



...saving the greatest number of children's lives at the lowest possible cost



Annual Report 2012



...saving the greatest number of children's lives at the lowest possible cost

2012 Board of Directors

Peter Agre, MD
Professor, Johns Hopkins University

Maureen Black, PhD. (Chair)
Pediatric Psychologist, University of Maryland

Rita Colwell, PhD
Professor, University of Maryland

William B. Greenough, III, M.D.
Professor, Johns Hopkins University

Veena Hammers, MBA
Director, Product Management, College of
Health Sciences, Walden University

Sujata Rana
Senior Health Advisor, CHF International

David A Sack, M.D. (Secretary)
Professor, Johns Hopkins University

R. Bradley Sack, M.D. ScD
Professor, Johns Hopkins University

Tim Shi
Executive Director, Global MD

Nand Wadhvani
Founder, Rehydration Project

The Board met four times in 2012 in person in
Columbia and by teleconference

2012 Advisory Board

Susan Lisovicz
CNN Financial News

Zahirah McNatt
Program Director,
Global Health Leadership Institute,
Yale University.

Bonita Stanton
Pediatrician-in-Chief, Hospital of Michigan

David Weisbrod
Chase Manhattan Bank

CHF Staff

R. Bradley Sack, M.D. ScD., Director
Jonathan Sack, Director of Administration
Jo Sack, Public Relations Director

Technical Assistance
Nand Wadhvani, Web Master

**We especially honor our founding trustees
who have died:**

James Bausch	David E. Bell
Clifford Pease, M.D.	Omand Solandt
Katherine Elliot, M.D.	David Rogers, M.D.
William T. Mashler	Amb. Jean Broward Shevlin Gerard
	Adaline Satterwaite, M.D.

Past Trustees & Emeriti

Geoffrey Arrowsmith	Norbert Hirschhorn, MD
Mayra Buvinic, Ph.D	Geoffrey Place
Richard Cash, M.D.	Robert Northrup, M.D.
John Costello	Irene Jilson, Ph.D.
Anne Bruchesi	Lauren Harrison-White
Hugh Downs	Ronald E. LaPorte, M.D.
M.R. Bashir	Charles CJ Carpenter, M.D.

Joseph Deltito, M.D	Harold Fleming
Beth Lamont	Bonnie Stanton, M.D
Shirley Lindenbaum, PhD	Erick Lensch
Eric Marler	Kaye Wachsmuth
Norge Jerome, PhD	Charlene Riikonen
Nathaniel Pierce, MD	Barry Gaberman
Abdullah Baqui	Leonard D. Andrew

Message from the Chair

Dear Friends,

We are making a difference. According to UNICEF, annual deaths of children under 5 dropped from about 12 million in 1990 to 6.9 million last year. Better access to vaccines, good nutrition and basic medical and maternal care are responsible and that's what we deliver at Child Health Foundation. In 2012, we got reports from some outstanding projects that we had funded in 2011; you can read about them in this annual report. Then in 2012, we funded 7 more in 5 different countries, having received 45 proposals from countries throughout the world. It was an extremely difficult task because many of the projects that we were unable to fund were innovative and deserving of support, reaching children at the greatest need, in line with the mission of the Foundation.

The Board of Directors, numbering 10, met four times in 2012, either in person or by teleconference. We welcomed one new member, Veena Hammers, MBA, who is the Director of Product Management for the College of Health Sciences at Walden University. The men and women who serve on the board have many years of experience in child health and make great contributions to the work of the Foundation, notably reviewing the many proposals that we receive.

The most significant change this year was the retiring of our Administrative Director, Rosario Davison, who had served the Foundation for 16 years. We held a luncheon in her honor and welcomed Jonathan Sack who took over the duties of that post.

Besides our Small Grants Program, we continue to give support to the International Centre for Diarrheal Disease Research (icddr,b) in Bangladesh through logistical support, facilitation of funding, and an NIH-funded cholera project. And another project in Bangladesh, funded generously by Miss Esther Lazarson of New York, continues into its 12th year, supplying clean water to thousands of people, many of them, of course, children.

We are pleased that the Child Health Foundation has continued to be responsive to the humanitarian and health needs of children throughout the world, including the USA. And we have made a difference, but UNICEF also reported that 19,000 deaths still occur every day, most of them preventable. We thank you for your help in the past and hope you will continue to help us help them with your generous donations. We appreciate your comments and your assistance in enabling us to fulfill our mission of "saving the greatest number of children's lives at the lowest possible cost."

Sincerely,
Maureen Black, PhD
Chair, Board of Directors



Dr. W. Greenough, presents Rosario with an award commemorating her long service.

Rosario Davison held a role in the Child Health Foundation office for 18 years and on June 1st retired to spend more time with her family. At the board meeting in June, she was lauded for her excellent handling of the financial matters, the ordering and shipment of supplies, as well as all the general management of the Foundation affairs. She turned over her duties to **Jonathan Sack**, pictured right, and we were very sorry to see her go.



Jonathan's experience includes owning and managing a sporting goods store, gathering and assessing information for a state government real estate division, and Real Estate buying and selling. The foundation is pleased to have him in our office and, yes, he is the son of Director Dr. R. Bradley Sack.

Child Health Foundation

History

Child Health Foundation was established in 1985 as a non-profit, public charity [501 (c)3] to prevent and treat life-threatening diseases of infants and children in the United States and abroad.

Mission Statement

Our mission is "to save the greatest number of children's lives at the lowest possible cost." We accomplish this through our unique network of health professionals and organizations committed to improving health policies and practices. We operate as an independent agent of change, seeking and promoting more effective, easily delivered and less-expensive methods to prevent illness and death of children, such as prevention and treatment of diarrheal diseases with oral rehydration therapy, breastfeeding, good nutrition, and immunizations.

Members of:

Charity America.com
Children's Medical Charities of America
Global Health Council
Guidestar
Independent Charities of America
Maryland Association of Nonprofit Organizations
Mission Fish
National Alliance for Nutrition and Activity
National Committee for World Food Day
Network for Good
United Way (in various locations)
United States Agency for International Development



Use Goodsearch.com as your search engine and Child Health Foundation will get 1 cent each time you do.



In 2005, the Foundation received this seal of approval from ICA, an organization that collects workplace donations. They tell us that, because we meet the rigid standards that ICA endorses, we well deserve this award.



How We're Making a Lasting Difference

Grants: We have a program called Innovative Small Grants, which allows donors of gifts to have broad geographic impact on a wide spectrum of topic areas, with the Foundation performing the administrative oversight.

Research: We plan and support clinical research to develop new health-care technologies for children affected by disease or disaster, and disseminate and implement proven, effective results through our network worldwide.

Public Education and Outreach: We educate families and communities through culturally appropriate public education programs.

Professional Medical Education and Outreach:

We promote the transfer of medically effective, scientifically sound, low-cost technologies and the sharing of knowledge among health practitioners and policy makers. And we reach out to communities in emergency need due to catastrophic storms, earthquakes, famine, or epidemics.

Collaborative Research Partnerships:

Child Health Foundation has established formal partnership agreements with a number of educational and medical organizations, including: Johns Hopkins University and Hospital (Baltimore, MD); University of Maryland (Baltimore); Centre for Health and Population Research (Dhaka, Bangladesh); Instituto de Investigacion Nutricional (Lima, Peru); Universidad Peruana Cayetano Heredia, (Lima, Peru); and informal partnerships with health organizations worldwide.

Innovative Small Grants

The Innovative Small Grants Program allows donors of gifts to have broad geographic impact on a wide spectrum of topic areas, with the Foundation performing the administrative oversight. An amount of up to \$5,000 is granted, through a competitive procedure conducted by our panel of experts, to health workers, investigators of community organizations who submit proposals using our guidelines. All grantees exemplify our mission "to save the greatest number of children's lives at the lowest possible cost." **Lessons learned ultimately benefit children everywhere.** We grant as many as we are able with the funds available to projects involving infants and children. In 2012 we were pleased to award six of them, as well as one purely humanitarian grant through gifts from our Board of Directors and other generous donors. They, as well as brief reports from the completed projects of the previous years, are described here.



2012 Small Grants Awards

Innovative Grants

- 1. Women Protection Society, Uganda** will install ferro water harvesters in children's schools to collect rain water to provide clean water. *Previously funded*
- 2. Chapra Social and Economic Welfare Association (SEWA), India,** plans to develop biomedical and social technology to protect children from enteric diseases by involving the community. *Previously funded*
- 3. Action for Community (ACE), Kenya,** will construct eco-san toilets and install rain water harvesting tank with taps for hand washing, as well as hold workshops on sanitation and hygiene.
- 4. Wema Self Help Group, Kenya,** has a project to facilitate an inexpensive household water quality intervention, using Water Guard and storage in narrow-mouthed clay pots.
- 5. Nyaya Health, Nepal,** will evaluate the implementation in rural settings of an innovative, low-cost approach to make culture-based enteric fever diagnosis available in settings without electricity or trained laboratory personnel. *Previously funded*
- 6. Vitendo Self Help Group (Tanzania)** plans to distribute clay pots to 1500 families. The pots will be fitted with a tight lid and a dispenser tap.

Humanitarian Grant

Aguayuda (Colombia) needs funds for labor and materials to replace a broken windmill to provide safe water. The new one has been provided.

2011 Project Reports

1. Ghana Mothers Hope, feature in their final report, called "The Secret to Being Strong," a coloring book (*pictured here*) given to children at school to teach them how to control their health to prevent intestinal worms. Debi Frock, the American executive director, says, "The Child Health Foundation grant helped to share the secret of good health with 1,778 children and 150 women." The group also used story and song to promote the message. They gave a video ([link on our website](#)) and have communicated with us on Facebook.



2.2. Grampari, Maharashtra, seeks to improve child health by increasing hand washing with soap behavior among students and leveraging them as agents of change in their communities. An awareness program has been conducted in 5 schools reaching 257 children. Visiting each school six times over the course of the school year, a health education team employed new approaches to promote hand-washing including introduction of tippy taps, *pictured here*. The tippy tap is a 'hands-free', low-cost, water conserving hand washing device. Whereas this tool is a practical and fun device for the children, it was necessary to combine it with a behavioral push to ensure long term change. To this end, our team performed 6 follow-ups to reinforce the message. Videos, coloring contests, posters, games, and skits were used. Interim results show that many of the students not only use the tippy-tap at school, but have built them for their families in their homes. We look forward to their final report.



Grants Continued



3. Ruwwo, India, is working to empower mothers with complete knowledge of enteric diseases and skills to prevent and manage them. They have thus far conducted education programs for mothers of children

less than 5 years of age in each of 10 villages. Mothers-in-law and leaders of self-help groups have also been targeted to help change attitudes and encourage them to use their influence to promote use of good water sources and use of oral rehydration salts for prevention of dehydration. The project continues.

4. MEDSAR, Rwanda, after recruiting 30 medical students from the faculty of medicine at National University of Rwanda (NUR) that would work with the project as volunteers peer educators and contacting all stake holders of the project including those that accepted to donate for the project, conducted a 3-day training of



volunteers that helped them to select what is necessary for people on the field to know about enteric diseases and mother's teaching methods. Community Health Workers were also trained especially in management of diarrhea with oral rehydration therapy. Secondly, they held teaching sessions with the mothers. "Our project is now making us famous in Rwanda," they say. The project continues.

5. Deeper Mission, Sierra Leone, reports that their original proposal, based on procuring South African-designed waterless, solar composting latrines (Eloos) from Ghana, was to improve community health and reduce enteric disease due to pit latrine-contaminated ground water wells on the grounds of Mercy Hospital.. But due to the Eloo distributor in Ghana closing, the nearest available Eloos were in Germany which increased the per unit and shipping costs; additionally, timing prevented sending a second Deeper Missions team to Sierra Leone in 2012 so we relied solely on the local contractor to secure and guide local labor. Fortunately, this was successfully executed..



A fortunate development was the appearance of a volunteer, Mohamed Nabieu, a local young man, studying Environmental Sciences and Development Studies. His only interest was to contribute to and objectively observe the successful completion of the project.. They were able to obtain additional funding and the project was a success.

6. Life Concerns, Uganda, in their final report, tell us that they learned a lot from their project to improve the quality of drinking water of school children by using sunlight to inactivate pathogens that cause diarrhea.

They made several visits to the 5 schools in the project and found that they needed to train the children repeatedly. The process was to have them bring their plastic bottles of water to school and put them in the sun. They learned though that the children like this method because it is simple and low cost, and because it improves their health.

Furthermore, when they began to use this method at home, it reduced the cost of firewood, kerosene, and of course, medical care. And the environment benefited also.



7. BVDA, Rwanda, had as their goal to provide over 36,000 people of their community with sustainable information regarding water related diseases prevention methods, and to provide relevant information to 2000 community health workers regarding signs and symptoms of enteric diseases and oral rehydration therapy (ORT).

They were successful in carrying this out using an instructional video (on our website), training volunteers to visit homes, and holding 6 awareness marches Pictured here, the marches averaged 3200 youths each. The sign says, "The future is yours, take care of you life."



8. PAMICAWIK,

Kenya, is improving hygiene behavior of children under 5. In their interim report they say that they have held training sessions, shown here, to teach advising children to wash their hands after using the toilet, to cover food and boil water. They have also taught the use of ORS and how to prepare the home-made kind. As a result, they report, there has been a reduction in illness as well as hospitalization costs, and better management of diarrhea when it occurs. They expect the rate of diarrhea to go down from 70% to 20% of clinic visits. The project continues.



Grants Continued

2010 Project Reports



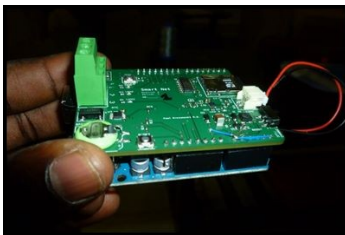
1. Spandan, India, received a grant to determine the effectiveness of the delivery of an anthelmintic in the treatment of worms. In their

final report they say that they selected 30 sample villages, covering 1,000 families (1256 children) aged 1 to 5 years. Another 1,218 children in another village served as controls.

Albendazole was the drug used and it was administered in de-worming camps in phase one in July 2011. When the camps in phase two were held in Feb. 2012, the community was much more cooperative because they could already see that it had taken effect. The results were assessed using weight and height, days of sickness, school attendance, and motivation.

The results showed a significant positive change in the children in the sample village as compared to the controls. The organization will continue to implement the delivery of treatment and efforts are now being made to have the government implement treatment as a part of regular immunizations of children.

2. Opportunity Solutions, now in Uganda, was given permission to delay their work for a year because they are developing a new technology for monitoring bed-net use (malaria control). They have moved their project from Madagascar because they were given the opportunity to partner with MIT and Harvard University to test the new technology at an established site in Uganda and had received approval from the ethics boards. They are also applying for additional funds from others.



This is a photo of the SmartNet device which, they say has recently undergone a second revision. "We have developed a more streamlined prototype that will soon

be ready to launch in the field, and we are now poised to begin interviewing research assistants and launch the pilot study in Uganda; in January, we plan to recruit 30 households and we have a proposed Boston-based study ready to launch this month," they say. This will be a proof-of-concept where they will test the SmartNet design in 10 households in Boston. In

about 6 months, they plan to have some tangible results from their studies and will be preparing for publication of the findings. They say that CHF is helping fund a crucial stage in the planning and prototype phase of this project which they believe will have a big impact on malaria prevention and they are very grateful.

3. Sundar Serendipity Foundation (SSF) received a Small Grant to give nutrition education on the role of micronutrients in health and do social marketing so that the people will buy and use micronutrient fortified salt. A previous study by Family Health and Development Research Service Foundation, funded by CHF and in which SSF provided the salts, was able to show that education and fortification reduced anemia in this population. (This has been since written up and submitted to a medical journal.)



In their latest report, however, they say that they think the families have not been consuming the fortified salt continuously so the plan they had to measure blood levels for results before the social marketing strategies were in place would not work. Therefore they asked permission, which was granted, to change their plan to supply the salt to a randomly selected village for 8 months and then use another village as a control. They made a film with instructions which they screened to 1000 self-help group women in March. We await their final report.

Other Grant Reports

1. The Environment and Population Research Centre (EPRC), Bangladesh, has supplied a clean water source for another 679 children and 482 men and women, and the total since this began has now reached almost 35,000. The good thing is that this is sustainable since the women are trained to keep the pumps in good condition, and in fact own them.

The project is now in its twelfth year, generously financed by Esther Lazarson of New York City. *See article on p. 8*

This phase of the project was conducted in three villages, determined the most needy by the local Dept. of Public Health Engineering. A total of 8 tubewells were successfully installed and one village was given 37 water storage tanks.

As a result, of this effort, children are experiencing fewer episodes of illness due to water-born organisms. Women have more time to *Continued on p. 8*

Grants Continued

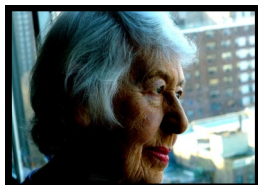
EPRC *Continued from page 7*



plant gardens, and are attending an adult school provided by EPRC. And with funds collected in the community, children are being educated.

In January 2012, Dr. R.B. Sack visited one of these villages and observed firsthand how successful this project has been. The photo was taken during this visit

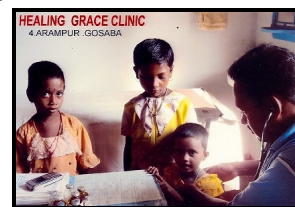
Esther Lazarson



Miss Lazarson of New York City has been our Bangladesh hero since 2002, funding a project (EPRC*) that supplies clean water to thousands of people (above). Here is a bit of her “autobiography” in verse:

I am nearly eighty-nine
And I’m feeling well,
And whenever my sleep is deep
I wake up looking swell.
I always thought pure water was
Birthright, necessity,
But then I learned that for some folks
It is rare luxury.
And so I give what I don’t need
To Bangladesh and to Peru,
And I’m happy some have better living
Because of what I do.
And I admire and I salute
Each hands-on activist.
Who works so water gushes out
At the twisting of the wrist.
When I sit alone in my arm-chair
I love my solitude
Can it be ‘cos folks in far-off lands
Are wishing for my good?

2. Seed Welfare Society, The Foundation continues to support the Healing Grace Clinic on the island of Gosaba in India. The clinic building was originally built with funds from a 2004 Small Grant.



In their recent report they write that “the clinic is used not only for physical healing but for our loving approach to let the patients know of sincere care so that they are healed all over. If necessary we spend time with the patients after clinic hours, this is yielding great results. About 350 patients visit the clinic every week. They come mostly for treatment of diarrhea, stomach ache, dysentery, jaundice, pneumonia, typhoid, malaria, colds and fever

They have also started another clinic in Shamnagar, where they see nearly 200 patients each week. Every week patients visiting both clinics say they did not get the help they needed elsewhere and came finding health solutions.

Training Program Available

COTS is an interactive training program for treatment of cholera and severe diarrhea in outbreak settings. Based on 50 years experience at the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B), it provides basic checklists for clinical assessment, setting up treatment centers, rapidly training staff, administering ORS and proper antibiotics, etc. The CD can be ordered from us for \$5.00 or you can download it from www.cotsprogram.org.

Complete reports of all programs summarized in this AR are available from the Foundation’s office by request.



CHILD HEALTH FOUNDATION NEWS was published three times in 2012 and each issue was mailed or emailed to over 1200 readers and contributors. The content of the newsletter informs interested and caring individuals about our activities and the findings of important research. Further, we try to disseminate the latest information concerning children’s health and disease prevention for all those who care for and about children. The newsletter can also be viewed on our website and is sent by

ICDDR,B Collaboration

The International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, B) in Dhaka, is an international institution for research, training and services in child health and reproductive health. The Foundation and the Centre share the vision of a world where the use of cost-effective health technologies reduces preventable child deaths and improves the lives of millions around the globe. Child Health Foundation is the US. office for the Centre where, among other responsibilities, we make it possible for Americans to donate tax-deductible dollars.



icddr,b

KNOWLEDGE FOR GLOBAL LIFESAVING SOLUTIONS

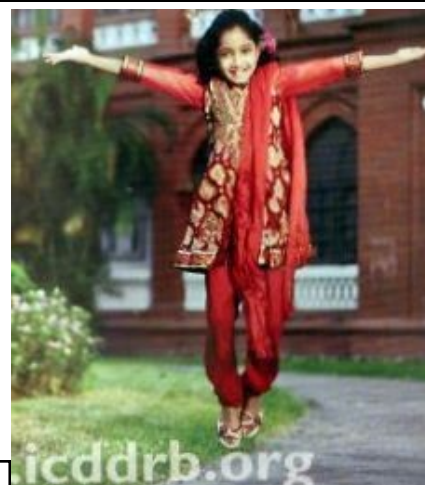
Child Health Foundation manages the ordering of supplies for an important NIH-funded project carried out at the Centre in collaboration with Johns Hopkins Bloomberg School of Public Health. Investigators at both sites are exploring the seasonal cause of epidemics of cholera by studying the contents of water bodies in the environment. Dr. R. Bradley Sack, Director of the Foundation is the principal investigator.

Centre Fund Program

The Centre Fund is a program which assists the ICDDR,B in raising funds which insure continued vital contributions to health worldwide by:

- ◆ attracting the best scientists and researchers from both developed and developing countries;
- ◆ expanding health education and training for professionals, policymakers and trainers;
- ◆ maintaining state-of-the-art hospital, laboratory, and computer equipment;
- ◆ carrying out rapid response to international refugee crises and new epidemics;
- ◆ establishing new research initiatives;
- ◆ sponsoring scientific conferences and lectures;
- ◆ detecting new emerging diseases;
- ◆ strengthening the library; and
- ◆ providing free, life-saving care

From the 2013 calendar, Md Huzzatul Mursalin, photographer



Endowment is essential since project funds are restricted to the specific tasks for which they are provided. Important to the overall goals of ICDDR,B are activities that build for long term growth and productivity as well as immediate urgent needs of serving those who are ill and poor and turn to the Centre for care. There are three separate categories for which endowment funds are raised. The first is the Hospital fund to which the Swiss Government has given impetus with generous gifts. This provides care for those afflicted with diarrheal diseases and their complications. The Centre itself has also been successful in raising support locally for this fund. The second fund is for child survival with a broader perspective and represents a major donation by USAID to this end. The third fund is a general endowment to which many donors have contributed over the years. It is to make possible education, communications, and scientific and humanitarian exchanges that could not be supported from project or programmatic funds.

From its inception in 1985, Child Health Foundation has assisted the Centre in many activities, including fundraising, project assistance and public relations. In 1994, we initiated the Centre Fund effort in the United States and since then have been assisting in the effort to raise endowment and insure careful stewardship, monitoring the way it is invested. A Centre Fund committee serves in an advisory capacity to the Centre's Director and Board of Trustees. Members of this committee as of 12/31/12: William B. Greenough, Rita Colwell, Norman D'Cruz, Nicolaus Lorenz, Elizabeth Mason, Simbarashe Mandizvidza, David Sack, Abbas Bhuiya, Jeffrey Gonya, and David A. Weisbrod. At the end of 2012, the total endowment was valued at \$8,924,407 (7,983,606 at the end of 2011) and is managed by TIAA/CREF of St. Louis, Missouri. During 2012, Child Health Foundation expended \$61,354 of its resources on behalf of the Centre's work; the Centre provided \$28,000 to assist us in this effort. Other contributions that the Foundation received for the Centre's endowment in 2012 totaled \$11,680.

Donors 2012

INDIVIDUAL DONORS:

Many anonymous donors

Steven Abrams
John A. Anderson
Myrna J. Anderson
Carolyn Ball
John & Louise Ballard
Peter Ballard
Mary E. Barrows
David Bausch
Janet E. Bausch
Allen & Martha Beach
Justin Bell
Erica Bernstein
Patrick & Lauren Blair
Kathryn Branscomb
Daniel S. Briggs
RT Budden
John & Lynda Burton
Mayra Buvinic
Michael Caputi
Louise F. Carlson
Charles Carpenter
Slawomir Cebulski
Becky & Walt Cederholm
Mrinal Chaudhuri
Monjur Chowdhury
Jack & Rita Colwell
Dennis Copecko
Andrew Dannenberg
Chandras Devadiga
Diane Domis
Thomas & Cynthia Dunbar
Anne Elsworth
Theora & John Evans
Michael Field
Harold & Arlene Fleming
Teresa M. Foody
Michael J. Franks
Christian Freed
Mattie Freeman
Daniel Gallardo
Eugene Gangarosa
M. Geetha
Robert & Barbara George
William & Quaneta Greenough
Edgar M. Greville
Ashlee M. Grey
Thomas Hamed

Becky Hansen
Kazi Haque
Sue Herbein
Phillip Howles
Nicholas Houy
Nancy Hughart
Janice Hutson
TM Tonmoy Islam
David Johns
Ann Marie Johnson
Pamela Johnson
Mohammad Kamal
James B. Kaper
Thomas Keating
Daniel Kelly
George & Collette Kokinos
Esther Lazarson
Noah Levinson
Stephen Lintner
Georg & Harriet Luck
Rich & Jane Lundy
Rebecca A. Magalhaes
Khin Maung U
Marie H. May
Sara & James McGough
Nic Milan
Caitlin Miller
Teresita Natividad
Virginia Nicolson
Christopher Okafor
Gregory Olmsted
Loraine M. Pease
Henry B. Perry
Megan Playon
Any Posner
Galilea Rawlinson
Katrina J. Reading
Charlene Reinke
Mark Rhodes
Kate Richardson
Charlene Riikonen
Daniel & Kathy Sack
David & Jean Sack
R. Bradley & Josephine Sack
Robert Sack
William & Susan Sack
Stephen & Deborah Sage
Linda Seidel
Susan S. Spicer
Kelly D. Spencer

Thomas Sperl
Ludwig & Althea Stamm
Bonita Stanton
Ann Kaiser Stearns
Terry Strand
Bernhard Sturm
Kenneth Stringer
Robert C. Terry, Jr.
Theodore Thomas
Marissa Trigg
Joanne Tyson
Michael Vasquez
P. Watthanawes
Jason Weisfeld
Crystal M. Wiggins
Sara & Spofford Woodruff
William Woodward
Garette Wonch
Zia Zaman
Mr. & Mrs. Zilliacus

CORPORATE AND FOUNDATION DONORS

Cera Products Inc.
Charitable Choices
Children's Charities of America
Children's Medical Charities of America
Combined Federal Campaign
Fairfax Presbyterian Church
Gangarosa International
Health Foundation
Good Search
Independent Charities of America
Internet Marketing Solutions
ICDDR,B
Just Give Org.
March Together
Margarite Casey Foundation
Maryland Charity Campaign
Maryland Presbyterian Church
Progressive Casualty Ins. Co.
REI, Recreational Equipment, Inc.
Truist
United Way of Central Maryland
United Way of New York City
United Way of Rhode Island

Financial Statement

Year Ending December 31, 2012

	Unrestricted	Temporarily Restricted	Total
Revenue and other support			
Grants	\$ 138,252	25,000	163,252
Corporate contributions	2,792	-	2,792
Individual contributions	40,590	-	40,590
Charitable Campaigns	19,232	-	19,232
Miscellaneous	5,665	-	5,665
Investment Income	453	-	453
Net assets released from restrictions	25,900	(25,900)	-
Total support and revenue	232,884	(900)	231,984
Expenses			
Program services	236,778	-	236,778
General and administrative	15,941	-	15,941
Total expenses	252,719	-	252,719
Change in net assets	(19,835)	(900)	(20,735)
Net assets—beginning of year	143,389	10,900	154,289
Net assets—end of year	\$ 123,554	10,000	133,554

This report prepared by independent auditors:
UHY LLP Certified Public Accountants
 Full audit available on request



...saving the greatest number of children's lives at the lowest possible cost

We at Child Health Foundation want to thank you for any donations you have made in the past. We have observed that some people don't realize that their contribution, besides giving them a warm feeling for knowing that they have saved children's lives and made them happier, also improves their own and their children's lives. You see, research done in regions where disease is prevalent helps to prevent those organisms from spreading. Furthermore, it gives local medical practitioners the expertise to combat emerging infections when they do escape.

Everyone also benefits from our efforts to educate the general public about low-cost ways to prevent and treat common childhood diseases and promote better nutrition. So stay with us, read our literature, and please support us financially.

You can send your tax-deductible contribution in any amount to the address below or give by credit card on our website. Thank you.

**Child Health Foundation.
10630 Little Patuxent Parkway, Suite 126
Columbia, MD 21044**

Presorted Std
Nonprofit
U.S. Postage Pd
Pemit # 402
Columbia, MD
21045

Address Service Requested

Phone (410) 992-5512

Fax: (410) 992-5641

Email: contact@childhealthfoundation.org

Visit our Website at www.childhealthfoundation.org