



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

CALIFORNIA FAMILY HEALTH COUNCIL INC

Doing Business As

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

3600 WILSHIRE BLVD NO 600

Room/suite

City or town, state or country, and ZIP + 4

LOS ANGELES, CA 90010

F Name and address of principal officer

BRENDA FLORES

3600 WILSHIRE BLVD NO 600

LOS ANGELES, CA 90010

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW CFHC ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1968

M State of legal domicile

CA

Part I

Summary

Activities & Governance	<div>1</div> <div>Briefly describe the organization's mission or most significant activities</div> <div>CALIFORNIA FAMILY HEALTH COUNCIL CHAMPIONS AND PROMOTES QUALITY SEXUAL AND REPRODUCTIVE HEALTHCARE FOR ALL</div>
	<div>2</div> <div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>
	<div>3</div> <div>Number of voting members of the governing body (Part VI, line 1a)</div>
	<div>4</div> <div>Number of independent voting members of the governing body (Part VI, line 1b)</div>
	<div>5</div> <div>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</div>
	<div>6</div> <div>Total number of volunteers (estimate if necessary)</div>
	<div>7a</div> <div>Total unrelated business revenue from Part VIII, column (C), line 12</div>
Revenue	<div>b</div> <div>Net unrelated business taxable income from Form 990-T, line 34</div>
	<div>8</div> <div>Contributions and grants (Part VIII, line 1h)</div>
	<div>9</div> <div>Program service revenue (Part VIII, line 2g)</div>
	<div>10</div> <div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div>
	<div>11</div> <div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div>
	<div>12</div> <div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div>
	<div>13</div> <div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div>
Expenses	<div>14</div> <div>Benefits paid to or for members (Part IX, column (A), line 4)</div>
	<div>15</div> <div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div>
	<div>16a</div> <div>Professional fundraising fees (Part IX, column (A), line 11e)</div>
	<div>b</div> <div>Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0</div>
	<div>17</div> <div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div>
	<div>18</div> <div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div>
	<div>19</div> <div>Revenue less expenses Subtract line 18 from line 12</div>
Net Assets or Fund Balances	<div>20</div> <div>Total assets (Part X, line 16)</div>
	<div>21</div> <div>Total liabilities (Part X, line 26)</div>
	<div>22</div> <div>Net assets or fund balances Subtract line 21 from line 20</div>

Part II

Signature Block

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

Sign Here

Signature of officer

2012-11-07

Date

JULIE RABINOVITZ CEO/PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

LIOR TEMKIN

Date

2012-11-02

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00748170

Firm's name (or yours if self-employed), address, and ZIP + 4

SINGERLEWAK LLP

10960 WILSHIRE BLVD STE 700

LOS ANGELES, CA 900243783

EIN

95-2302617

Phone no

(310) 477-3924

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

CALIFORNIA FAMILY HEALTH COUNCIL CHAMPIONS AND PROMOTES QUALITY SEXUAL AND REPRODUCTIVE HEALTHCARE FOR ALL

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 17,300,895 including grants of \$ 16,541,972) (Revenue \$)

FULFILLED REQUIREMENTS OF 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 OVER 1,200,000 CLIENTS AT 360 CLINICAL SITES THROUGHOUT CA IN 2011. 2 MAINTAINED WEBSITES FOR (A) TEENSOURCE, AND (B) TALK WITH YOUR KIDS. 3 OVERSAW HIV INTEGRATION PROJECT.

4b

(Code) (Expenses \$ 1,363,884 including grants of \$ 605,339) (Revenue \$)

IPP PROVIDED SERVICES FOR THE PREVENTION OF CHLAMYDIA AND GONORRHEA RELATED INFERTILITY THROUGH FAMILY PLANNING AGENCY CLINICS IN THE STATE OF CALIFORNIA. SERVED A MAJORITY OF THE AGENCY CLINICS IN 2011 WITH FUNDING, INFORMATION, TRAINING AND/OR TECHNICAL ASSISTANCE.

4c

(Code) (Expenses \$ 1,259,374 including grants of \$ 157,956) (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 2011. 1 CONDUCTED 42 TRAININGS ON CLINICAL, HEALTH EDUCATION AND ADMINISTRATIVE ASPECTS OF THE PROGRAM. 2 MANAGED THE FAMILY PACT ORG WEBSITE WHICH RECEIVED OVER 87,000 UNIQUE VISITORS 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 FAMILY PACT PROGRAM.

(Code) (Expenses \$ 3,057,390 including grants of \$ 144,441) (Revenue \$ 572,778)

4d

Other program services (Describe in Schedule O)

(Expenses \$ 3,057,390 including grants of \$ 144,441) (Revenue \$ 572,778)

4e


















Total program service expenses

\$ 22,981,543

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . .	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . .	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . .	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i> . . .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements . . .	20b	

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 (or a family member thereof) 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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	99		
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	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	106		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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			
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
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			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the aggregate amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

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

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees, if any See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN ROMO CHAIRPERSON	1 50	X						0	0	0
(2) KATIE RICKLEFS VICE-CHAIR	1 50	X						0	0	0
(3) VALERIE BROWN SECRETARY	1 50	X						0	0	0
(4) TANIR AMI TREASURER	1 50	X						0	0	0
(5) MICHAEL KADEL AUDIT CHAIR	1 50	X						0	0	0
(6) BONNIE NDST AT-LARGE	1 50	X						0	0	0
(7) PETER BELDEN BOARD MEMBER	1 50	X						0	0	0
(8) LOUISE MCCARTHY BOARD MEMBER	1 50	X						0	0	0
(9) BEATRIZ SOLIS BOARD MEMBER	1 50	X						0	0	0
(10) LARRY PODOLSKY BOARD MEMBER	1 50	X						0	0	0
(11) JANE L SANTORO BOARD MEMBER	1 50	X						0	0	0
(12) IRWIN STALLER BOARD MEMBER	1 50	X						0	0	0
(13) JULIA RABINOVITZ BOARD MEMBER	1 50	X						0	0	0
(14) JULIA RABINOVITZ PRESIDENT & CEO	40 00			X				179,246	0	17,649
(15) RON FREZIERES VP OF RESEARCH & EVALUATION	40 00			X				130,034	0	16,040
(16) BRENDA FLORES VP OF FINANCE & ADMINISTRATION	40 00			X				114,979	0	13,857
(17) AMY MOY VP OF PUBLIC AFFAIRS	40 00			X				53,438	0	128

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	855,490	0	87,325

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 6

		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>	3	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>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SINGERLEWAK LLP 10960 WILSHIRE BLVD SUITE 700 LOS ANGELES, CA 90024	AUDITING AND TAX	104,084

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

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	44,402				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	25,816,775				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,510,829				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		27,372,006				
Program Service Revenue			Business Code					
	2a	SEMINAR FEES	900099	169,764	169,764			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		169,764				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		129,500			129,500	
	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				
		1,809,409						
		1,755,040						
		54,369						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		54,369			54,369	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . .			21,876	21,876			
Miscellaneous Revenue		Business Code						
11a	ADMINISTRATIVE SERVICE		900099	265,369	265,369			
b	SERVICE TRAINING/OTHER		900099	107,696	107,696			
c								
d	All other revenue			8,073	8,073			
e	Total. Add lines 11a-11d			381,138				
12	Total revenue. See Instructions			28,128,653	572,778	0	183,869	

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)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	17,449,708	17,449,708		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	575,791		575,791	
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	4,890,637	2,927,543	1,963,094	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	251,503	143,945	107,558	
9	Other employee benefits	485,818	273,886	211,932	
10	Payroll taxes	507,630	263,718	243,912	
11	Fees for services (non-employees)				
a	Management				
b	Legal	23,689		23,689	
c	Accounting	111,698		111,698	
d	Lobbying	93,031	93,031		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	716,554	470,356	246,198	
12	Advertising and promotion				
13	Office expenses	370,003	219,729	150,274	
14	Information technology				
15	Royalties				
16	Occupancy	992,991	293,855	699,136	
17	Travel	356,276	231,439	124,837	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	312,913	239,390	73,523	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,374		15,374	
23	Insurance	108,547	55,055	53,492	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	VOLUNTEER REIMBURSEMENT	201,367	200,402	965	
b	MEDICAL SUPPLIES	104,308	103,784	524	
c	STAFF DEVELOPMENT	61,479	15,702	45,777	
d	OTHER COSTS	30,976		30,976	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	27,660,293	22,981,543	4,678,750	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			2,302	1	2,662
	2	Savings and temporary cash investments			533,469	2	626,259
	3	Pledges and grants receivable, net			6,745,231	3	6,573,480
	4	Accounts receivable, net			559,306	4	816,921
	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			69,021	8	44,697
	9	Prepaid expenses and deferred charges			169,769	9	120,809
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	1,312,129			
	b	Less: accumulated depreciation	10b	1,298,126	29,377	10c	14,003
	11	Investments—publicly traded securities			4,505,158	11	4,497,141
	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			47,280	15	48,469
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,660,913	16	12,744,441
Liabilities	17	Accounts payable and accrued expenses			6,304,734	17	6,172,050
	18	Grants payable				18	
	19	Deferred revenue			42,979	19	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			6,347,713	26	6,172,050
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			5,596,208	27	5,755,796
	28	Temporarily restricted net assets			716,992	28	816,595
	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			6,313,200	33	6,572,391
	34	Total liabilities and net assets/fund balances			12,660,913	34	12,744,441

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,128,653
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,660,293
3	Revenue less expenses Subtract line 2 from line 1	3	468,360
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,313,200
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-209,169
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,572,391

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 separate basis, consolidated 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

2011

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 Se**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	28,935,470	26,291,244	27,741,657	27,168,389	27,372,006	137,508,766
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	28,935,470	26,291,244	27,741,657	27,168,389	27,372,006	137,508,766
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						137,508,766

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	28,935,470	26,291,244	27,741,657	27,168,389	27,372,006	137,508,766
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	175,938	223,686	210,277	186,098	129,500	925,499
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)						138,434,265

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

122,620,475

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 2011 (line 6 column (f) divided by line 11 column (f))	14	99 330 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99 180 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b	33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (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 on behalf of or in opposition to candidates for public office 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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)	176,432													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	176,432													
d	Other exempt purpose expenditures	27,483,861													
e	Total exempt purpose expenditures (add lines 1c and 1d)	27,660,293													
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	283,558	161,271	159,526	176,432	780,787
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	201,053	161,271	159,526	176,432	698,282

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).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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 1i. 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

OMB No 1545-0047

2011

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><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</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><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	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?

☐ Yes

☐ No

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)?

☐ Yes

☐ No

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) 2011

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

	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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,312,129	1,298,126	14,003
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				14,003

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	28,128,653
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,660,293
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	468,360
4	Net unrealized gains (losses) on investments	4	-209,169
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	-209,169
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	259,191

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	27,974,453
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-209,169
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	54,969
e	Add lines 2a through 2d	2e	-154,200
3	Subtract line 2e from line 1	3	28,128,653
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	28,128,653

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	27,715,262
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	54,969
e	Add lines 2a through 2d	2e	54,969
3	Subtract line 2e from line 1	3	27,660,293
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	27,660,293

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COUNCIL RECOGNIZES THE IMPACT OF TAX POSITIONS ON THE FINANCIAL STATEMENTS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC NO. 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ("ASC 740"). ASC 740 CLARIFIES THE UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO. 109, "ACCOUNTING FOR INCOME TAXES," AND PRESCRIBES A RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ASC 740 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION OF TAX BENEFITS, CLASSIFICATION ON THE BALANCE SHEET, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. DURING THE YEAR ENDED DECEMBER 31, 2011, THE COUNCIL PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.
		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

2011

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							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

95

3

Enter total number of other organizations listed in the line 1 table ▶

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 USE OF GRANT FUNDS AWARDED TO 501(C)(3) ORGANIZATIONS AND GOVERNMENTAL SUB-GRANTEES ARE MONITORED BY 1 PERIODIC ON-SITE VISITS TO REVIEW PROGRAM, FISCAL AND CLINICAL ASPECTS OF THE FAMILY PLANNING SERVICE 2 ANNUAL FISCAL DESK REVIEWS 3 QUARTERLY REVIEW OF STATEMENT OF REVENUE AND EXPENSE REPORT SUBMISSIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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
--	--

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		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b 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		
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?		
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		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b Any related organization?		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?		No
b Any related organization?		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		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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

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
------------	------------------	-------------

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

OMB No 1545-0047

2011**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	JULIE RABINOVITZ'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE COMPRISED OF THE CHAIRS FROM EACH BOARD COMMITTEE. THE COMPENSATION TERMS ARE FOR TWO YEARS AS OUTLINED IN AN EMPLOYMENT CONTRACT. THE REVIEW WAS CONDUCTED IN LATE 2010 FOR THE YEARS OF 2011 TO 2012. THE PROCESS INCLUDES A COMPENSATION SURVEY FROM AN INDEPENDENT RECRUITING AND COMPENSATION CONSULTANT TO DETERMINE THE TOTAL COMPENSATION PACKAGE FOR THE TWO YEAR PERIOD.
	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.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -209,169

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CALIFORNIA FAMILY HEALTH COUNCIL INC

Employer identification number
95-2564024

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CA BENEFITS ALLIANCE FOR NONPROFITS (CBAN) 3600 WILSHIRE BLVD SUITE 600 LOS ANGELES, CA 90010 95-7110200	VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION	CA	501(C)(9)		CBAN MEMBERS		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

Additional Data

Software ID:

Software Version:

EIN: 95-2564024

Name: CALIFORNIA FAMILY HEALTH COUNCIL INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 3,057,390 including grants of \$ 144,441) (Revenue \$ 572,778)

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 CHRISTIAN822 20TH STREET LOS ANGELES, CA 90011	95-2669400	501(C)	135,791				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 SUITE 490 LOS ANGELES, CA 90040	95-2810095	501(C)	434,255				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
AMADOR COUNTY PUBLIC HEALTH DEPARTMENT 10877 CONDUCTOR BOULEVARD SUITE 400 400 SUTTER CREEK, CA 95685	94-6000505		60,000				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)	107,935				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
ASIAN PACIFIC HEALTH CARE VENTURE1530 HILLHURST AVENUE SUITE 200 LOS ANGELES, CA 90027	95-4177752	501(C)	163,459				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
AXIS COMMUNITY HEALTH4361 RAILROAD AVENUE PLEASSANTON, CA 94566	94-2232394	501(C)	103,550				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
BARTON HEALTHCARE SYSTEM2201 SOUTH AVENUE SOUTH LAKE TAHOE, CA 96150	94-6050274	501(C)	71,200				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
BEYOND THE WALLS MINISTRY 3291 BURLINGTON AVE OROVILLE, CA 95966	55-0908066	501(C)	19,250				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
BLACK WOMEN'S FOR WELLNESSPO 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
BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH 202 MIRA LOMA DRIVE OROVILLE, CA 95965	94-6000506		117,139				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
CENTRO LABORAL DE GRATONPO BOX 42 GRATON, CA 95444	68-0472311	501(C)	10,000				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
CHILDREN'S LAW CENTER OF LOS ANGELES901 CORPORATE CENTER DRIVE MONTEREY PARK, CA 91754	95-4252143	501(C)	35,000				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
CHINATOWN SERVICE CENTER 767 NORTH HILL STREET SUITE 400 LOS ANGELES, CA 90012	98-2918844	501(C)	106,275				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 HEALTH 1380 HOWARD STREET 5TH FLOOR SAN FRANCISCO, CA 94103	94-6000417		223,598				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
CITY OF BERKELEY PUBLIC HEALTH CLINIC 830 UNIVERSITY AVENUE BERKELEY, CA 94710	94-6000299		195,167				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 INC1166 K STREET BRAWLEY BRAWLEY, CA 92227	95-2657324	501(C)	98,099				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
CLINICAS DEL CAMINO REAL INCORPORATED200 SOUTH WELLS ROAD VENTURA, CA 93004	95-2977147	501(C)	94,996				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)	133,333				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 ACTION PARTNERSHIP OF KERN300 19TH STREET BAKERSFIELD, CA 93301	95-2402760	501(C)	77,241				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)	106,310				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 AGENCY COUNTY OF RIVERSIDE4065 COUNTY CIRCLE DRIVE RIVERSIDE, CA 92503	95-6000930		496,140				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
COMMUNITY HEALTH ALLIANCE OF PASADENA837 S FAIR OAKS AVENUE 204 PASADENA, CA 91103	95-4536824	501(C)	71,200				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
COMPREHENSIVE COMMUNITY HEALTH CENTER801 SOUTH CHEVY CHASE DRIVE SUITE 20 GLENDALE,CA 91205	42-1553807	501(C)	170,476				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 SERVICES 5555 FERGUSON DRIVE COMMERCE,CA 90022	95-6000927		816,573				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
COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH 2191 JOHNSON AVE SAN LUIS OBISPO, CA 93401	95-6000939		130,800				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
DELTA HEALTH CARE 4662 PRECISSI LANE SUITE 200 STOCKTON, CA 95207	94-2529117	501(C)	90,000				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
EAST VALLEY COMMUNITY CLINIC INC2470 ALVIN AVENUE SUITE 80 SAN JOSE, CA 95121	94-2191935	501(C)	102,014				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)	203,737				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
EISNER PEDIATRIC AND FAMILY MEDICAL CENTER1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015	95-1690966	501(C)	114,637				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
FAMILY HEALTH CENTERS OF GREATER LOS ANGELES6501 S GARFIELD AVE BELL GARDENS, CA 90201	95-1641454	501(C)	105,914				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 HEALTH CENTERS OF SAN DIEGO823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)	284,496				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
FAMILY HEALTHCARE NETWORK305 E CENTER VISALIA CA 93291 VISALIA, CA 93291	94-2525145	501(C)	230,141				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
FEMINIST WOMEN'S HEALTH SPECIALIST1750 WRIGHT STREET SACRAMENTO, CA 95825	94-2259357	501(C)	211,377				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
FRESNO COUNTY EOC1920 MARIPOSA MALL SUITE 300 FRESNO, CA 93721	94-1606519	501(C)	183,616				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
FRIENDLY CHURCH OF GOD IN CHRIST 1836 DIXIE STREET OCEANSIDE, CA 92054	33-0010895	501(C)	19,930				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
GOLDEN GATE COMMUNITY CLINIC 815 EDDY STREET SUITE 100 SAN FRANCISCO, CA 94109	94-6138828	501(C)	84,308				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
GOLDEN VALLEY HEALTH CENTERS 737 WEST CHILDS AVENUE MERCED, CA 95340	94-2196086	501(C)	126,437				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)	87,916				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
HMONG CULTURAL CENTER OF BUTTE COUNTYPO BOX 2134 OR 1940 FEATHER RIVER BLVD H OROVILLE, CA 95965	68-0463738	501(C)	9,999				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
IMPERIAL BEACH COMMUNITY CLINIC INC949 PALM AVENUE IMPERIAL BEACH, CA 91933	23-7209592	501(C)	96,638				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
JWCH INSTITUTE INC1910 WEST SUNSET BOULEVARD SUITE 650 LOS ANGELES, CA 90026	95- 2289916	501(C)	115,344				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
KINGS COUNTY HEALTH DEPARTMENT330 CAMPUS DRIVE HANFORD, CA 93230	94- 6000814		152,013				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
KOREAN HEALTH EDUCATION INFORMATION AND RESEARCH CENTER 3727 W 6TH STREET SUITE 210 LOS ANGELES, CA 90020	95-4074660	501(C)	119,900				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 INC1515 FRUITVALE AVENUE OAKLAND, CA 94601	94-1744108	501(C)	254,716				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
LA SIERRA COMMUNITY CLINIC4937 SIERRA VISTA AVE RIVERSIDE,CA 92505	95-1855665	501(C)	20,000				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)	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
MARIN COMMUNITY CLINICS6100 REDWOOD BLVD NOVATO, CA 94945	94-2237120	501(C)	101,076				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		65,400				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
MISSION CITY COMMUNITY NETWORK15206 PARTHENIA STREET NORTH HILLS,CA 91343	95-4226189	501(C)	113,360				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
MOVING FORWARD TOWARDS INDEPENDENCE 1020 CLINTON STE 210 NAPA,CA 94559	94-3359635	501(C)	17,393				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
MOUNTAIN HEALTH & COMMUNITY SERVICES INC1620 ALPINE BLVD SYUITE 119 ALPINE, CA 91901	33-0164420	501(C)	59,420				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)	164,630				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
NEVADA COUNTY HEALTH DEPARTMENT500 CROWN POINT CIRCLE GRASS VALLEY, CA 95945	94-6000526		105,423				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)	185,966				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
NORTHEAST VALLEY HEALTH CORPORATION 1172 N MACLAY AVENUE SAN FERNANDO, CA 91340	23-7120632	501(C)	201,780				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)	70,847				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
OPERATION SAMAHAN INC2835 HIGHLAND AVE SUITE B NATIONAL CITY, CA 91950	95-3008798	501(C)	138,212				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
OUR SAVIOUR CENTERCLEAVER FAMILY WELLNESS CLINIC4368 SANTA ANITA AVENUE EL MONTE, CA 91731	95-1765149	501(C)	79,134				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
PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES11583 C AVENUE AUBURN, CA 95603	95-6000527		108,470				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
PLANNED PARENTHOOD LOS ANGELES400 WEST 30TH STREET LOS ANGELES, CA 90007	95-2408623	501(C)	886,397				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 MAR MONTE INC1691 THE ALAMEDA SAN JOSE,CA 95126	94-1583439	501(C)	1,436,433				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
PLANNED PARENTHOOD OF ORANGE AND SAN BERNARDINO COUNTIES700 SOUTH TUSTIN STREET ORANGE,CA 92866	95-6152773	501(C)	592,720				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 PASADENA INC 1045 NORTH LAKE AVENUE PASADENA,CA 91104	95-1916050	501(C)	212,550				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
PLANNED PARENTHOOD OF PACIFIC SOUTHWEST1075 CAMINO DEL RIO SOUTH SUITE 200 200 SAN DIEGO,CA 92108	95-6111785	501(C)	633,095				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 SANTA BARBARA VENTURA & SLO COUNTIES518 GARDEN STREET SANTA BARBARA, CA 93101	95-2319356	501(C)	322,972				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
PLANNED PARENTHOOD SHASTA PACIFIC 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)	690,768				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
PROYECTO PASTORAL135 N MISSION ROAD LOS ANGELES, CA 90033	95-3213958	501(C)	30,000				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
REDWOOD COMMUNITY ACTION AGENCY 904 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

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
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES1010 VETERAN AVENUE LOS ANGELES, CA 90095	95-6006143	501(C)	77,239				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)	125,512				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
SAMUEL DIXON FAMILY HEALTH CENTER INC 25115 W AVENUE STANDORD VALENCIA,CA 91355	95-4278726	501(C)	95,799				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
SAN BERNARDINO COUNTY DEPT OF PUBLICREPRODUCTIVE HEALTH351 N MOUNTAIN VIEW SAN BERNARDINO,CA 92415	95-6002748		603,229				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 DIEGO FAMILY CARE 6973 LINDA VISTA ROAD SAN DIEGO, CA 92111	95-2700856	501(C)	293,956				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
SAN JOSE CITY COLLEGE 2100 MOORPARK AVE SAN JOSE, CA 95128	77-0100756	501(C)	4,964				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 YSIDRO HEALTH CENTER 1275 30TH STREET SAN DIEGO, CA 92154	95-2801772	501(C)	130,799				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
SIERRA COUNTY HUMAN SERVICES PO BOX 7 LOYALTON, CA 96118	94-6000536		41,333				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
SIX RIVERS PLANNED PARENTHOOD3225 TIMBER FALL COURT EUREKA,CA 95503	94- 2333653	501(C)	115,293				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)	109,456				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
SOUTH CENTRAL FAMILY HEALTH CENTER4425 S CENTRAL AVENUE LOS ANGELES, CA 90011	97-3877793	501(C)	127,311				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
SOUTHWEST COMMUNITY HEALTH CENTER 751 LOMBARDI COURT SUITE B SANTA ROSA, CA 95407	68-0365296	501(C)	171,802				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
ST JAMES INFIRMARY1372 MISSION STREET SAN FRANCISCO, CA 94103	94-3330568	501(C)	73,574				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 CENTER 3800 S FIGUEROA STREET LOS ANGELES, CA 90037	95-4067758	501(C)	148,476				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
STANISLAUS COUNTY HEALTH SERVICES AGENCY1030 SCENIC DRIVE MODESTO, CA 95350	94-6000540	501(C)	176,063				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
THE CLINIC INC 3834 SOUTH WESTERN AVENUE LOS ANGELES, CA 90062	23-7351622	501(C)	91,594				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 400 OAKLAND, CA 94610	93-1220473	501(C)	157,956				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)	161,559				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
TRI-CITY HEALTH CENTER39500 LIBERTY STREET FREMONT, CA 94538	23-7255435	501(C)	361,501				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
TUOLUMNE COUNTY HEALTH DEPARTMENT 20111 CEDAR ROAD NORTH SONORA, CA 95370	94-6000547		99,347				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
VALLEY COMMUNITY CLINIC6801 COLDWATER CANYON AVENUE 5 NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)	244,988				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)	330,342				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
VISTA COMMUNITY CLINIC1000 VALE TERRACE VISTA, CA 92084	95-2815615	501(C)	284,923				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
WATTS HEALTHCARE CORPORATION 10300 S COMPTON AVE LOS ANGELES, CA 90002	75-3046480	501(C)	143,712				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
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BOULEVARD SANTA MONICA, CA 90405	95-2931931	501(C)	155,810				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA
WOMEN'S CLINIC 9911 WEST PICO BOULEVARD SUITE 500 LOS ANGELES, CA 90035	95-2800022	501(C)	101,941				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
WOMEN'S COMMUNITY CLINIC1833 FILLMORE STREET SAN FRANCISCO, CA 94115	94-3213100	501(C)	159,264				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA