrative expenses		110,017.	1,500,751				,	
י מ	End of year balance	2,023,819.	2,000,000.	2,000,000.	6 8	335,589.	6	261	832.
2	Provide the estimated percentage of the cur				- / ·	,	- ,	,	
_ 	Board designated or quasi-endowment	forte your one balante	%						
b	Permanent endowment 99.88	%							
	Temporarily restricted endowment	.12 %							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organi	zation			
	by:	Ū			Ū		Г	Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost		Accumulat		(d) Book	value	Э
		basis (investm	nent) basis	(other) de	epreciation				
1a	Land								
	Buildings								_
с	Leasehold improvements				393,9				0.
d	Equipment				058,2		1,476		
	Other			6,080.	31,8			1,2 3	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	X, column (B), line 1	0c.)			1,481	-	
						Schedule	D (Form	990)	2016

Part VII	Investments -	Other Se	ecurities.		
Schedule D	(Form 990) 2016	THE	CHILDREN'S	HEALTH	FUND

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)							

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. 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)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

632053 08-29-16

Sche	dule D (Form 990) 2016 THE CHILDREN'S HEALTH FUND)		13-	3468427 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,681,526.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	43,667.		
b					
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		12.		
е	Add lines 2a through 2d			2e	43,679.
3	Subtract line 2e from line 1			3	11,637,847.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
				5	11,637,847.
<u> </u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten			-	
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n ents With a.	I Expenses per	-	irn.
9 Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	n ents With a.	I Expenses per	-	
	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n ents With a.	I Expenses per	Retu	irn.
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents With a.	I Expenses per	Retu	irn.
1 2	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a. 2a	I Expenses per	Retu	irn.
1 2 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	I Expenses per	Retu	irn.
1 2 a b	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2c	I Expenses per	Retu	irn.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	I Expenses per	Retu	ırn. 11,678,378. 0.
1 2 b c d	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	I Expenses per	Retu 1	irn.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	I Expenses per	1 2e	ırn. 11,678,378. 0.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	I Expenses per	1 2e	ırn. 11,678,378. 0.
1 2 3 4 4 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2b 2c 2d	I Expenses per	1 2e	ırn. 11,678,378. 0.
1 2 3 4 4 b	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	I Expenses per	1 2e	urn. 11,678,378. 0. 11,678,378. 0.
1 2 d e 3 4 b c 5	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	I Expenses per	Retu 1 2e 3	ırn. 11,678,378. 0.

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.

PART V, LINE 4:

INCOME FROM THE ENDOWMENT IS EXPENDABLE TO SUPPORT ANY ACTIVITY OF

CHILDREN'S HEALTH FUND.

PART X, LINE 2:

CHF HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT

REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS

ENDING DECEMBER 31, 2013 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY

APPLICABLE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BE	NEFICIAL	INTEREST	IN LEAD	TRUS	т				12.
632054 08-29-16				30			Schedule [) (Form 990)	2016
10261003 73303	0 1315	201	16.04020	THE	CHILDREN'S	HEALTH	FUND	1315	_1

Schedule D		2010
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					Schedule	D (Form 990) 201
2055 08-29-16		33				
61003 733030 1315	2016.04020	THE	CHILDREN'S	HEALTH	FUND	1315 1

SCHEDULE G	Suppleme	ntal Information Desarding		draia	ing or Coming	A ativ	/ition	OMB No. 1545-0047
(Form 990 or 990-EZ)		ental Information Regarding e organization answered "Yes" on						2016
Department of the Treasury	c	organization entered more than \$1 Attach to Form 990						Open to Public
Internal Revenue Service	Information a	about Schedule G (Form 990 or 990-EZ				gov/fo		nspection
Name of the organization	n						Employer ide	ntification number
		LDREN'S HEALTH FUN					13-3468	
	complete this par	Complete if the organization answe t.	ered "\	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
	•	sed funds through any of the followi	•					
a X Mail solicitat					overnment grants			
b X Internet and								
c X Phone solici d X In-person so		g X Special	fundra	aising	events			
-		or oral agreement with any individua	l (inclu	dina o	fficers, directors, tru	stees	or	
-		Part VII) or entity in connection with p		-			X Yes	Νο
b If "Yes," list the 10) highest paid indi	viduals or entities (fundraisers) pursu	uant to	agree	ements under which	the fu	ndraiser is to b	be
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v) /	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c	raiser ustody	(iv) Gross receipts from activity		r retained by) undraiser	to (or retained by)
or entity (rund			contrib	ntrol of utions?	nomactivity		ed in col. (i)	organization
EVENT ASSOCIATES,	INC 162		Yes	No				
WEST 56TH STREET,	SUITE 405,	GALA FUNDRAISING		x	1,445,991.		66,500.	1,379,491.
			+					
		1	1					
Total			<u></u>		1,445,991.		66,500.	
 List all states in white or licensing. 	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	a it is	exempt from r	egistration
•	CO,CT,FL,	GA, IL, KS, KY, ME, MD,	MA,	MI,	MN, MS, MO, N	H,N	J, NM, NY	, NC , ND , OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, LA, NV

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2016

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632081 09-12-16

34 2016.04020 THE CHILDREN'S HEALTH FUND

Schedule G (Form 990 or 990-EZ) 2016 THE CHILDREN'S HEALTH FUND

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

			(a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000
				WOMEN'S		(d) Total events
			2016 GALA	LUNCHEON	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	1,445,991.	55,802.	166,090.	1,667,883
		Less: Contributions	1,351,391.		158,440.	
	3	Gross income (line 1 minus line 2)	94,600.		7,650.	
	4	Cash prizes				
	5	Noncash prizes				
	Ŭ					
	6	Rent/facility costs	13,020.		2,400.	15,420
	7	Food and beverages	132,309.	27,004.	9,756.	169,069
	8	Entertainment	69,199.	4,333.	729.	74,261
	9	Other direct expenses			197.	61,343
	10	Direct expense summary. Add lines 4 throug				320,093
	11	Net income summary. Subtract line 10 from				-211,963
2	rt I	II Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or I	reported more than	
a						
		\$15,000 on Form 990-EZ, line 6a.				
т		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	
Т		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Т		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo		(c) Other gaming	
Т	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1		(a) Bingo		(c) Other gaming	
	1 2 3	Gross revenue	(a) Bingo		(c) Other gaming	
		Gross revenue	(a) Bingo		(c) Other gaming	
	3	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
	3	Gross revenue Cash prizes Noncash prizes		bingo/progressive bingo		
	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	bingo/progressive bingo	Yes%	
	3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	↓ Yes% No h 5 in column (d)	bingo/progressive bingo	Yes% No	
	3 4 5 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	Yes% No 1 5 in column (d) 7 from line 1, column (d)	bingo/progressive bingo	Yes% No	
-	3 4 5 6 7 8 Ent	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond	Yes % No % 1 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (
a	3 4 5 6 7 8 En ⁻ Is t	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (
a	3 4 5 6 7 8 En ⁻ 1s t 1f "	Gross revenue	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ictivities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (c
a a	3 4 5 6 7 8 Entractions	Gross revenue	Yes % No % 1 Yes % No % % 7 from line 1, column (d) 7 from line 1, column (d) 9	bingo/progressive bingo	Yes% No wear?	col. (a) through col. (

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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Schedule G (For	m 990 or 990-EZ) 2016 THE CHILDREN'S HEALTH FUND	13-3468427 Page 3
	rganization conduct gaming activities with nonmembers?	
	nization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administ	er charitable gaming?	Yes 🗌 No
	e percentage of gaming activity conducted in:	
a The organi	zation's facility	13a %
b An outside	facility	13b %
14 Enter the n	ame and address of the person who prepares the organization's gaming/special events books and recor	ds:
Name 🕨		_
Address	•	
15a Does the o	rganization have a contract with a third party from whom the organization receives gaming revenue? $_{\dots}$	Yes No
	iter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amo	unt
of gaming I	revenue retained by the third party $ ightarrow$ \$	
c If "Yes," er	ter name and address of the third party:	
Name 🕨		
	•	
	anager information:	
ie daming ne		
Name 🕨		
Gaming ma	anager compensation 🕨 \$	
Descriptior	n of services provided	
Dire	ctor/officer Employee Independent contractor	
17 Mandatory	distributions:	
a Is the organ	nization required under state law to make charitable distributions from the gaming proceeds to	
retain the s	state gaming license?	Yes No
b Enter the a	mount of distributions required under state law to be distributed to other exempt organizations or spent	in the
	n's own exempt activities during the tax year 🕨 \$	
	upplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 5c, 16, and 17b, as applicable. Also provide any additional information. See instructions	² art III, lines 9, 9b, 10b, 15b,
SCHEDIII.E	G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	
SCHEDOLE	G, FART I, DINE 2D, DIST OF TEN HIGHEST FAID FONDRA	.1919.
(I) NAME	OF FUNDRAISER: EVENT ASSOCIATES, INC.	
(I) ADDR	ESS OF FUNDRAISER:	
162 WEST	56TH STREET, SUITE 405, NEW YORK, NY 10019	
632083 09-12-16		G (Form 990 or 990-EZ) 2016
	36	

220084	Schedule G (Form 990 or 990-E
332084)4-01-16	
	37
261003 733030 1315	2016.04020 THE CHILDREN'S HEALTH FUND 1315

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	GC Comp	Grants and Oth overnments, an lete if the organizatio	nd Individual n answered "Yes" Attach to For	l s in the Ŭn on Form 990, Pa m 990.	ited States art IV, line 21 or 22.	0.	OMB No. 1545-0047
Name of the organization					•		Employer identification number
THE CHILD		ALTH FUND					13-3468427
Part I General Information on Grants a 1 Does the organization maintain records criteria used to award the grants or assi 2 Describe in Part IV the organization's pr	to substantiate th stance?						
Part II Grants and Other Assistance to	-				anization answered	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II cai (b) EIN	n be duplicated if addit (c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ded. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MONTEFIORE MEDICAL CENTER 853 LONGWOOD AVE., 2ND FL BRONX, NY 10459	13-1740014	501(C)(3)	1,338,338.	222,513.	FMV	HYGIENE KITS & TABLETS/ACCESSOR	NEW YORK AND SOUTH BRONX CHILDREN'S HEALTH PROJECTS
OUR LADY OF THE LAKES REG. MED. CENTER - 5228 DIJON - BATON ROUGE, LA 70808	72-0423651	501(C)(3)	262,500.	8,430.	FMV	HYGIENE KITS	BATON ROUGE CHILDREN'S HEALTH PROJECT
TRUSTEES OF COLUMBIA UNIVERSITY 1700 BROADWAY, 10TH FL NEW YORK, NY 10019	13-5598093	501(C)(3)	218,312.	0.			NATIONAL CENTER FOR DISASTER PREPAREDNESS (NCDP)
PARKLAND FOUNDATION 2777 STEMMONS FREEWAY DALLAS, TX 75207	75-6004221	501(C)(3)	135,000.	0.			DALLAS CHILDREN'S HEALTH PROJECT
ORLANDO REGIONAL HEALTHCARE 601 WEST MICHIGAN STREET ORLANDO, FL 32805	59-1726273	501(C)(3)	60,000.	0.			ORLANDO CHILDREN'S HEALTH PROJECT
CEDARS-SINAI ME. CENTER 8701 WEST 3RD STREET LOS ANGELES, CA 90048	95-1644600		60,000.	0.			LOS ANGELES CHILDREN'S HEALTH PROJECT
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	•	•	ie line 1 table				
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2016)

THE CHILDREN'S HEALTH FUND Schedule I (Form 990)

MARSHALL UNIVERSITY 1600 MEDICAL CENTER DR.

HUNTINGTON, WV 27501

LE BONHEUR COMMUNITY 2400 UNION AVENUE STE.500

MEMPHIS, TN 38112

			()) (())			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI							
1601 N.W 12TH AVENUE							SOUTH FLORIDA CHILDREN'S
MIAMI, FL 33136	59-2579927	501(C)(3)	153,454.	0.			HEALTH PROJECT
CHIRICAHUA COMMUNITY							
1100F AVE.							SOUTHERN ARIZONA
DOUGLAS, AZ 85607	86-0814898	501(C)(3)	135,000.	0.			CHILDREN'S HEALTH PROJECT
AARON E. HENRY COMM. HEALTH CENTER							
510 HIGHWAY 322							MISSISSIPI CHLIDREN'S
CLARKSDALE, MS 38614	64-0624495	501(C)(3)	70,000.	0.			HEALTH PROJECT
THE STATE UNIVERSITY OF NEW JERSEY							
65 BERGEN STREET							NEW JERSEY CHILDREN'S
NEWARK, NJ 07107	23-7313160	501(C)(3)	70,000.	0.			HEALTH PROJECT
PHOENIX CHILDREN'S HOSPITAL							
1919 EAST THOMAS RD							PHOENIX CHILDREN'S HEALTI
PHOENIX, AZ 85016	86-0422559	501(C)(3)	195,000.	0.			PROJECT
LUCILLE PACKARD FOUNDATION							
725 WELCH ROAD M/C 5523							SAN FRANCISCO CHILDREN'S
PALO ALTO, CA 94304	77-0003859	501(C)(3)	87,900.	0.			HEALTH PROJECT
TULANE UNIVERSITY							
800 E. COMMERCE ROAD						MEDICAL	NEW ORLEANS CHILDREN'S
HARAHAN, LA 70123	72-0423889	501(C)(3)	170,105.	10,000.	FMV	EQUIPMENT	HEALTH PROJECT

Schedule I (Form 990)

MEMPHIS REGIONAL HEALTH

WEST VIRGINIA CHILDREN'S

HEALTH PROJECT

PROJECT

60,000.

85,000.

0

0

55-0683361 501(C)(3)

62-1251288 501(C)(3)

13-3468427 Page 1

Schedule I (Form 990) THE CHILDREN'S HEALTH FUND Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Т

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY FORD HEALTH SYSTEM 1 FORD PLACE, 5A DETROIT, MI 48202	38-1357020	501(C)(3)	60,000.	0.			CHILDREN'S HEALTH PROJECT OF DETROIT
GENESSE HEALTH SYSTEMS 420 W 5TH AVE FLINT, MI 48503	46-1377563	501(C)(3)	25,000.	0.			FLINT CHILDREN'S HEALTH PROJECT
CHILDREN'S NATIONAL MEDICAL CENTER 1901 MISSISSIPI AVENUE S WASHINGTON, DC 20020	52-1640402	501(C)(3)	190,000.	14,053.	FMV		DC CHILDREN'S HEALTH PROJECT
IDAHO CHILDREN'S HEALTH PROJECT 794 EASTLAND DRIVE TWINS FALL, ID 83301	82-0371093	501(C)(3)	10,000.	129,479.	FMV		IDAHO CHILDREN'S HEALTH PROJECT
UNIVERSITY OF CHICAGO 5325 S. HARPER COURT, 4TH FLOOR CHICAGO, IL 60615	36-3488183	501(C)(3)	61,666.	112,900.	FMV		CHICAGO CHILDREN'S HEALTH PROJECT
COASTAL FAMILY HEALTH PROJECT P.O.BOX 475 BILOXI, MS 39533	64-0592416	501(C)(3)	10,000.	0.			MISSISSIPPI GULF COAST CHILDREN'S HEALTH PROJECT
DELL CHILDREN'S MEDICAL CENTER 4900 MUELLER BLVD AUSTIN, TX 78723	74-1109643	501(C)(3)	78,650.	0.			AUSTIN CHILDREN'S HEALTH PROJECT

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Schedule I (Form 990)

Schedule I (Form 990) (2016)

THE CHILDREN'S HEALTH FUND

13-3468427

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Dert IV Supplemental Information Dravida the information r		I A O Davit III - a ali uran		l delition of information	1

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CHF PERFORMS REGULAR FINANCIAL AND CLINICAL NEEDS ASSESSMENTS RELATED TO

ITS GRANT RECIPIENTS AND MAINTAINS RECORDS TO SUBSTANTIATE AMOUNTS OF

GRANTS. WE REVIEW THE DISTRIBUTION OF ANNUAL AWARDS TO OUR 22 PARTNER

ORGANIZATIONS AND WE MAINTAIN THAT SCHEDULE ON AN ANNUAL BASIS AND

RECONCILE IT WITH OUR ACCOUNTING RECORDS. WE ASSESS THE NEEDS OF A PROGRAM

TO PROVIDE CORE SERVICES AS A PRIMARY CARE ORGANIZATION. ADDITIONALLY, WE

SUPPORT ENHANCED MEDICAL HOME SERVICES INCLUDING MENTAL AND ORAL HEALTH

CARE. WE LOOK AT THE COSTS REQUIRED BY THE PARTNER ORGANIZATIONS FOR CORE

SERVICES AND WE PRIORITIZE OUR GRANT AWARDS TO MAINTAIN SUCH SERVICES AND THEN DO A SIMILAR PROCESS FOR ENHANCED SERVICES. WE DEFINE THE IMPACT OF EACH PROGRAM BY MONITORING ENCOUNTER DATA AND SPECIFIC DELIVERABLES THAT ARE REQUIRED FROM VARIOUS FUNDING SOURCES. FOR EXAMPLE, IF AN ORGANIZATION RECEIVES DOLLARS FOR OUR REFERRAL MANAGEMENT PROGRAM WHICH SUPPORTS PATIENT ACCESS TO SUBSPECIALTY CARE, WE WILL REQUIRE THAT THE ORGANIZATION REPORT ON THE NUMBER OF PATIENTS WHO RECEIVED SUCH SERVICES. TO THE EXTENT PARTNER ORGANIZATIONS RECEIVE UNRESTRICTED FUNDS, THEY ARE REQUIRED TO REPORT TO US ON THEIR OVERALL ENCOUNTERS ON A BI-ANNUAL BASIS.

Schedule I (Form 990)

632291 04-01-16

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	16	
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU	,
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo		•	ection	
Nam	e of the organizatio			identificati		mber
De		THE CHILDREN'S HEALTH FUND	13	346842	1	
Pa	rt I Question	s Regarding Compensation				
4-	Check the energy	iste hervise) if the experimetion muscipled only of the following to exfer a new collisted on Four	- 000		Yes	No
а		iate box(es) if the organization provided any of the following to or for a person listed on Forn	1990,			
	First-class or	line 1a. Complete Part III to provide any relevant information regarding these items.				
	Travel for con					
		cation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as, maid, chauffe				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b	х	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensatio					
		compensation consultant				
	X Form 990 of c	ther organizations Approval by the board or compensation of	committee			
	During the second state					
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
_		elated organization:		10		x
a b		ce payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?				X
	-	ceive payment from, an equity-based compensation arrangement?				X
C		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the					
а	-			5a		Х
		zation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the	net earnings of:				
						X
b		zation?		6b		X
		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to		-		v
~		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		lid the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?			L	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forı	n 990) 2016

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13-3468427

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 on 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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) IRWIN REDLENER	(i)	242,962.	0.	0.	0.	0.	242,962.	0.
CO-FOUNDER & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DENNIS WALTO	(i)	277,720.	0.	0.	1,984.	34,047.	313,751.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAREN REDLENER	(i)	175,808.	0.	0.	8,790.	0.	184,598.	0.
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DELANEY GRACY	(i)	193,887.	0.	0.	9,928.	22,340.	226,155.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEB WEISMAN	(i)	190,365.	0.	0.	9,548.	21,078.	220,991.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DENNIS JOHNSON	(i)	130,188.	0.	0.	6,888.	33,312.	170,388.	0.
VICE PRESIDENT, POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

IRWIN REDLENER, PRESIDENT, WAS REIMBURSED FOR INTERNET ACCESS, TELEPHONE

AND HOME OFFICE EXPENSES. THESE PAYMENTS WERE NOT TREATED AS TAXABLE

COMPENSATION.

Schedule J (Form 990) 2016

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

омв No. 1545-0047

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.

Open To Public Inspection

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

ation

Employer identification number 13 - 3468427

	THE	CHILDREN'	S	HEALTH	FUND	
Part I	Types of Property	V				

1 41	it i i i i i pes of i i operty									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on		(d) Method of det cash contribut		0	s
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 -									
13										
14	Historic structures Qualified conservation contribution - Other									
15	Real estate - Residential									
	Real estate - Commercial									
16 17										
17	Real estate - Other									
18	Collectibles									
19 00	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts	37		200	207		MADZER	777 7		
25	Other (COLGATE HYGIE)	X	3				MARKET			
26	Other (SAMSUNG TABLE)	X	1				MARKET			
27	Other (WATER BOTTLES)	Х	1	2	,520.	FAIR	MARKET	VA.	LUE	
28	Other 🕨 ()									
29	Number of Forms 8283 received by the organiz								~	
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement	29					
							-		Yes	No
30a	During the year, did the organization receive by		• • • • •			-	at it			
	must hold for at least three years from the date	e of the initia	al contribution, and	l which isn't requir	red to be u	sed for				
	exempt purposes for the entire holding period?	?						30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstanda	rd contribu	itions?		31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or se	ll noncash		Γ			
	contributions?							32a		X
b										
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which colum	n (a) is che	cked,				
	describe in Part II.			-						
LHA		the Instruc	tions for Form 99	0.			Schedule M (Form	990) (2016)

10261003 733030 1315

Schedule M (Form 990) (2016)	THE	CHILDREN'S	HEALTH	FUND

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule	M	(Form	990)	(2016)
Scheuule	IVI		3301	

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47 2016.04020 THE CHILDREN'S HEALTH FUND 1315___1

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No. 1545-0047

1315 1

Internal Revenue Service Name of the organization

THE CHILDREN'S HEALTH FUND

Employer identification number 13 - 3468427

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

PUBLIC HEALTH/CRISIS RESPONSE: WHEN DISASTER STRIKES, ITS KIDS WHO

OFTEN SUFFER THE MOST, ESPECIALLY KIDS LIVING IN POVERTY. IN 2016, CHF

LAUNCHED THE MENTAL HEALTH PROGRAM WITH OUR PARTNER, GENESEE HEALTH

SYSTEMS, TO PROVIDE INTENSIVE, ONGOING INDIVIDUAL AND GROUP COUNSELING

TO CHILDREN AND FAMILIES STILL AFFECTED BY THE LEAD CRISIS, AS WELL AS

RAISE AWARENESS ABOUT AVAILABLE SERVICES.

IN ADDITION, WORKING CLOSELY WITH THE NATIONAL CENTER FOR DISASTER

RESPONSE AT COLUMBIA UNIVERSITY, CHILDREN'S HEALTH FUND WORKS TO ENSURE

CHILDREN'S NEEDS ARE ADDRESSED BEFORE, DURING, AND AFTER MAJOR

DISASTERS. DURING 2016, THE "RESILIENT CHILDREN/RESILIENT COMMUNITIES"

PROGRAM CONTINUED TO DEVELOP SERVICES, INSIGHTS AND PROTOCOLS FOR CHILD

SERVING ORGANIZATIONS THAT WOULD INCREASE CHILDREN'S WELL-BEING DURING

DISASTERS.

EXPENSES \$ 244,118. INCLUDING GRANTS OF \$ 218,312. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

IRWIN REDLENER AND KAREN REDLENER - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

IN ORDER TO COMPLY WITH THE BETTER BUSINESS BUREAU SEAL OF APPROVAL, THE BY-LAWS WERE AMENDED TO INCORPORATE LANGUAGE IN WHICH THE CO-FOUNDER WHO IS ALSO A BOARD MEMBER WILL NOW BECOME A NON-VOTING BOARD MEMBER, DUE TO A FAMILY RELATIONSHIP. THE WHISTLE BLOWER POLICY WAS ALSO AMENDED DUE TO THE FAMILY RELATIONSHIP.

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2016.04020 THE CHILDREN'S HEALTH FUND

Name of the organization	Employer identification number
THE CHILDREN'S HEALTH FUND	13-3468427
FORM 990, PART VI, SECTION B, LINE 11B:	
THE AVP FINANCE/CONTROLLER, THE CHIEF ADMINISTRATIVE OFF	ICER AND THE CHIEF
EXECUTIVE OFFICER REVIEW AND PRESENT THE COMPLETED FORM	990 TO THE FINANCE
COMMITTEE, WHO ARE GIVEN THE OPPORTUNITY TO ASK QUESTION	S AND PRESENT
COMMENTS. THE FULL BOARD OF DIRECTORS THEN VOTES TO ACCE	PT THE 990 FOR

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND KEY MANAGEMENT PERSONNEL MUST ANNUALLY SIGN A DOCUMENT DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST. IF THEY HAVE NO CONFLICTS, THEY MUST SIGN TO THAT EFFECT. POTENTIAL CONFLICTS ARE DISCUSSED AT THE APPROPRIATE COMMITTEE MEETING AND A DECISION ON HOW TO HANDLE THE POTENTIAL CONFLICT IS VOTED ON IN THE ABSENCE OF THE RELEVANT INDIVIDUAL.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION SURVEYS ARE UTILIZED EVERY FEW YEARS TO DETERMINE OFFICER SALARIES AND ALL OFFICER SALARIES ARE REVIEWED ON AN ANNUAL BASIS BY THE BOARD OF DIRECTORS AS PART OF THE BUDGET REVIEW PROCESS. COMPENSATION SURVEYS WERE LAST UNDERTAKEN IN 2014.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,CA,CT,FL,GA,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,OR,PA,RI,SC,TN,UT,VA WV,WI,NC

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Schedule O (Form 990 or 990-EZ) (2016)

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2016.04020 THE CHILDREN'S HEALTH FUND 1315___1

Name of the organization THE CHILDREN'S HEALTH FUND	Emp	oloyer iden 13-346	tification numb 58427
CHANGE IN BENEFICIAL INTEREST IN LEAD TRUST			12
FORM 990, PART XII, LINE 2C:			
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.			
332212 08-25-16 S G	chedule O	(Form 990	or 990-EZ) (20
50 261003 733030 1315 2016.04020 THE CHILDREN'S HE			1315

Schedule O (Form 990 or 990-EZ) (2016)

Page **2**