

EXTENDED TO NOVEMBER 15, 2017

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2016**Open to Public  
Inspection

A For the 2016 calendar year, or tax year beginning

and ending

B Check if  
applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization

CHILDREN'S MEDICAL FUND OF NEW YORK

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

300 ROBBINS LANE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

SYOSSET, NY 11791

F Name and address of principal officer: DAVID BLUMENFELD  
SAME AS C ABOVE

D Employer identification number

11-6076991

E Telephone number

516-624-1971

G Gross receipts \$

1,207,666.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CMFNY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1973

M State of legal domicile: NY

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION RAISES FUNDS TO SUPPORT THE PROGRAMS OF THE COHEN CHILDREN'S MEDICAL CENTER OF NEW		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	35
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3
	6	Total number of volunteers (estimate if necessary)	6	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 449,187.	Current Year 417,703.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,363.	10,500.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,876.	561,654.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	520,426.	989,857.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,503,040.	189,850.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	224,139.	189,670.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	36,641.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,835.	73,322.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,795,014.	452,842.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-5,274,588.	537,015.
	20	Total assets (Part X, line 16)	Beginning of Current Year 2,389,946.	End of Year 1,375,346.
	21	Total liabilities (Part X, line 26)	4,265,364.	2,851,760.
	22	Net assets or fund balances. Subtract line 21 from line 20	-1,875,418.	-1,476,414.

**Part II Signature Block**

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

Sign  
Here

Signature of officer

Date

DAVID BLUMENFELD, CHAIRMAN

Type or print name and title

Paid

Print/Type preparer's name

ADAM REISS

Preparer's signature

Adam Reiss

Date

11/10/17

Check  
if self-employed

PTIN

P01776010

Preparer  
Use Only

Firm's name CITRIN COOPERMAN &amp; CO, LLP

Firm's EIN 22-2428965

Firm's address 529 FIFTH AVENUE

Phone no. 212-697-1000

NEW YORK, NY 10017-4683

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

632001 11-11-16

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

THE ORGANIZATION RAISES FUNDS TO SUPPORT THE PROGRAMS OF THE COHEN  
CHILDREN'S MEDICAL CENTER OF NEW YORK.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 366,439. including grants of \$ 189,850. ) (Revenue \$ 405,000. )

CHILD LIFE PROGRAM - THESE PROGRAM SERVICES CONSIST OF TRANSFERS OF  
FUNDS FROM THE ORGANIZATION TO BENEFIT PROGRAMS AT THE COHEN CHILDREN'S  
MEDICAL CENTER OF NEW YORK INCLUDING: SUPPORT FOR THE PEDIATRIC ER  
BUILDING, PROVIDE ENTERTAINMENT, GIFTS, THERAPEUTIC PLAY, INCLUDING  
THERAPEUTIC ART WORK FOR THE PEDIATRIC OUTPATIENT CHEMOTHERAPY UNIT TO  
PROVIDE DISTRACTION FOR THE PATIENTS AS THEY UNDERGO EXTENSIVE AND  
LENGTHY TREATMENTS. PROVIDE PATIENTS AND FAMILIES ACCESS TO SPECIALISTS  
TRAINED IN MULTI-DISCIPLINARY HEALTH CARE TEAMS TO LEARN TO COPE WITH  
THE STRESS OF HOSPITAL STAYS. PROVIDE THE SOLE FINANCIAL SUPPORT OF THE  
CHILDREN'S MEDICAL FUND CENTER FOR PEDIATRIC DIAGNOSTIC STUDIES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 366,439.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Form 990 (2016)

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

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 35 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 35		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **TINA INDENBAUM - 516-624-1971**  
**300 ROBBINS LANE, SYOSSET, NY 11791**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BLUMENFELD CHAIRMAN	5.00	X		X				0.	0.	0.
(2) MARK GOODMAN PRESIDENT	0.50	X		X				0.	0.	0.
(3) JEFFREY JURICK NOMINATING	0.50	X						0.	0.	0.
(4) MITCHELL RECHLER VICE PRESIDENT-ALLOCATIONS	0.50	X		X				0.	0.	0.
(5) MICHAEL KAUFMAN, ESQ. SECRETARY	0.50	X		X				0.	0.	0.
(6) MARK WOLF ASSISTANT SECRETARY	0.50	X		X				0.	0.	0.
(7) HOWARD TANNEY TREASURER	0.50	X		X				0.	0.	0.
(8) ALAN TAUBER MEN'S DIVISION PRESIDENT	0.50	X						0.	0.	0.
(9) BRIAN WASSERMAN ASSISTANT TREASURER	0.50	X		X				0.	0.	0.
(10) LANCE ALSTODT TRUSTEE	0.50	X						0.	0.	0.
(11) CLAIRE BARBADILLO TRUSTEE	0.50	X						0.	0.	0.
(12) SCOTT BENJAMIN TRUSTEE	0.50	X						0.	0.	0.
(13) BRAD BLUMENFELD TRUSTEE	0.50	X						0.	0.	0.
(14) RANDI BULLER TRUSTEE	0.50	X						0.	0.	0.
(15) RICHARD CHIPMAN TRUSTEE	0.50	X						0.	0.	0.
(16) SETH COLLINS TRUSTEE	0.50	X						0.	0.	0.
(17) NED DUBOFSKY TRUSTEE	0.50	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JONATHAN FEIGENBAUM TRUSTEE	0.50	X						0.	0.	0.
(19) ADAM KOBLLENZ, ESQ TRUSTEE	0.50	X						0.	0.	0.
(20) JAHN LEVIN TRUSTEE	0.50	X						0.	0.	0.
(21) CRAIG LITT TRUSTEE	0.50	X						0.	0.	0.
(22) MICHAEL MANN TRUSTEE	0.50	X						0.	0.	0.
(23) CHRISTOPHER MONGELUZO TRUSTEE	0.50	X						0.	0.	0.
(24) RANDY NAROD TRUSTEE	0.50	X						0.	0.	0.
(25) STEVEN ORBUCH TRUSTEE	0.50	X						0.	0.	0.
(26) MICHAEL OSTAD TRUSTEE	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								113,067.	0.	13,662.
d Total (add lines 1b and 1c)								113,067.	0.	13,662.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



632201  
04-01-16

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns .....	1a				
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c	249,461.			
	d	Related organizations .....	1d				
	e	Government grants (contributions) .....	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	168,242.			
	g	Noncash contributions included in lines 1a-1f: \$ .....					
	h	Total. Add lines 1a-1f .....		417,703.			
Program Service Revenue	2 a Business Code .....						
	b	.....					
	c	.....					
	d	.....					
	e	.....					
	f	All other program service revenue .....					
	g	Total. Add lines 2a-2f .....					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		6,805.			6,805.
	4	Income from investment of tax-exempt bond proceeds .....					
	5	Royalties .....					
	6 a	Gross rents .....	(i) Real (ii) Personal				
	b	Less: rental expenses .....					
	c	Rental income or (loss) .....					
	d	Net rental income or (loss) .....					
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses .....					
	c	Gain or (loss) .....					
	d	Net gain or (loss) .....		3,695.			3,695.
	8 a	Gross income from fundraising events (not including \$ 249,461. of contributions reported on line 1c). See Part IV, line 18 .....	a	370,795.			
	b	Less: direct expenses .....	b	214,141.			
	c	Net income or (loss) from fundraising events .....		156,654.			156,654.
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a				
	b	Less: direct expenses .....	b				
	c	Net income or (loss) from gaming activities .....					
10 a	Gross sales of inventory, less returns and allowances .....	a					
b	Less: cost of goods sold .....	b					
c	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue							
11 a	RECOVERY OF PRIOR GRAN	Business Code 900099	405,000.	405,000.			
b	.....						
c	.....						
d	All other revenue .....						
e	Total. Add lines 11a-11d .....		405,000.				
12	Total revenue. See instructions. ....		989,857.	405,000.	0.	167,154.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	189,850.	189,850.		
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, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	156,959.	120,705.	20,954.	15,300.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,861.	4,513.	762.	586.
9 Other employee benefits	14,330.	9,844.	3,053.	1,433.
10 Payroll taxes	12,520.	9,640.	1,628.	1,252.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,274.		16,274.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,973.	1,120.	681.	172.
12 Advertising and promotion				
13 Office expenses	19,567.	9,474.	2,231.	7,862.
14 Information technology	2,281.			2,281.
15 Royalties				
16 Occupancy				
17 Travel	899.	90.	225.	584.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	579.		579.	
23 Insurance	8,765.	7,825.	530.	410.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	12,337.	12,337.		
b POSTAGE AND SHIPPING	4,157.	416.	1,039.	2,702.
c DESIGN, TYPOGRAPHY AND	2,656.	266.	664.	1,726.
d EQUIPMENT RENTAL AND MA	1,821.	182.	455.	1,184.
e All other expenses	2,013.	177.	687.	1,149.
25 Total functional expenses. Add lines 1 through 24e	452,842.	366,439.	49,762.	36,641.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,853,546.	1	1,034,722.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	477,835.	3	298,476.
	4 Accounts receivable, net .....	26,928.	4	28,680.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	23,937.	9	2,390.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 79,928.		
	b Less: accumulated depreciation .....	10b 78,120.	10c	1,808.
	11 Investments - publicly traded securities .....	4,124.	11	9,270.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	1,189.	15	0.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,389,946.	16	1,375,346.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	26,819.	17	18,215.
	18 Grants payable .....	4,238,545.	18	2,833,545.
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	4,265,364.	26	2,851,760.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	-3,858,979.	27	-3,489,472.
	28 Temporarily restricted net assets .....	1,983,561.	28	2,013,058.
	29 Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	-1,875,418.	33	-1,476,414.
34 <b>Total liabilities and net assets/fund balances</b> .....	2,389,946.	34	1,375,346.	

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	989,857.
2	Total expenses (must equal Part IX, column (A), line 25)	2	452,842.
3	Revenue less expenses. Subtract line 2 from line 1	3	537,015.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,875,418.
5	Net unrealized gains (losses) on investments	5	-4,061.
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	-133,950.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-1,476,414.

**Part XII Financial Statements and Reporting**

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

☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

CHILDREN'S MEDICAL FUND OF NEW YORK

Employer identification number

11-6076991

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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.") .....	741,179.	560,638.	1,073,604.	374,373.	417,703.	3,167,497.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	741,179.	560,638.	1,073,604.	374,373.	417,703.	3,167,497.
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) .....						527,933.
6 <b>Public support.</b> Subtract line 5 from line 4. ....						2,639,564.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....	741,179.	560,638.	1,073,604.	374,373.	417,703.	3,167,497.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	8,585.	45,958.	17,597.	8,364.	6,805.	87,309.
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.) .....	-86,295.	-53,496.	-141,063.	137,690.		-143,164.
11 <b>Total support.</b> Add lines 7 through 10 .....						3,111,642.
12 Gross receipts from related activities, etc. (see instructions) .....					12	775,795.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	84.83	%
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	81.64	%
16a <b>33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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

**Part IV 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**

	Yes	No
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.)		

**Part IV** Supporting Organizations *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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.	<b>3a</b>		
<b>b</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.	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (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	

Section 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 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
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: \$			
a Applied to underdistributions of prior years			
b 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			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

**Schedule of Contributors**

▶ Attach to Form 990, 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

CHILDREN'S MEDICAL FUND OF NEW YORK

Employer identification number

11-6076991

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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**

- ☒ 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.
- ☐ 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**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)



Name of organization	Employer identification number
CHILDREN'S MEDICAL FUND OF NEW YORK	11-6076991

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEVEN/BROOKE SCHONFELD 1 JERICHO PLAZA, SUITE 300 JERICHO, NY 11753	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JEWISH COMMUNAL FUND 575 MADISON AVENUE, SUITE 703 NEW YORK, NY 10022	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JAHN LEVIN 200 TERMINAL DRIVE PLAINVIEW, NY 11803	\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BRAD BLUMENFELD 300 ROBBINS LANE SYOSSET, NY 11791	\$ 25,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHRISTOPHER MONGELUZO 110 E. 42ND STREET, # 12 NEW YORK, NY 10017	\$ 25,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CLARE BARBADILLO 123 LEFFERTS ROAD GARDEN CITY, NY 11530	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CHILDREN'S MEDICAL FUND OF NEW YORK	11-6076991

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GREGORY RUSH 300 ROBBINS LANE SYOSSET, NY 11791	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE RICHARD E CAPRI FOUNDATION 330 MOTOR PARKWAY, STE. 202 HAUPPAGUE, NY 11788	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ED/SUSAN BLUMENFELD 300 ROBBINS LANE SYOSSET, NY 11791	\$ 20,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MARCUM LLP 19 MELVILLE PARK ROAD MELVILLE, NY 11747	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DENNIS/RANDI RIESE 587 DUCK POND ROAD LOCUST VALLEY, NY 11560	\$ 12,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ALEX GETELMAN 86 THE GLEN GLEN HEAD, NY 11545	\$ 11,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CHILDREN'S MEDICAL FUND OF NEW YORK	11-6076991

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ALAN TAUBER 26 WEST 85TH STREET NEW YORK, NY 10024	\$ 11,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	EMPIRE NATIONAL BANK 1707 VETERANS HIGHWAY, SUITE 8 ISLANDIA, NY 11749	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	SCOTT PAGE 260 MADISON AVENUE NEW YORK, NY 10016	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	MARK TAUB 48 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	DAVID BLUMENFELD 300 ROBBINS LANE SYOSSET, NY 11791	\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CHILDREN'S MEDICAL FUND OF NEW YORK

11-6076991

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

CHILDREN'S MEDICAL FUND OF NEW YORK

11-6076991

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

CHILDREN'S MEDICAL FUND OF NEW YORK

Employer identification number

11-6076991

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

	(a) Donor advised funds	(b) Funds and other accounts
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,497.	5,497.	0.
d Equipment		51,855.	50,047.	1,808.
e Other		22,576.	22,576.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,808.



**Part VII Investments - Other Securities.**

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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (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) .....	
<b>Total.</b> (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 ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,027,796.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,061.
b	Donated services and use of facilities	2b	42,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	37,939.
3	Subtract line 2e from line 1	3	989,857.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	989,857.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	494,842.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	42,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	42,000.
3	Subtract line 2e from line 1	3	452,842.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	452,842.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND IS ALSO EXEMPT

FROM STATE INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS

BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION RECOGNIZES AND MEASURES ITS UNRECOGNIZED TAX BENEFITS IN

ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS

CODIFICATION ("FASB ASC") 740, INCOME TAXES. UNDER THAT GUIDANCE, THE

ORGANIZATION ASSESSES THE LIKELIHOOD, BASED ON THEIR TECHNICAL MERIT, THAT

TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS,

CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. THE

MEASUREMENT OF UNRECOGNIZED TAX BENEFITS IS ADJUSTED WHEN NEW INFORMATION

**Part XIII** Supplemental Information (continued)

IS AVAILABLE OR WHEN AN EVENT OCCURS THAT REQUIRES A CHANGE. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public Inspection**

Name of the organization

CHILDREN'S MEDICAL FUND OF NEW YORK

Employer identification number  
11-6076991

## Part I

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

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

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

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes      ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total .....						

**Total** .....

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

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

		(a) Event #1 GOLF & TENNIS OUTING	(b) Event #2 FASHION SHOW-WOMEN'S	(c) Other events 4	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	338,395.	207,686.	74,175.	620,256.
	2 Less: Contributions .....	201,860.	42,188.	5,413.	249,461.
	3 Gross income (line 1 minus line 2) .....	136,535.	165,498.	68,762.	370,795.
Direct Expenses	4 Cash prizes .....			13,000.	13,000.
	5 Noncash prizes .....				
	6 Rent/facility costs .....	85,288.	44,225.	27,556.	157,069.
	7 Food and beverages .....				
	8 Entertainment .....	6,500.	2,550.	1,500.	10,550.
	9 Other direct expenses .....	22,452.	10,170.	900.	33,522.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				214,141.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				156,654.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue .....				
Direct Expenses				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

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

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

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

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

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

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

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

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**Part IV** Supplemental Information

SUBSTANTIATE THAT THE FUNDS ARE BEING USED IN ACCORDANCE TO THE GRANT GUIDELINES.

CMF IS THE SOLE SUPPORTER OF THE CHILD LIFE PROGRAM AT THE MEDICAL CENTER' AND ITS CONTINUED SUCCESS IS VERIFICATION THAT THE FUNDS ARE BEING USED FOR THE PURPOSE FOR WHICH THEY WERE INTENDED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S MEDICAL FUND CHILD LIFE ENDOWMENT CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND AND SUPPORT THE CHILD LIFE PROGRAM AT COHEN'S CHILDREN'S MEDICAL CENTER OF NEW YORK.

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

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

CHILDREN'S MEDICAL FUND OF NEW YORK

Employer identification number  
11-6076991

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
YORK.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 WAS PRESENTED TO THE GOVERNING BODY AND APPROVED  
BEFORE IT WAS FILED.

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

THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST POLICY ON AN ANNUAL  
BASIS.

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

THE FINANCE COMMITTEE AND BOARD OF TRUSTEES MEET ANNUALLY TO DETERMINE  
SALARY AND STAFFING NEEDS FOR THE EXECUTIVE DIRECTOR AND ALL OTHER STAFF,  
BASED ON THE COMPENSATION AND BENEFITS PROVIDED IN COMPARABLE  
ORGANIZATIONS, INDIVIDUALS' PERFORMANCE DURING THE YEAR, AND OVERALL.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE  
AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE  
AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

PRIOR PERIOD ADJUSTMENT -133,950.

FORM 990, PART XII, LINE 2C:

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

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

Name of the organization

CHILDREN'S MEDICAL FUND OF NEW YORK

Employer identification number  
11-6076991

THE ORGANIZATION'S OVERSIGHT PROCESS AND SELECTION PROCESS DID NOT  
CHANGED DURING THE TAX YEAR.

## SUPPLEMENTAL INFORMATION

DAVID BLUMENFELD, CHAIRMAN OF THE BOARD OF THE ORGANIZATION HAS  
PROVIDED FREE OFFICE SPACE TO THE ORGANIZATION. BY ANALYZING  
COMPARABLE SPACES IN THE AREA, IT WAS DETERMINED THAT THE VALUE OF THE  
FREE SPACE IS \$42,000. PER YEAR.





**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
CHILDREN'S MEDICAL FUND CHILD LIFE (1) ENDOWMENT CORP.	B	74,850.	CONTRIBUTION (CASH)
(2)			
(3)			
(4)			
(5)			
(6)			





<b>Part VII</b>	<b>Supplemental Information.</b>
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Provide additional information for responses to questions on Schedule R. See instructions.

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**CHILDREN'S MEDICAL FUND OF NEW YORK  
AND AFFILIATE**

**CONSOLIDATED FINANCIAL STATEMENTS  
AND CONSOLIDATING SUPPLEMENTARY  
INFORMATION**

**YEARS ENDED DECEMBER 31, 2016 AND 2015**

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015**

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Statements of Activities	23 - 24



## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees  
Children's Medical Fund of New York

We have audited the accompanying consolidated financial statements of Children's Medical Fund of New York and Children's Medical Fund Child Life Endowment Corp. ("Affiliate") (collectively, referred to as the "Organization"), which comprise the consolidated statement of financial position as of December 31, 2016, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements.

### Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Children's Medical Fund of New York and Affiliate as of December 31, 2016, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.



### **Correction of an Error**

As discussed in Note 3 to the consolidated financial statements, the Organization had previously understated the allowance for doubtful accounts which resulted in an understatement of allowance for doubtful accounts reported at the date of the consolidated statement of financial position and overstatement of the change in unrestricted net assets at December 31, 2015. Our opinion is not modified with respect to that matter.

### **Adjustment to Prior Period Consolidated Financial Statements**

The consolidated financial statements of Children's Medical Fund of New York and Children's Medical Fund Child Life Endowment Corp. as of December 31, 2015, were audited by other auditors whose report dated September 14, 2016, expressed an unmodified opinion on those statements. As discussed in Note 3 to the consolidated financial statements, the Organization has adjusted its 2015 financial statements to properly reflect its allowance for doubtful accounts as of December 31, 2015. The other auditors reported on the consolidated financial statements before the retrospective adjustment.

As part of our audit of the 2016 consolidated financial statements, we also audited the adjustment to the 2015 consolidated financial statements to retrospectively apply the revisions described in Note 3. In our opinion, such adjustment is appropriate and has been properly applied. We were not engaged to audit, review, or apply any procedures to the Children's Medical Fund of New York and Affiliate's consolidated financial statements other than with respect to the adjustment and, accordingly, we do not express an opinion or any other form of assurance of the 2015 consolidated financial statements as a whole.

### **Report on Consolidating Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the 2016 consolidated financial statements as a whole. The accompanying 2016 consolidating supplementary information shown on pages 21 and 23 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual organizations, and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The 2016 consolidated information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the 2016 consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole. The 2015 information on pages 22 and 24 was subjected to the auditing procedures applied in the audit of the basic consolidated financial statements by other auditors, whose report on such information, dated September 14, 2016, stated that it was fairly stated in all material respects in relation to the consolidated financial statements as a whole.

  
CITRIN COOPERMAN & COMPANY, LLP  
CERTIFIED PUBLIC ACCOUNTANTS

New York, New York  
November 2, 2017

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION  
DECEMBER 31, 2016 AND 2015**

	<u>2016</u>	<u>2015</u> (Restated)
<u><b>ASSETS</b></u>		
Cash and cash equivalents	\$ 1,135,255	\$ 2,103,546
Pledges receivable, net	383,476	343,885
Events receivable	28,680	26,928
Investments	257,501	4,124
Prepaid expenses and other current assets	2,390	23,937
Property and equipment, less accumulated depreciation and amortization of \$78,120 and \$77,541 in 2016 and 2015, respectively	<u>1,808</u>	<u>2,387</u>
<b>TOTAL ASSETS</b>	<u><b>\$ 1,809,110</b></u>	<u><b>\$ 2,504,807</b></u>
<u><b>LIABILITIES AND NET ASSETS (DEFICIENCY)</b></u>		
Liabilities:		
Accounts payable and accrued expenses	\$ 18,215	\$ 31,269
Grants payable	<u>2,833,545</u>	<u>4,238,545</u>
Total liabilities	<u>2,851,760</u>	<u>4,269,814</u>
Commitments and contingencies (Note 8)		
Net deficiency:		
Unrestricted:		
Undesignated	(3,508,755)	(4,098,568)
Board-designated	<u>100,000</u>	<u>100,000</u>
Total unrestricted	(3,408,755)	(3,998,568)
Temporarily restricted	2,016,105	1,983,561
Permanently restricted	<u>350,000</u>	<u>250,000</u>
Total net deficiency	<u>(1,042,650)</u>	<u>(1,765,007)</u>
<b>TOTAL LIABILITIES AND NET DEFICIENCY</b>	<u><b>\$ 1,809,110</b></u>	<u><b>\$ 2,504,807</b></u>

See accompanying notes to consolidated financial statements.

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE**  
**CONSOLIDATED STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED DECEMBER 31, 2016**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Public support, contributions and other revenues:				
Public support:				
Special events revenue	\$ 620,256	\$ -	\$ -	\$ 620,256
Less: direct costs	<u>214,141</u>	<u>-</u>	<u>-</u>	<u>214,141</u>
Special events, net	<u>406,115</u>	<u>-</u>	<u>-</u>	<u>406,115</u>
Contributions:				
Contributions	4,486	-	100,000	104,486
CMF Central Board	<u>19,259</u>	<u>144,497</u>	<u>-</u>	<u>163,756</u>
Total contributions	<u>23,745</u>	<u>144,497</u>	<u>100,000</u>	<u>268,242</u>
Other revenues:				
In-kind donations - rent	42,000	-	-	42,000
Interest and dividends	6,805	1,431	-	8,236
Realized gain on sale of investments	3,695	-	-	3,695
Unrealized loss on investments	(4,061)	1,616	-	(2,445)
Recovery of prior grant	405,000	-	-	405,000
Other income	<u>1,408</u>	<u>-</u>	<u>-</u>	<u>1,408</u>
Other revenues, net	<u>454,847</u>	<u>3,047</u>	<u>-</u>	<u>457,894</u>
Net assets released from restrictions	<u>115,000</u>	<u>(115,000)</u>	<u>-</u>	<u>-</u>
Total public support, contributions and other revenues	<u>999,707</u>	<u>32,544</u>	<u>100,000</u>	<u>1,132,251</u>
Program and supporting services expenses:				
Program services	<u>284,452</u>	<u>-</u>	<u>-</u>	<u>284,452</u>
Supporting services:				
Management and general	61,501	-	-	61,501
Fundraising	<u>63,941</u>	<u>-</u>	<u>-</u>	<u>63,941</u>
Total supporting services	<u>125,442</u>	<u>-</u>	<u>-</u>	<u>125,442</u>
Total program and supporting services expenses	<u>409,894</u>	<u>-</u>	<u>-</u>	<u>409,894</u>
Change in net assets	589,813	32,544	100,000	722,357
Net assets (deficiency) - beginning, restated	<u>(3,998,568)</u>	<u>1,983,561</u>	<u>250,000</u>	<u>(1,765,007)</u>
<b>NET ASSETS (DEFICIENCY) -</b>				
<b>    ENDING</b>	<u>\$ (3,408,755)</u>	<u>\$ 2,016,105</u>	<u>\$ 350,000</u>	<u>\$ (1,042,650)</u>

See accompanying notes to consolidated financial statements.



**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
CONSOLIDATED STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED DECEMBER 31, 2015 (RESTATED)**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Public support and revenues:				
Public support:				
Special events revenue	\$ 185,621	\$ 456,805	\$ -	\$ 642,426
Less: direct costs	<u>114,110</u>	<u>135,521</u>	<u>-</u>	<u>249,631</u>
Special events, net	<u>71,511</u>	<u>321,284</u>	<u>-</u>	<u>392,795</u>
Contributions:				
CMF Central Board	<u>94,554</u>	<u>24,714</u>	<u>-</u>	<u>119,268</u>
Other revenues:				
In-kind donations - rent	42,000	-	-	42,000
Interest and dividends	2,986	-	-	2,986
Net realized gain on sale of investments	5,377	-	-	5,377
Net unrealized loss on investments	<u>(5,433)</u>	<u>-</u>	<u>-</u>	<u>(5,433)</u>
Other revenues, net	<u>44,930</u>	<u>-</u>	<u>-</u>	<u>44,930</u>
Net assets released from restrictions	<u>569,998</u>	<u>(569,998)</u>	<u>-</u>	<u>-</u>
Total public support and revenues	<u>780,993</u>	<u>(224,000)</u>	<u>-</u>	<u>556,993</u>
Program and supporting services expenses:				
Program services	<u>5,282,178</u>	<u>-</u>	<u>-</u>	<u>5,282,178</u>
Supporting services:				
Management and general	116,254	-	-	116,254
Fundraising	<u>194,221</u>	<u>-</u>	<u>-</u>	<u>194,221</u>
Total supporting services	<u>310,475</u>	<u>-</u>	<u>-</u>	<u>310,475</u>
Total program and supporting services expenses	<u>5,592,653</u>	<u>-</u>	<u>-</u>	<u>5,592,653</u>
Change in net assets	<u>(4,811,660)</u>	<u>(224,000)</u>	<u>-</u>	<u>(5,035,660)</u>
Net assets - beginning	1,197,042	2,207,561	-	3,404,603
Prior period adjustment (Note 3)	(133,950)	-	-	(133,950)
Reclassification for donor intent	<u>(250,000)</u>	<u>-</u>	<u>250,000</u>	<u>-</u>
Net assets - beginning (restated)	<u>813,092</u>	<u>2,207,561</u>	<u>250,000</u>	<u>3,270,653</u>
<b>NET ASSETS (DEFICIENCY) - ENDING</b>	<u><u>\$ (3,998,568)</u></u>	<u><u>\$ 1,983,561</u></u>	<u><u>\$ 250,000</u></u>	<u><u>\$ (1,765,007)</u></u>

See accompanying notes to consolidated financial statements.

CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 2016

	Program Services	Supporting Services			Total Expenses
		Management and General	Fundraising	Total Supporting Services	
Salaries and other payroll costs:					
Salaries	\$ 120,705	\$ 20,954	\$ 15,300	\$ 36,254	\$ 156,959
Payroll taxes and employee benefits	<u>23,997</u>	<u>5,443</u>	<u>3,271</u>	<u>8,714</u>	<u>32,711</u>
Total salaries and other payroll costs	144,702	26,397	18,571	44,968	189,670
Special events expenses	-	-	214,141	214,141	214,141
Professional fees and contracted services	1,120	16,955	172	17,127	18,247
Grants	<u>115,000</u>	-	-	-	<u>115,000</u>
Occupancy	4,200	10,500	27,300	37,800	42,000
Equipment, rental and maintenance	182	455	1,184	1,639	1,821
Design, typography and printing	266	664	1,725	2,389	2,655
Telecommunications	177	442	1,149	1,591	1,768
Postage and shipping	416	1,039	2,702	3,741	4,157
Travel and transportation	90	225	583	808	898
Insurance	7,825	530	410	940	8,765
Internet and website	-	-	2,281	2,281	2,281
Other expenses	10,474	3,715	7,864	11,579	22,053
Depreciation and amortization	<u>-</u>	<u>579</u>	-	<u>579</u>	<u>579</u>
Less: direct special event expense	284,452	61,501	278,082	339,583	624,035
	-	-	214,141	214,141	214,141
<b>TOTAL EXPENSES</b>	<u>\$ 284,452</u>	<u>\$ 61,501</u>	<u>\$ 63,941</u>	<u>\$ 125,442</u>	<u>\$ 409,894</u>

See accompanying notes to consolidated financial statements.

CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 2015 (RESTATED)

	Program Services	Supporting Services			Total Expenses
		Management and General	Fundraising	Total Supporting Services	
Salaries and other payroll costs:					
Salaries	\$ 18,535	\$ 46,338	\$ 120,479	\$ 166,817	\$ 185,352
Payroll taxes and employee benefits	<u>3,879</u>	<u>9,697</u>	<u>25,211</u>	<u>34,908</u>	<u>38,787</u>
Total salaries and other payroll costs	22,414	56,035	145,690	201,725	224,139
Special events expenses	-	-	249,631	249,631	249,631
Professional fees and contracted services	-	35,317	-	35,317	35,317
Grants	5,253,040	-	-	-	5,253,040
Occupancy	4,200	10,500	27,300	37,800	42,000
Equipment, rental and maintenance	101	255	662	917	1,018
Design, typography and printing	345	865	2,248	3,113	3,458
Telecommunications	244	608	1,580	2,188	2,432
Postage and shipping	175	438	1,138	1,576	1,751
Travel and transportation	92	230	598	828	920
Insurance	454	5,786	2,952	8,738	9,192
Internet and website	182	-	548	548	730
Other expenses	931	5,714	8,405	14,119	15,050
Bad debt expense	-	-	3,100	3,100	3,100
Depreciation and amortization	-	<u>506</u>	-	<u>506</u>	<u>506</u>
	5,282,178	116,254	443,852	560,106	5,842,284
Less: direct special event expense	-	-	249,631	249,631	249,631
<b>TOTAL EXPENSES</b>	<u>\$ 5,282,178</u>	<u>\$ 116,254</u>	<u>\$ 194,221</u>	<u>\$ 310,475</u>	<u>\$ 5,592,653</u>

See accompanying notes to consolidated financial statements.

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
CONSOLIDATED STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015**

	<u>2016</u>	<u>2015</u> (Restated)
Cash flows from operating activities:		
Changes in net assets	\$ 722,357	\$ (5,035,660)
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Bad debt expense	-	3,100
Depreciation and amortization	579	506
Amortization of discount on grants payable	-	(166,455)
Amortization of discount on pledges receivable	4,721	354
Net unrealized loss on investments	2,445	5,433
Net realized gain on sale of securities	(3,695)	(5,377)
Contribution of stock	(9,490)	(9,936)
Recovery of prior grants	(405,000)	-
Write-off of grants payable	-	(112,500)
Changes in assets and liabilities:		
Pledges receivable	(44,312)	80,471
Events receivable	(1,752)	(7,628)
Prepaid expenses	21,547	(19,835)
Accounts payable and accrued expenses	(13,054)	(1,204)
Grants payable	<u>(1,000,000)</u>	<u>4,037,500</u>
Net cash used in operating activities	<u>(725,654)</u>	<u>(1,231,231)</u>
Cash flows from investing activities		
Purchased equipment	-	(2,893)
Net proceeds from sales of investments	7,363	15,271
Purchase of investments	<u>(250,000)</u>	<u>-</u>
Net cash provided by (used in) investing activities	<u>(242,637)</u>	<u>12,378</u>
Net decrease in cash and cash equivalents	(968,291)	(1,218,853)
Cash and cash equivalents - beginning	<u>2,103,546</u>	<u>3,322,399</u>
<b>CASH AND CASH EQUIVALENTS - ENDING</b>	<b><u>\$ 1,135,255</u></b>	<b><u>\$ 2,103,546</u></b>

See accompanying notes to consolidated financial statements.

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**NOTE 1.      ORGANIZATION AND NATURE OF ACTIVITIES**

Children's Medical Fund of New York ("CMFNY") was created for and is dedicated to the planning, education and public relations for the establishment and support of a health facility [Schneider Children's Hospital, now renamed as The Steven and Alexandra Cohen Children's Medical Center (the "Center") of LIJ-North Shore University Hospital] in New Hyde Park, New York, now renamed Northwell Health, which opened in 1983, and is especially devoted to the total care of children and the provision of comprehensive children's medical services. CMFNY is the sole funder of The Children's Medical Fund Center for Pediatric Diagnostic Studies and The Children's Medical Fund Center for Pediatric Diagnostic Imaging Center.

CMFNY is the only continuing supporter of the Child Life Program of Cohen's Children's Hospital (the "Child Life Program") at the Center. The Child Life Program gives patients and their families access to specialists in a multi-disciplinary health care program to help them learn about and cope with the stress of a hospital stay. The Child Life Program provides entertainment, books and videos, crafts, holiday parties, CMFNY scrapbooks and gifts to patients, and also provides therapeutic play, all funded in full or in part by CMFNY.

CMFNY is supported primarily through contributions received from fundraising activities held by various divisions and chapters of CMFNY. The contributions are received principally from individuals and organizations located in the Long Island and New York City areas. CMFNY consists of the following divisions: CMF Central Board, Men's Division and Women's Division. The Women's Division is comprised of the Garden City Chapter of CMFNY.

The Children's Medical Fund Child Life Endowment Corp. (the "Affiliate" or "CMFCLE") was incorporated and formed in 2015 under the not-for-profit corporation laws of the state of New York. The purpose of CMFCLE is to undertake fundraising on behalf of the Child Life Program of the Center for the purpose of building and maintaining an endowment fund for the Child Life Program to ensure its continuing existence.

CMFCLE received its initial funding of \$250,000 from CMFNY and will raise donations from the general public.

CMFNY and CMFCLE are collectively referred to as the "Organization."

**NOTE 2.      SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of the Organization, which are related through commonality of board of trustees and management, and the shared use of personnel and facilities. All significant intercompany accounts and transactions have been eliminated in consolidation.

CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2016 AND 2015

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Basis of Accounting

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP") and are presented in accordance with accounting requirements for not-for-profit organizations. These requirements provide that all not-for-profit organizations provide a statement of financial position, a statement of activities and a statement of cash flows, and that net assets be classified as unrestricted, temporarily restricted or permanently restricted based on the existence or absence of donor stipulations regarding the use of such assets.

The net assets of the Organization and changes therein are classified and reported as follows:

*Unrestricted net assets* - Net assets that are not subject to donor-imposed stipulations. Board-designated funds represent amounts set aside as a Capital Reserve Fund.

*Temporarily restricted net assets* - Net assets subject to donor-imposed stipulations that limit their use or resources that have been received that are restricted by the passage of time. When a restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities as net assets released from restrictions.

*Permanently restricted net assets* - Net assets represent those resources that are subject to donor imposed restrictions that the principal be invested in perpetuity. Generally, the donors of these assets would permit the Organization to use all or part of the income earned on any related investments for general or specific purposes.

Use of Estimates

The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the "Code") and is also exempt from state income taxes. Accordingly, no provision for income taxes has been made in the accompanying consolidated financial statements.

CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2016 AND 2015

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes (Continued)

The Organization recognizes and measures its unrecognized tax benefits in accordance with Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 740, *Income Taxes*. Under that guidance, the Organization assesses the likelihood, based on their technical merit, that tax positions will be sustained upon examination based on the facts, circumstances and information available at the end of each period. The measurement of unrecognized tax benefits is adjusted when new information is available or when an event occurs that requires a change. Management has evaluated the Organization's tax positions and has concluded that the Organization has taken no uncertain tax positions that require adjustment to the consolidated financial statements.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents, except any cash and cash equivalents held by the investment trustees, which are deemed to be held for long-term purposes.

Pledges Receivable, Allowance for Doubtful Accounts and Correction of an Error

Pledges receivable are recorded at net realizable value if expected to be collected in one year and, if material, multi-year receivables are recorded at the present value of their estimated future cash flows. Amortization of the discount is included in contribution revenue. The Organization estimates its doubtful accounts based on historical bad debts, factors related to specific donors' ability to pay and current economic trends. The Organization writes off pledges receivable against the allowance when a balance is determined to be uncollectible.

Events Receivables

Events receivables are stated at the amount management expects to collect from outstanding balances. Management evaluates such receivables and establishes an allowance for doubtful accounts based on a history of write-offs and collections and current credit conditions. As of December 31, 2016 and 2015, no allowance for doubtful accounts was deemed necessary.

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

Investment transactions are recorded on a trade-date basis. Unrealized gains and losses represent the net change in the carrying value of securities owned as of the date of the consolidated statement of financial position. Realized gains and losses on investments are determined using the specific-identification method. Earnings from interest and dividends are recognized when earned.

In-Kind Donations

Donated services are recognized as contributions if the services (a) create or enhance nonfinancial assets, or (b) require specialized skills and are performed by people whose services would otherwise be purchased by the Organization.

CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2016 AND 2015

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

In-Kind Donations (Continued)

The Organization received free use of office space from a company owned by the chairman of the board of trustees. The free rent is valued at \$42,000 for 2016 and 2015, respectively, and has been recognized as in-kind donations rent in the accompanying consolidated statements of activities and occupancy expense in the accompanying consolidated statements of functional expenses.

Certain individuals volunteer their time and perform a variety of tasks that assist the Organization with its programs, campaign solicitations and various other assignments. The value of their contributed time is not reflected in the consolidated financial statements in as much as those services would not typically be purchased had they not been provided by donation.

Fair Value Measurements

FASB ASC 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). Categorization within the valuation hierarchy is based on the lowest level of input that is significant to the fair value measurement. Fair value is defined as the exit price, or the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date.

The three levels of fair value hierarchy under FASB ASC 820 are described as follows:

Level I: Inputs that reflect unadjusted quoted market prices in active markets for identical assets or liabilities that the Organization has the ability to access at the measurement date.

Level II: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and, inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level II input must be observable for substantially the full term of the asset or liability

Level III: Inputs that are unobservable for the asset or liability and that include situations where there is little, if any, market activity for the asset or liability.

Property and Equipment

Property and equipment are recorded at cost, or at fair value, if donated. Assets with a useful life of greater than two years and a cost of \$2,500 or more are capitalized. Repairs and maintenance are expensed as incurred.

Leasehold improvements are amortized over the lesser of their useful lives or the term of the lease. Depreciation and amortization are computed using the straight-line and various accelerated methods over the estimated useful lives of the assets, which are as follows:



**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
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**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Property and Equipment (continued)

	<u>Years</u>
Computers	5 years
Furniture and fixtures	7 years
Machinery and equipment	7 years
Leasehold improvements	5 years

Revenue Recognition

Pledges are recognized in contribution income when a donor makes a pledge that is, in substance, unconditional. Pledges to be received over periods longer than a single year are discounted at an interest rate commensurate with the risk involved.

Contributions, including unconditional promises to give, are recognized in the consolidated statements of activities in the period in which they are received. This revenue is recorded net of any resulting direct donor benefit. Contributions received with donor stipulations that limit their use or are designated as support for future periods are considered temporarily restricted. When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose restriction is met, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of activities as "Net assets released from restrictions." Contributions received for endowments to be held in perpetuity are reported as permanently restricted support. Contributions of assets other than cash are recorded at fair value.

Reclassifications

Certain amounts in the prior year consolidated financial statements have been reclassified to conform to the current year presentation. These reclassification adjustments had no effect on the Organization's previously reported change in net assets.

Future Adoption of Accounting Standards

Effective for the year ending December 31, 2018, the Organization will be required to adopt FASB Accounting Standards Update ("ASU") 2016-14, *Presentation of Financial Statements for Not-for-Profit Entities*, which changes the presentation of not-for-profit financial statements. The new guidance reduces the number of net asset classes from three to two and increases disclosures about financial measures, liquidity risks, among other changes. The effect of adopting this new guidance on the Organization's consolidated financial statements and related disclosures has not yet been determined.

Functional Expenses

Expenses are classified according to the categories for which they are incurred and are summarized on a functional basis in the accompanying consolidated statements of functional expenses.

The direct costs of special events include expenses for the benefit of the donor. For example, meals, facilities and rentals are considered direct costs of special events.

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE**  
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**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Subsequent Events

In accordance with FASB ASC 855, *Subsequent Events*, the Organization has evaluated subsequent events through November 2, 2017, the date on which these consolidated financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these consolidated financial statements.

**NOTE 3. PRIOR PERIOD ADJUSTMENT**

During the year ended December 31, 2016, management conducted a detailed analysis of the collectibility of its pledges receivable. During their review, management discovered that certain pledges had been received between 2006 and 2008 and, for a significant amount of these pledges, no payments had been received since 2008. Management also evaluated the facts and circumstances regarding each of these pledges and has concluded that additional reserves in the amount of \$133,950 should have been recorded in prior years. Accordingly, management adjusted its net assets (deficiency) at January 1, 2015, to properly reflect the pledges receivable at the amount that management expects to collect.

**NOTE 4. PLEDGES RECEIVABLE**

At December 31, 2016 and 2015, pledges are expected to be collected as follows:

	<u>2016</u>	<u>2015</u>
Past due	\$ 211,500	\$ 210,000
Due in less than one year	96,570	171,571
Due between one and five years	<u>296,118</u>	<u>177,607</u>
	604,188	559,178
Less: allowance for doubtful pledges	210,000	210,000
Less: discount to present value	<u>10,712</u>	<u>5,293</u>
	<u>\$ 383,476</u>	<u>\$ 343,885</u>

Pledges to be received after one year are reflected at the net present value of estimated future cash flows using discount rates ranging from 1.40% - 2.45% and 1.21% - 1.91% at December 31, 2016 and 2015, respectively.

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE**  
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**NOTE 5.     CONCENTRATIONS**

Concentration of Credit Risk

The Organization places its cash and cash equivalents with high credit quality financial institutions. Bank balances may at times exceed the Federal Deposit Insurance Corporation insurance limit. The Organization has not experienced any losses in such accounts.

Concentration of Income Sources

For the years ended December 31, 2016 and 2015, the Organization received approximately 36% and 71% of its total public support and revenue from fundraising events. During 2016, two events (Golf & Tennis Outing and Fashion Show) accounted for approximately 33% of total revenue. During 2015, one event (Golf & Tennis Outing) accounted for approximately 58% of total revenue.

Concentration of Pledges Receivable

Pledges receivable due from two donors accounted for approximately 40% and 46% as of December 31, 2016 and 2015, respectively.

**NOTE 6.     FAIR VALUE MEASUREMENT**

Assets and liabilities measured at fair value are based on one or more of three valuation techniques identified in the tables below. The valuation techniques are as follows:

- (a) *Market approach*: Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;
- (b) *Cost approach*: Amount that would be required to replace the service capacity of an asset (replacement cost); and
- (c) *Income approach*: Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing and excess earnings models.)

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**NOTE 6. FAIR VALUE MEASUREMENT (CONTINUED)**

The following tables set forth by level, within the fair value hierarchy, the Organization's assets at fair value, as of December 31, 2016 and 2015:

	Level 1	Level 2	Level 3	Total at December 31, 2016	Valuation Technique
Domestic fixed income - mutual funds:					
Short Duration Fund	\$ 66,538	\$ -	\$ -	\$ 66,538	(a)
NY Municipal Bond	48,241	-	-	48,241	(a)
Tax-Advantaged Income Fund	<u>28,612</u>	<u>-</u>	<u>-</u>	<u>28,612</u>	(a)
Total domestic fixed income - mutual funds	<u>143,391</u>	<u>-</u>	<u>-</u>	<u>143,391</u>	
Domestic equities - mutual funds:					
Tax-Managed Volume Fund	63,775	-	-	63,775	(a)
Tax-Managed Large Cap Fund	<u>27,019</u>	<u>-</u>	<u>-</u>	<u>27,019</u>	(a)
Total domestic equities - mutual funds	<u>90,794</u>	<u>-</u>	<u>-</u>	<u>90,794</u>	(a)
Common stock	<u>9,270</u>	<u>-</u>	<u>-</u>	<u>9,270</u>	(a)
International Equity - mutual fund	<u>12,799</u>	<u>-</u>	<u>-</u>	<u>12,799</u>	(a)
Cash and cash equivalents - money market fund	<u>1,247</u>	<u>-</u>	<u>-</u>	<u>1,247</u>	(a)
Total investments	<u>\$ 257,501</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 257,501</u>	
				Total at December 31, 2015	Valuation Technique
Common stock	<u>\$ 4,124</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,124</u>	(a)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Mutual funds are valued on the quoted market prices, which represent the net asset value of the securities held in such funds.

Equity securities are valued based on the closing price reported in the active market in which the individual security is traded.

Money market fund is recorded at fair value based on the closing price as reported by the carrying broker-dealer.

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
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**NOTE 7. PROPERTY AND EQUIPMENT**

Property and equipment consisted of the following at December 31, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Computers	\$ 33,638	\$ 33,638
Furniture and fixtures	22,576	22,576
Machinery and equipment	18,217	18,217
Leasehold improvements	<u>5,497</u>	<u>5,497</u>
	79,928	79,928
Less: accumulated depreciation and amortization	<u>78,120</u>	<u>77,541</u>
Property and equipment, net	<u>\$ 1,808</u>	<u>\$ 2,387</u>

**NOTE 8. GRANTS PAYABLE**

Grants authorized by the board of trustees, but unpaid at year end, are reported as liabilities. The following summarizes the change in grants payable for 2016 (all to the Center):

	<u>January 1, 2016</u>	<u>Write-off</u>	<u>Grants Paid</u>	<u>December 31, 2016</u>
Pediatric Emergency Department	\$ 30,000	\$ (30,000)	\$ -	\$ -
Child Life Program	375,000	(375,000)	-	-
North Shore-Long Island Jewish Health System Foundation	<u>3,833,545</u>	<u>-</u>	<u>(1,000,000)</u>	<u>2,833,545</u>
	<u>\$ 4,238,545</u>	<u>\$ (405,000)</u>	<u>\$ (1,000,000)</u>	<u>\$ 2,833,545</u>

At December 31, 2016 and 2015, grants are expected to be paid as follows:

	<u>2016</u>	<u>2015</u>
Due in less than one year	\$ 1,000,000	\$ 1,405,000
Due between one and five years	<u>2,000,000</u>	<u>3,000,000</u>
	3,000,000	4,405,000
Less: present value discount	<u>166,455</u>	<u>166,455</u>
	<u>\$ 2,833,545</u>	<u>\$ 4,238,545</u>

Grants to be paid after one year are reflected at the net present value of estimated future cash flows using discount rates ranging from 1.11% - 1.81% at December 31, 2016 and 2015, respectively.

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**NOTE 9. TEMPORARILY RESTRICTED NET ASSETS**

The following summarizes the changes in temporarily restricted net assets (restricted for the Center) in 2016:

Program	January 1, 2016	Contributions	Released from Restrictions	December 31, 2016
Pediatric Emergency Room	\$ 1,949,147	\$ -	\$ (115,000)	\$ 1,834,147
Pediatric Hematology & Oncology Department	5,000	-	-	5,000
MRI Suite	-	69,497	-	69,497
Neonatal Resuscitation	1,404	-	-	1,404
Accumulated endowment fund investment income	-	3,047	-	3,047
Time Restricted	<u>28,010</u>	<u>75,000</u>	<u>-</u>	<u>103,010</u>
	<u>\$ 1,983,561</u>	<u>\$ 147,544</u>	<u>\$ (115,000)</u>	<u>\$ 2,016,105</u>

**NOTE 10. ACCOUNTING AND REPORTING FOR ENDOWMENTS**

The Endowments

CMFCLE was established to undertake fundraising on behalf of the Child Life Program for the purpose of building and maintaining an endowment fund (the "Fund") for the Child Life Program. This is consistent with the mission and consists of funds which have been designated by the board of trustees to function as an endowment.

On September 17, 2010, New York State enacted the New York Prudent Management of Institutional Funds Act ("NYPMIFA"). CMFCLE and its board of trustees have interpreted NYPMIFA as requiring the preservation in perpetuity of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the CMFCLE in a manner consistent with the standard of prudence prescribed by NYPMIFA.

Investment Return Objectives and Risk Parameters

The investment objective of the Fund is to generate, net of the spending rate and ordinary, necessary and reasonable fees, a long-term return in excess of the rate of inflation as measured by the Consumer Price Index ("CPI").

The three long-term investment goals, which are to be achieved while conforming to the asset allocation and risk constraints adopted by the board of trustees shall be:

- 1) to protect the principal of the Fund
- 2) to obtain a stable investment return that provides sufficient cash flow to meet the Fund's needs; and
- 3) to obtain growth of investments to mitigate the effects of inflation on the Fund assets.

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**NOTE 10. ACCOUNTING AND REPORTING FOR ENDOWMENTS (CONTINUED)**

Statement of Spending Policy

To manage the Fund and to expend for the use, benefit and purpose of the Child Life Program, CMFCLE, in any calendar year, will distribute an amount not to exceed the investment return actually earned or received by the endowment fund in the immediately preceding calendar year, from whatever source derived and capped at an amount equal to a 4% investment return, unless the board of trustees reasonably determines that a greater expenditure is required. The funds received and earned are solely for the purpose of Child Life programming, and cannot be withdrawn for any other purpose or support of the Center's programs.

Investment Guidelines

The overall risk of the portfolio shall be managed with the goal of minimizing potential losses consistent with investment return objectives above. The following investment principles should be prioritized:

- 1) setting reasonable investment goals that avoid excessive risks or volatility;
- 2) balancing the need for safety and growth;
- 3) monitoring the performance of investments; and
- 4) adjusting the investment strategy in response to performance results, changing market conditions, and changing institutional needs.

Endowment Net Asset Composition by Fund

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total at December 31, 2016</u>
Donor-designated	<u>\$ -</u>	<u>\$ 3,047</u>	<u>\$ 350,000</u>	<u>\$ 353,047</u>

  

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total at December 31, 2015</u>
Donor-designated	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 250,000</u>	<u>\$ 250,000</u>

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**NOTE 10. ACCOUNTING AND REPORTING FOR ENDOWMENTS (CONTINUED)**

Changes in Endowment Net Assets for the Years ended December 31, 2016 and 2015

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Net assets - January 1, 2014	\$ -	\$ -	\$ -	\$ -
Contributions	<u>-</u>	<u>-</u>	<u>250,000</u>	<u>250,000</u>
Net assets - December 31, 2015	<u>-</u>	<u>-</u>	<u>250,000</u>	<u>250,000</u>
Contributions	<u>-</u>	<u>-</u>	<u>100,000</u>	<u>100,000</u>
Investment return:				
Interest and dividends	-	1,431	-	1,431
Unrealized gains	<u>-</u>	<u>1,616</u>	<u>-</u>	<u>1,616</u>
Total investment return	<u>-</u>	<u>3,047</u>	<u>-</u>	<u>3,047</u>
Net assets - December 31, 2016	<u>\$ -</u>	<u>\$ 3,047</u>	<u>\$ 350,000</u>	<u>\$ 353,047</u>



## SUPPLEMENTARY INFORMATION

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
CONSOLIDATING STATEMENT OF FINANCIAL POSITION  
DECEMBER 31, 2016**

	Children's Medical Fund of New York	Children's Medical Fund Child Life Endowment Corp.	Eliminations	Consolidated
	<u>ASSETS</u>			
Cash and cash equivalents	\$ 1,034,722	\$ 100,533	\$ -	\$ 1,135,255
Pledges receivable, net of allowance for doubtful accounts of \$210,000	298,476	85,000	-	383,476
Events receivable	28,680	-	-	28,680
Investments	9,270	248,231	-	257,501
Prepaid expenses and other current assets	2,390	-	-	2,390
Property and equipment, less accumulated depreciation and amortization of \$78,120	1,808	-	-	1,808
<b>TOTAL ASSETS</b>	<u>\$ 1,375,346</u>	<u>\$ 433,764</u>	<u>\$ -</u>	<u>\$ 1,809,110</u>
	<u>LIABILITIES AND NET ASSETS (DEFICIENCY)</u>			
Liabilities:				
Accounts payable and accrued expenses	\$ 18,215	\$ -	\$ -	\$ 18,215
Grants payable	2,833,545	-	-	2,833,545
Total liabilities	<u>2,851,760</u>	<u>-</u>	<u>-</u>	<u>2,851,760</u>
Net assets (deficiency):				
Unrestricted:				
Undesignated	(3,589,472)	80,717	-	(3,508,755)
Board-designated	100,000	-	-	100,000
Total unrestricted	<u>(3,489,472)</u>	<u>80,717</u>	<u>-</u>	<u>(3,408,755)</u>
Temporarily restricted	2,013,058	3,047	-	2,016,105
Permanently restricted	-	350,000	-	350,000
Total net assets (deficiency)	<u>(1,476,414)</u>	<u>433,764</u>	<u>-</u>	<u>(1,042,650)</u>
<b>TOTAL LIABILITIES AND NET ASSETS (DEFICIENCY)</b>	<u>\$ 1,375,346</u>	<u>\$ 433,764</u>	<u>\$ -</u>	<u>\$ 1,809,110</u>

See independent auditor's report.

CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
CONSOLIDATING STATEMENT OF FINANCIAL POSITION  
DECEMBER 31, 2015 (RESTATED)

	Children's Medical Fund of Child Life			Eliminations Consolidated	
	New York	Endowment Corp.			
<u>ASSETS</u>					
Cash and cash equivalents	\$ 1,853,546	\$ 250,000	\$ -	\$ -	\$ 2,103,546
Pledges receivable, net of allowance for doubtful accounts of \$210,000					
Events receivable	343,885	-	-	-	343,885
Investments	26,928	-	-	-	26,928
	4,124	-	-	-	4,124
Prepaid expenses and other current assets	23,937	-	-	-	23,937
Property and equipment, less accumulated depreciation and amortization of \$77,541	2,387	-	-	-	2,387
Due from CMFCLE	1,189	-	(1,189)	-	-
<b>TOTAL ASSETS</b>	<b>\$ 2,255,996</b>	<b>\$ 250,000</b>	<b>\$ (1,189)</b>	<b>\$ (1,189)</b>	<b>\$ 2,504,807</b>
<u>LIABILITIES AND NET ASSETS (DEFICIENCY)</u>					
Liabilities:					
Accounts payable and accrued expenses	\$ 26,819	\$ 4,450	\$ -	\$ -	\$ 31,269
Due to CMFNY	-	1,189	(1,189)	-	-
Grants payable	4,238,545	-	-	-	4,238,545
Total liabilities	4,265,364	5,639	(1,189)	(1,189)	4,269,814
Net assets (deficiency):					
Unrestricted:					
Undesignated	(4,092,929)	(5,639)	-	-	(4,098,568)
Board-designated	100,000	-	-	-	100,000
Total unrestricted	(3,992,929)	(5,639)	-	-	(3,998,568)
Temporarily restricted	1,983,561	-	-	-	1,983,561
Permanently restricted	-	250,000	-	-	250,000
Total net assets (deficiency)	(2,009,368)	244,361	-	-	(1,765,007)
<b>TOTAL LIABILITIES AND NET ASSETS (DEFICIENCY)</b>	<b>\$ 2,255,996</b>	<b>\$ 250,000</b>	<b>\$ (1,189)</b>	<b>\$ (1,189)</b>	<b>\$ 2,504,807</b>

See independent auditor's report.

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
CONSOLIDATING STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED DECEMBER 31, 2016**

	Children's Medical Fund of New York						Children's Medical Fund Child Life Endowment Corp.					
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Eliminations	Consolidated		
Public support, contributions and other revenues:												
Public support:												
Special events revenue	\$ 620,256	\$ -	\$ -	\$ 620,256	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	620,256
Less: direct special event expense	214,141	-	-	214,141	-	-	-	-	-	-	-	214,141
Special events, net	406,115	-	-	406,115	-	-	-	-	-	-	-	406,115
Contributions:												
Contributions	4,486	-	-	4,486	87,187	-	-	100,000	187,187	(87,187)	-	104,486
CMF Central Board	19,259	144,497	-	163,756	-	-	-	-	-	-	-	163,756
Total contributions	23,745	144,497	-	168,242	87,187	-	-	100,000	187,187	(87,187)	-	268,242
Other revenues:												
Donated rent	42,000	-	-	42,000	-	-	-	-	-	-	-	42,000
Interest and dividends	6,805	-	-	6,805	-	1,431	-	1,431	-	-	-	8,236
Realized gain on investments	3,695	-	-	3,695	-	-	-	-	-	-	-	3,695
Unrealized loss on investments	(4,061)	-	-	(4,061)	-	1,616	-	1,616	-	-	-	(2,445)
Recovery of prior grants	405,000	-	-	405,000	-	-	-	-	-	-	-	405,000
Other income	-	-	-	-	1,408	-	-	1,408	-	-	-	1,408
Other revenues, net	453,439	-	-	453,439	1,408	3,047	-	4,455	-	-	-	457,894
Net assets released from restrictions	115,000	(115,000)	-	-	-	-	-	-	-	-	-	-
Total public support, contributions and other revenues	998,299	29,497	-	1,027,796	88,595	3,047	100,000	191,642	(87,187)	-	-	1,132,251
Program and supporting services expenses:												
Program services	370,639	-	-	370,639	1,000	-	-	1,000	(87,187)	-	-	284,452
Supporting services:												
Management and general	60,262	-	-	60,262	1,239	-	-	1,239	-	-	-	61,501
Fundraising	63,941	-	-	63,941	-	-	-	-	-	-	-	63,941
Total supporting services	124,203	-	-	124,203	1,239	-	-	1,239	-	-	-	125,442
Total program and supporting services expenses	494,842	-	-	494,842	2,239	-	-	2,239	(87,187)	-	-	409,894
Change in net assets	503,457	29,497	-	532,954	86,356	3,047	100,000	189,403	-	-	-	722,357
Net assets (deficit) - beginning, restated	(3,992,929)	1,983,561	-	(2,009,368)	(5,639)	-	250,000	244,361	-	-	-	(1,765,007)
<b>NET ASSETS (DEFICIT) - ENDING \$</b>	<b>(3,489,472)</b>	<b>2,013,058</b>	<b>\$ -</b>	<b>(1,476,414)</b>	<b>80,717</b>	<b>\$ 3,047</b>	<b>\$ 350,000</b>	<b>\$ 433,764</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>(1,042,650)</b>

See independent auditor's report.

**CHILDREN'S MEDICAL FUND OF NEW YORK AND AFFILIATE  
CONSOLIDATING STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED DECEMBER 31, 2015 (RESTATED)**

	Children's Medical Fund of New York					Children's Medical Fund Child Life Endowment Corp.				
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Eliminations	Consolidated
Public support, contributions and other revenues:										
Public support:										
Special events revenue	\$ 185,621	\$ 456,805	\$ -	\$ 642,426	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 642,426
Less: direct special event expense	114,110	135,521	-	249,631	-	-	-	-	-	249,631
Special events, net	71,511	321,284	-	392,795	-	-	-	-	-	392,795
Contributions:										
CMF Central Board	94,554	24,714	-	119,268	250,000	-	-	250,000	(250,000)	119,268
Other revenues:										
Donated rent	42,000	-	-	42,000	-	-	-	-	-	42,000
Interest and dividends	2,986	-	-	2,986	-	-	-	-	-	2,986
Net realized gain on sale of investments	5,377	-	-	5,377	-	-	-	-	-	5,377
Net unrealized loss on investments	(5,433)	-	-	(5,433)	-	-	-	-	-	(5,433)
Other revenues, net	44,930	-	-	44,930	-	-	-	-	-	44,930
Net assets released from restrictions	569,998	(569,998)	-	-	-	-	-	-	-	-
Total public support, contributions and other revenues	780,993	(224,000)	-	556,993	250,000	-	-	250,000	(250,000)	556,993
Program and supporting services expenses:										
Program services	5,532,178	-	-	5,532,178	-	-	-	-	(250,000)	5,282,178
Supporting services:										
Management and general Fundraising	110,615	-	-	110,615	5,639	-	-	5,639	-	116,254
	194,221	-	-	194,221	-	-	-	-	-	194,221
Total supporting services	304,836	-	-	304,836	5,639	-	-	5,639	-	310,475
Total program and supporting services expenses	5,837,014	-	-	5,837,014	5,639	-	-	5,639	(250,000)	5,592,653
Change in net assets	(5,056,021)	(224,000)	-	(5,280,021)	244,361	-	-	244,361	-	(5,035,660)
Net assets - beginning	1,197,042	2,207,561	-	3,404,603	-	-	-	-	-	3,404,603
Prior period adjustment (Note 3)	(133,950)	-	-	(133,950)	-	-	-	-	-	(133,950)
Reclassification for donor intent	-	-	-	-	(250,000)	-	250,000	-	-	-
Net assets - beginning (restated)	1,063,092	2,207,561	-	3,270,653	(250,000)	-	250,000	-	-	3,270,653
NET ASSETS (DEFICIT) - ENDING	\$ (3,992,929)	\$ 1,983,561	\$ -	\$ (2,009,368)	\$ (5,639)	\$ -	\$ 250,000	\$ 244,361	\$ -	\$ (1,765,007)

See independent auditor's report.

