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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009		C Name of organization CALIFORNIA FAMILY HEALTH COUNCIL INC		D Employer identification number 95-2564024	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.		E Telephone number (213) 386-5614	
				G Gross receipts \$ 29,713,531	
		F Name and address of principal officer MARGIE FITES SEIGLE 3600 wilshire blvd los angeles,CA 90010		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.CFHC.ORG					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1968		M State of legal domicile CA	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE ORGANIZATION AND ITS SUB-GRANTEES PROVIDE COMPREHENSIVE FAMILY PLANNING AT LOW OR NO COST TO INDIVIDUALS, FAMILIES AND COMMUNITIES IN THE STATE OF CALIFORNIA		
	2	Check this box <input checked="" 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 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 10	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	26,091,221	27,640,312
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200,023	101,345
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-264,554	-65,588
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	475,576	414,004
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,502,266	28,090,073
	14	Benefits paid to or for members (Part IX, column (A), line 4)	16,964,949	17,832,948
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,121,296	6,559,769
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,283,632	3,715,636
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	27,369,877	28,108,353
	19	Revenue less expenses Subtract line 18 from line 12	-867,611	-18,280
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	11,745,123	12,472,213
	22	Net assets or fund balances Subtract line 21 from line 20	6,257,307	6,188,483
			5,487,816	6,283,730

Part II Signature Block	
Sign Here	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
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-11-09</div> <div>Date</div> </div>
	<div> <div>MARGIE FITES SEIGLE CEO/PRESIDENT</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Lior Temkin</div> </div> <div> <div>Date</div> <div>2010-11-09</div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>SINGERLEWAK LLP</div> <div>10960 WILSHIRE BLVD SUITE 1100</div> <div>LOS ANGELES, CA 900243783</div> </div> </div>
	<div> <div>EIN</div> <div>Phone no</div> </div> <div> <div></div> <div>(310) 477-3924</div> </div>

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE ORGANIZATION PROVIDES COMPREHENSIVE FAMILY PLANNING AT LOW OR NOT COST TO INDIVIDUALS, FAMILIES, AND COMMUNITIES IN THE STATE OF CALIFORNIA

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 exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 17,987,552 including grants of \$ 17,195,298) (Revenue \$)

FULFILLED REQUIREMENTS OF CA TITLE X GRANT TO INSURE 1 Sub-grantees provided family planning services and outreach services to create healthy individuals, families and communities to clients in the state of California Served 1,100,000 clients at 314 clinical sites throughout CA in 2009 2 MAintained websites for (A) Teensource, And (B) talk with your kids 3 Oversaw HIV Integration project

4b

(Code) (Expenses \$ 1,263,825 including grants of \$ 553,928) (Revenue \$)

IPP Provided services for the prevention of chlamydia related infertility through family planning agencies in the sate of California Served close to 70% of the agency clinics in 2008

4c

(Code) (Expenses \$ 776,819 including grants of \$ 83,722) (Revenue \$)

FPACT Provided training and technical assistance to the 2,500 Family PACT providers in CA who serve 1 65 million clients each year In 2009 1 Conducted 37 trainings on clinical, health education and administrative aspects of the program 2 Managed the familypact org website which received over 50,000 hits during the year 3 Developed 11 plain-language health education materials on various sexually transmitted infections in 6 languages (English, Spanish, Russian, Chinese, Vietnamese and Korean), for a total of 66 materials distributed free through the familypact org website and other mediums

4d

Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 3,391,575 including grants of \$) (Revenue \$ 515,349)













4e

Total program service expenses \$ 23,419,771

Form 990 (2009)

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)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No


Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable			1c	
1a	88			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return			2a	108
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 this return (see instructions)			2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
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)?			4a	No
b If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
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?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No
10 Section 501(c)(7) organizations. 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 Section 501(c)(12) organizations. 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 Section 4947(a)(1) non-exempt charitable trusts. 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	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	15	
b	Enter the number of voting members that are independent	1b	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. B FLORES 3600 WILSHIRE BLVD SUITE 600 LOS ANGELES, CA 90010 (213) 386-5614

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b	Total	894,025	0	159,527
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization7

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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		
	(A) Name and business address	(B) Description of services	(C) Compensation
	SINGERLEWAK 10960 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024	AUDITING & TAX	134,804
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization1		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b	55,275			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	25,916,344			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,668,693			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		27,640,312			
Program Service Revenue			Business Code				
	2a	SEMINAR FEES	900,099	101,345	101,345		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		101,345			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		210,277			210,277
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		-275,865			-275,865
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a					
b	Less direct expenses						
c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19						
	a						
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
	a						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .		-3,754	-3,754			
Miscellaneous Revenue		Business Code					
11a	SERVICE TRAINING/OTHER		900,099	123,222	123,222		
b	Administrative service		900,099	117,681	117,681		
c	Coop administrative se		900,099	98,242	98,242		
d	All other revenue			78,613	78,613		
e	Total. Add lines 11a-11d		417,758				
12	Total revenue. See Instructions		28,090,073	515,349	0	-65,588	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	17,832,948	17,832,948		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	415,590		415,590	
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	4,952,041	2,940,902	2,011,139	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	286,642	157,041	129,601	
9	Other employee benefits	430,257	231,721	198,536	
10	Payroll taxes	475,239	257,713	217,526	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	146,620	76,684	69,936	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	814,983	467,546	347,437	
12	Advertising and promotion				
13	Office expenses	512,565	233,116	279,449	
14	Information technology				
15	Royalties				
16	Occupancy	977,764	362,262	615,502	
17	Travel	359,452	226,944	132,508	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	231,236	183,665	47,571	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,826		54,826	
23	Insurance	100,287	50,391	49,896	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL SUPPLIES	251,545	247,430	4,115	
b	VOLUNTEER REIMBURSEMENT	137,676	137,437	239	
c	STAFF DEVELOPMENT	73,424	13,853	59,571	
d	OTHER COSTS	55,258	118	55,140	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	28,108,353	23,419,771	4,688,582	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			2,880	1	4,799
	2	Savings and temporary cash investments			599,102	2	665,796
	3	Pledges and grants receivable, net			7,041,480	3	6,617,988
	4	Accounts receivable, net			591,940	4	653,206
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			147,619	8	86,443
	9	Prepaid expenses and deferred charges			116,121	9	136,352
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,442,775	84,195	10c	101,239
	b	Less accumulated depreciation	10b	2,341,536			
	11	Investments—publicly traded securities			3,108,444	11	4,158,905
	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			53,342	15	47,485
16	Total assets. Add lines 1 through 15 (must equal line 34)			11,745,123	16	12,472,213	
Liabilities	17	Accounts payable and accrued expenses			6,149,445	17	6,187,567
	18	Grants payable				18	
	19	Deferred revenue			107,862	19	916
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	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 Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			6,257,307	26	6,188,483
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			4,285,490	27	5,020,266
	28	Temporarily restricted net assets			1,202,326	28	1,263,464
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			5,487,816	33	6,283,730
	34	Total liabilities and net assets/fund balances			11,745,123	34	12,472,213

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization CALIFORNIA FAMILY HEALTH COUNCIL INC	Employer identification number 95-2564024
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	28,853,833	28,231,370	28,935,470	26,291,244	27,741,657	140,053,574
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	28,853,833	28,231,370	28,935,470	26,291,244	27,741,657	140,053,574
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)						
6 Public Support. Subtract line 5 from line 4						140,053,574

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	28,853,833	347,218	28,935,470	26,291,244	27,741,657	140,053,574
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	169,619	347,218	175,938	223,686	210,277	1,126,738
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						141,180,312

12 Gross receipts from related activities, etc (See instructions)

123,011,831

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99.200 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99.190 %

- 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CALIFORNIA FAMILY HEALTH COUNCIL INC	Employer identification number 95-2564024
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

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

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		161,271													
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		161,271													
d Other exempt purpose expenditures		27,892,082													
e Total exempt purpose expenditures (add lines 1c and 1d)		28,053,353													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	227,175	186,163	283,558	161,271	858,167
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	227,175	186,163	201,053	161,271	775,662

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
CALIFORNIA FAMILY HEALTH COUNCIL INC

Employer identification number
95-2564024

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>YesNo</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div>YesNo</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

YesNo

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

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

YesNo

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

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

3a(i)

☐

Yes

3a(ii)

☐

No

b

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

3b

☐

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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			
d	Equipment	2,442,775	2,341,536	101,239
e	Other			
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶			101,239

Schedule D (Form 990) 2009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,090,073
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,108,353
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-18,280
4	Net unrealized gains (losses) on investments	4	814,194
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	814,194
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	795,914

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	29,043,088
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	814,202
b	Donated services and use of facilities	2b	55,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	83,813
e	Add lines 2a through 2d	2e	953,015
3	Subtract line 2e from line 1	3	28,090,073
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	28,090,073

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	28,247,166
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	55,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	83,813
e	Add lines 2a through 2d	2e	138,813
3	Subtract line 2e from line 1	3	28,108,353
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	28,108,353

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		PART XII LINE 2D PUBLICATION REVENUE SHOWN NET OF COGS ON FORM 990 PART XIII LINE 2D PUBLICATION COSTS PRESENTED IN FUNCTIONAL EXPENSES ON FINANCIAL STATEMENTS

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
CALIFORNIA FAMILY HEALTH COUNCIL INC

Employer identification number
95-2564024

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

Software ID:

Software Version:

EIN: 95-2564024

Name: CALIFORNIA FAMILY HEALTH COUNCIL INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
All People's Christian2220th Street Los Angeles,CA 90011	95-2669400	501(c)	14,872				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
AltaMed Health Services Corporation500 Citadel Drive Los Angeles,CA 90040	95-2810095	501(c)	498,428				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Amador County Public Health Department10877 Conductor Boulevard Sutter Creek,CA 95685	94-6000505	AMADOR COUNTY HEALTH	60,499				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Asian Health Services818 Webster Street Oakland,CA 94607	94-2235908	501(c)	90,500				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Asian Pacific Health Care Venture1530 Hillhurst Avenue Los Angeles,CA 90027	95-4177752	501(c)	195,456				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Barton HealthCare System2201 South Avenue South Lake Tahoe,CA 96150	94-6050274	501(c)	89,438				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Black Women's for Wellness PO Box 292516 Los Angeles,CA 90029	95-4624707	501(c)	20,000				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Brookside Community Health Center2023 Vale Road San Pablo,CA 94806	68-0372394	501(c)	97,201				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Butte County Department of Public Health202 Mira Loma Drive Oroville,CA 95965	94-6000506	BUTTE COUNTY DEPT	135,023				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Central City Community OutreachPO Box 13273 Los Angeles,CA 90014	95-4355104	501(c)	15,000				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Valley General Hospital1025 N Douty Street Hanford, CA 93230	77-0324630	501(c)	142,396				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Chinatown Service Center 767 North Hill Street Los Angeles, CA 90012	98-2918844	501(c)	117,477				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
City and County of San Francisco Dept of Public Health1380 Howard Street San Francisco, CA 94103	94-6000417	S F DEPT OF HEALTH	188,957				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
City of Berkeley Public Health Clinic830 University Avenue Berkeley, CA 94710	94-6000299	BERKELY HEALTH	216,146				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Clinicas de Salud del Pueblo Inc900 Main Street Brawley, CA 92227	95-2657324	501(c)	105,539				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Clinicas del Camino Real Incorporated200 South Wells Road Ventura, CA 93004	95-2977147	501(c)	105,500				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Clinicas Msr Oscar A Romero 2032-A Morengo Street Los Angeles, CA 90033	95-3881333	501(c)	90,500				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
CommuniCare Health CentersPO Box 1260 Davis, CA 95617	94-2188574	501(c)	160,314				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Community Action Partnership of Kern300 19th Street Bakersfield, CA 93301	95-2402760	501(c)	77,271				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Community Action Partnership of San Luis Obispo County Inc1030 Southwood Drive San Luis Obispo, CA 93401	95-2410253	501(c)	129,949				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Health Alliance of Pasadena1855 N Fair Oaks Avenue Pasadena,CA 91103	95-4536824	501(c)	90,500				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Community Health Clinic Ole 1141 Pear Tree Lane Napa,CA 94558	23-7221695	501(c)	50,000				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
County of Los Angeles Department of Health Services5555 Ferguson Drive Commerce,CA 90022	95-6000927	L A DEPT OF HEALTH	862,267				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
County of Riverside Community Health Agency 4065 County Circle Drive Riverside,CA 92503	95-6000930	REVERSIDE HEALTH	506,640				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Del Norte Clinics Inc935 B Market Street Yuba City,CA 95991	94-2210447	501(c)	57,884				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Delta Health CarePO Box 550 Stockton,CA 95201	94-2529117	501(c)	125,500				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
East Valley Community Clinic Inc1691 The Alameda San Jose,CA 95126	94-2181935	501(c)	125,123				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
East Valley Community Health Center Inc420 South Glendora Avenue West Covina,CA 91790	23-7068586	501(c)	254,232				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Eisner Pediatric and Family Medical Center1530 South Olive Street Los Angeles,CA 90015	95-1690966	501(c)	105,598				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Family Health Centers of San Diego823 Gateway Center Way San Diego,CA 92102	95-2833205	501(c)	330,160				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family HealthCare Network 305 E Center Visalia,CA 93291	94-2525145	501(c)	255,331				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Feminist Women's Health Specialist 1750 Wright Street Sacramento,CA 95825	94-2259357	501(c)	108,214				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Fresno County EOC 1920 Mariposa Mall Fresno,CA 93721	94-1606519	501(c)	205,836				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Fresno Metro Ministry 1055 N Van Ness fresno,CA 93728	94-2181848	501(c)	15,985				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Friendly Church of God in Christ 1836 Dixie Street Oceanside,CA 92054	33-0010895	501(c)	14,974				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Golden Valley Health Centers 737 West Childs Avenue Merced,CA 95340	94-2196086	501(c)	133,920				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Healthy Communities Inc dba Health Oakland 2580 San Pablo Avenue Oakland,CA 94612	71-0902919	501(c)	15,000				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Hollywood Sunset Free Clinic 3324 Sunset Boulevard Los Angeles,CA 90026	23-7074488	501(c)	109,283				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Imperial Beach Community Clinic Inc 949 Palm Avenue Imperial Beach,CA 91933	23-7209592	501(c)	119,082				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
JWCH Institute Inc 1910 West Sunset Boulevard los Angeles,CA 90026	95-2289916	501(c)	140,101				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kings County Health Department330 Campus Drive Hanford,CA 93230	94-6000814	KINGS COUNTY HEALTH	175,301				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
La Clinica de la Raza Inc 1515 Fruitvale Avenue Oakland,CA 94601	94-1744108	501(c)	269,930				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
La Sierra Community Clinic 4937 Sierra Vista Ave Riverside,CA 92505	95-1855665	501(c)	15,000				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Local Indians for Education 4440 Shsta Dam Blvd Shasta Lake City,CA 96019	94-2376538	501(c)	10,000				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Marin County Department of Health and Human Services 3260 Kerner Boulevard San Rafael,CA 94901	94-6000519	MARIN COUNTY HEALTH	126,696				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Mendocino Community Health Clinics Inc333 Laws Avenue Ukiah,CA 95482	68-0259045	501(c)	60,500				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Mendocino County Health Department1120 S Dora Street Ukiah,CA 95482	94-6000520	MENDOCINO HEALTH	127,181				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Moving Forward Towards Independence1020 Clinton Napa,CA 94559	94-3359635	501(c)	14,500				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Neighborhood Healthcare425 North Date Street Escondido,CA 92025	95-2796316	501(c)	195,479				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Nevada County Health Department500 Crown Point Circle Grass Valley,CA 95945	94-6000526	NEVADA COUNTY HEALTH	92,761				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
No 1 Church of God in Christ 3291 Barlington Avenue Oroville,CA 95966	99-9999999	501(c)	15,000				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
North County Health Services 150 Valpreda San Marcos,CA 92069	95-2847102	501(c)	219,452				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Northeast Valley Health Corporation 1172 N Maclay Avenue San Fernando,CA 91340	23-7120632	501(c)	238,514				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Northeastern Rural Health Clinics 1850 Spring Ridge Drive Susanville,CA 96130	94-2492609	501(c)	59,460				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Open Door Community Health 670 9th Street Arcata,CA 95521	95-2671433	501(c)	80,500				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Our Saviour Center Cleaveer Family Wellness Clinic 4368 Santa Anita Avenue El Monte,CA 91731	95-1765149	501(c)	97,680				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Placer County Department of Health & Human Services 11583 C Avenue Auburn,CA 95603	95-6000527	PLACER COUNTY HEALTH	85,459				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Planned Parenthood Golden Gate 815 Eddy Street San Francisco,CA 94109	94-6138828	501(c)	378,914				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Planned Parenthood Los Angeles 400 West 30th Street Los Angeles,CA 90007	95-2408623	501(c)	963,615				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Planned Parenthood Mar Monte Inc 1691 The Alameda San Jose,CA 95126	94-1583439	501(c)	1,590,737				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Planned Parenthood of Orange and San Bernardino Counties700 South Tustin Street Orange, CA 92866	95-6152773	501(c)	676,476				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Planned Parenthood of Pasadena Inc1045 North Lake Avenue Pasadena,CA 91104	95-1916050	501(c)	250,792				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Planned Parenthood of San Diego and Riverside Counties1075 Camino del Rio South San Diego,CA 92108	95-6111785	501(c)	721,844				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Planned Parenthood of Santa Barbara Ventura & SLO Counties518 Garden Street Santa Barbara,CA 93101	95-2319356	501(c)	389,450				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Planned Parenthood Shasta Diablo2185 Pacheco Street Concord,CA 94520	94-1575233	501(c)	237,467				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Proyecto Pastoral135 N Mission Road Los Angeles,CA 90033	95-3213958	501(c)	20,000				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Redwood Community Action Agency904 G Street Eureka,CA 95001	94-2646370	501(c)	20,000				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Regents of the University of California Los Angeles11000 Kinross Avenue Los Angeles,CA 90095	95-6006143	501(c)	90,009				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Regents of the University of California San Francisco Office of Sponsored Research San Francisco,CA 94118	94-6036493	501(c)	111,440				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Samuel Dixon Family Health Center Inc25115 W Avenue Standord Valencia,CA 91355	95-4278726	501(c)	98,334				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Bernardino County Dept of PublicReproductive Health 351 N Mountain View San Bernardino,CA 92415	95-6002748	SAN BERNARDINO CNTY	664,556				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
San Diego Family Care6973 Linda Vista Road San Diego,CA 92111	95-2700856	501(c)	321,011				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Sierra County Human ServicesPO Box 999 Loyalton,CA 96118	94-6000536	SIERRA COUNTY	42,111				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Six Rivers Planned Parenthood3225 Timber Fall Court Eureka,CA 95503	94-2333653	501(c)	184,800				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
South Bay Family Healthcare Center23430 Hawthorne Boulevard Torrance,CA 90505	23-7049937	501(c)	136,842				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
South Central Family Health Center4425 S Central Avenue Los Angeles,CA 90011	97-3877793	501(c)	130,837				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Southwest Community Health Center751 Lombardi Court Santa Rosa,CA 95407	68-0365296	501(c)	191,687				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
St John's Well Child and Family Center3800 S Figueroa Street Los Angeles,CA 90037	95-4067758	501(c)	151,341				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Stanislaus County Health Services Agency830 Scenic Drive modesto,CA 95350	94-6000540	501(c)	199,846				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
THE Clinic Inc3834 South Western Avenue Los Angeles,CA 90062	23-7351622	501(c)	145,100				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Center for Health Training614 Grand Avenue Oakland,CA 94610	93-1220473	501(c)	61,953				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
The Saban Free Clinic8405 Beverly Boulevard Los Angeles,CA 90048	95-2539105	501(c)	194,627				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Tri-City Health Center39500 Liberty Street Fremont,CA 94538	23-7255435	501(c)	381,259				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Tuolumne County Health Department20075 Cedar Road North Sonora,CA 95370	94-6000547	TUOLUMNE CNTY HEALTH	48,550				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Valley Community Clinic 6801 Coldwater Canyon Avenue North Hollywood,CA 91605	23-7050082	501(c)	267,160				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Venice Family Clinic604 Rose Avenue Venice,CA 90291	95-2769432	501(c)	179,227				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Vista Community Clinic1000 Vale Terrace Vista,CA 92084	95-2815615	501(c)	491,654				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Watts Community Life1751 East 114th Street Los Angeles,CA 90059	23-7169872	501(c)	32,969				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Westside Family Health Center1711 Ocean Park Boulevard Santa Monica,CA 90405	95-2931931	501(c)	185,568				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California
Women's Clinic9911 West Pico Boulevard Los Angeles,CA 90035	95-2800022	501(c)	125,039				To assist with provision of family planning and outreach services to eligible individuals and families in the state of California

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization CALIFORNIA FAMILY HEALTH COUNCIL INC	Employer identification number 95-2564024
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

Schedule J (Form 990) 2009

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990.**

OMB No 1545-0047

2009**Open to Public
Inspection****Name of the organization**

CALIFORNIA FAMILY HEALTH COUNCIL INC

Employer identification number

95-2564024

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE BOARD WILL HAVE AN OPPORTUNITY TO REVIEW THE RETURN BEFORE THE RETURN IS FILED ONCE THE RETURN IS APPROVED, THE RETURN WILL BE FILED ELECTRONICALLY
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST POLICY WITH THE BOARD AT LEAST ANNUALLY AND OBTAINS THEIR ACKNOWLEDGMENT IN WRITING BY SIGNING THE POLICY
Form 990, Part VI, Section B, line 15		Margie Seigle's compensation is reviewed and approved by a compensation committee comprised of the chairs from each Board committee. The compensation terms are for three years and outlined in an employment contract. The last review was in 2006 for the years of 2007 to 2009. The process includes a compensation survey from an independent compensation consultant to determine the total compensation package for the three year period. THE BOARD APPROVED A ONE YEAR EXTENSION OF THE EMPLOYMENT CONTRACT TO 2010 WITH THE SAME COMPENSATION AS 2009.
Form 990, Part VI, Section C, line 18		CALIFORNIA FAMILY HEALTH COUNCIL MAKES ITS FORMS 1023 AND 990 RETURNS AVAILABLE UPON WRITTEN REQUEST. THE INFORMATIONAL RETURNS ARE ALSO MADE AVAILABLE TO THE PUBLIC THROUGH WWW.GUIDESTAR.ORG, A PUBLIC WEBSITE.
Form 990, Part VI, Section C, line 19		CALIFORNIA FAMILY HEALTH COUNCIL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Additional Data

Software ID:
Software Version:
EIN: 95-2564024
Name: CALIFORNIA FAMILY HEALTH COUNCIL INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code) (Expenses \$	3,391,575	including grants of \$) (Revenue \$	515,349)

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DANA B NELSON CHAIRPERSON	1 50	X						0	0	0
LYNN MCKIBBIN VICE-CHAIR	1 50	X						0	0	0
SANG LENG TRIEU SECRETARY	1 50	X						0	0	0
TANIR AMI TREASURER	1 50	X						0	0	0
VALERIE BROWN BOARD MEMBER	1 50	X						0	0	0
SHEILA MACHADO BOARD MEMBER	1 50	X						0	0	0
RHONDA MCCLINTON-BROWN BOARD MEMBER	1 50	X						0	0	0
CHARLOTTE M NEWHART BOARD MEMBER	1 50	X						0	0	0
BONNIE NIJST BOARD MEMBER	1 50	X						0	0	0
LAWRENCE PODOSKY MD BOARD MEMBER	1 50	X						0	0	0
KATIE RICKLEFS BOARD MEMBER	1 50	X						0	0	0
JOHN ROMO BOARD MEMBER	1 50	X						0	0	0
JANE L SANTORO BOARD MEMBER	1 50	X						0	0	0
IRWIN STALLER BOARD MEMBER	1 50	X						0	0	0
MARGIE FITES SEIGLE PRESIDENT & CEO	40 00			X				188,387	0	81,207
DIANE CHAMBERLAIN CHIEF OPERATING OFFICER	40 00			X				130,934	0	15,062
RON FREZIERES DIRECTOR OF RESEARCH	40 00					X		135,643	0	14,972
TERRI WALSH DEPUTY DIVISION DIRECTOR	40 00					X		114,354	0	11,627
MARYJANE PUFFER DIRECTOR OF CCHP	40 00					X		110,707	0	14,677
DEANNA BOLLMAN PERINATAL NETWORK DIRECT	40 00					X		108,875	0	10,786
ANITA AGUIRRE DIRECTOR OF INFORMATION	40 00					X		105,125	0	11,196