

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



DLN: 93493134068933

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

2011

Open to Public Inspection

A Fo	or the 2	2011 ca	lendar year, or tax year beginning 07-01-20	11 and ending 06-30-201	12		
B Ch	eck if ap	pplicable	C Name of organization ALAMEDA COUNTY HEALTH CARE FOUNDATION			D Employer i	dentification number
√ Ad	dress ch	ange				94-31031	
┌ Na	me char	nge	Doing Business As			E Telephone	number
┌ Ini	tıal retur	rn	Number and street (or P O box if mail is not deliv	vored to street address) Deem/s	urto.	(510) 271	-2505
Г те	mınated	d	350 FRANK H OGAWA PLAZA SUITE 900	refed to street address) Room, s	uite	G Gross receipt	ts \$ 1,173,983
L An	nended i	return	City or town, state or country, and ZIP + 4				
		pending	OAKLAND, CA 94612				
i Vh	plication	pending	F Name and address &	_			
			F Name and address of principal office DEBRA BARNES	Γ	H(a) Is this	s a group retu tes?	ırn for □ Yes 🔽 No
			350 FRANK H OGAWA PLAZA SUITE 9	900			,,
			OAKLAND,CA 94612			affiliates inclu	·
——— т Та	ıx-exem	pt status	▼ 501(c)(3)	4947(a)(1) or 527	1 -	o," attach a lis p exemption r	st (see instructions)
		<u> </u>	WACHCFORG	(4)(2) 6.)	H(c) Grou	p exemption i	idiliber 🟲
<u> </u>	6		✓ Corporation		1		M Chata and large day of the
	m of org	_	mary		L Year of for	mation 1989	M State of legal domicile CA
Fa			•	6			
Governance	7	TO RAIS CENTER	escribe the organization's mission or most see FUNDS AND GENERATE COMMUNITY , WHICH MAINTAINS AND IMPROVES THE TO PAY	SUPPORT FOR THE PRIO			
Ě	_						
9,60	-	0 h	and the second of the second o		- 6	F.0/ - 5 :	
			is box 📭 if the organization discontinued			1	1
Activities &			of voting members of the governing body (P			3	9
Ě			of independent voting members of the govei mber of individuals employed in calendar ye			5	9
<u>5</u>			mber of volunteers (estimate if necessary)			6	50
•			related business revenue from Part VIII, co			7a	
			lated business taxable income from Form 9			7 <u>b</u>	
					Prio	r Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)			683,822	600,520
≘	9		m service revenue (Part VIII, line 2g)		175,913	465,663	
Ravenue	10	Invest	ment income (Part VIII, column (A), lines :		21,329	618	
Ť	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and					-82,852	-92,651
	12		evenue—add lines 8 through 11 (must equa		ne	798,212	974,150
	13		and similar amounts paid (Part IX, column		7 9 0,2 1 2	9,4,130	
	14		ts paid to or for members (Part IX, column (0	0
	15		es, other compensation, employee benefits		5 –	<u> </u>	
\$		10)	,,,,,,,	(, , ,		430,757	
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A)	, line 11e)		0	0
ਡੌ	ь	Total fu	ndraısıng expenses (Part IX, column (D), line 25) 🛌	32,425			
_	17	Other	expenses (Part IX, column (A), lines 11a-1	l1d,11f-24e)		2,935,113	436,192
	18		expenses Add lines 13-17 (must equal Pa			3,433,062	866,949
	19	Reven	ue less expenses Subtract line 18 from line	e 12	_	-2,634,850	107,201
\$ 8 \$ 6 \$ 8						of Current ear	End of Year
9 % 8 %	20	Totala	assets (Part X, line 16)		•	328,057	410,388
Net Assets or Fund Balances	21		iabilities (Part X, line 26)			115,161	90,291
200	22		sets or fund balances Subtract line 21 fron			212,896	320,097
Pa	rt II	Sign	ature Block			·	<u> </u>
Unde know	r penal	ties of pe	rjury, I declare that I have examined this retur f, it is true, correct, and complete. Declaration				
Sign Here		****	**		20	13-05-13	
		Signa	ture of officer		Da		
			A BARNES PRESIDENT				
		Туре	or print name and title				
Paid		Prepare signatui		Date 2013-05-08	Check if self-employed	Preparer's tax (see instruction P00047985	payer identification number ns)
	arer's		mme (or yours MACIAS GINI & O'CONNELL LLP			EIN • 68-030	 0457
Use	Only		mployed), , and ZIP + 4 3000 S STREET SUITE 300			35 050	

SACRAMENTO, CA 95816

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

4e	Total program service e	xpenses ⊢ \$	382,66	53		
4d	Other program services (Expenses \$	171,395 incl	uding grants o) (Revenue \$)
			,		, (ne.enae y	,
	(Code) (Expenses \$	171,395	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	OPERATION OF CITY OF OAK	LAND MODEL NEIGHBOI	ŕ	M FOR AT-RISK YOUTH	/ (Nevende \$,
4b	(Code) (Expenses \$	36,004	including grants of \$) (Revenue \$)
	FUNDS RAISED TO SUPPORT OPPORTUNITY PROGRAM SEE				GRAM, CHILDHOOD OBESITY, REACH C ROGRAM	OUT AND READ, TRAINING
4a	(Code) (Expenses \$	175,264	ıncludıng grants of \$) (Revenue \$	465,663)
4	expenses Section 501(d	c)(3) and 501(c)(4)	organization:	s and section 4947(a)	nree largest program services, a)(1) trusts are required to report ch program service reported	
	If "Yes," describe these	changes on Schedu	le O		,	,
3	Did the organization ceasservices?	se conducting, or m	nake sıgnıfıcar	nt changes in how it co		Yes ✓ No
2	Did the organization under the prior Form 990 or 99 If "Yes," describe these i	0-EZ?		ervices during the yea	r which were not listed on	Yes ✓ No
					S OF ALAMEDA COUNTY MED DUNTY, REGARDLESS OF ABIL	•
1	Briefly describe the orga		V CURRORT	50 D THE DDIO DITIE	C O	TOAL CENTED WILL
	Check if Schedule	O contains a resp	-	uestion in this Part III		୮
Part	Statement of	Program Servi	ce Accomp	lishments		гау

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.	11b		Νο
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? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	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</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	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		

1 01111	990 (2011)			Page -
Par	t 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? If "Yes," complete Schedule I, Parts I and II	21		Νo
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? If "Yes," complete Schedule I, Parts I and III	22		Νo
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? If "Yes," complete Schedule J	23		No
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part I	25a		Νο
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
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)? If "Yes," complete Schedule R, Part V, line 2	35b		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
_	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
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
h	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	30		
44	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νο
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
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
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		Νo
ь	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/B		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		Νο
e	contract?	76 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	/1		IN U
9	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		
0		-		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
_	- · · · · · · · · · · · · · · · · · · ·	9a 9b		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	20		
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
D	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	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 [3b]			
С	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		Νο
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

contains a response to any question in this Part						. 🗸

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax								
Ia	year								
b	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?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.								
4	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		Νo					
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?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
	ction B. Policies (This Section B requests information about policies not required by the Internal								
Re	evenue Code.)								
10-	Did the communication have level shoutened horselves on efficience?	10-	Yes	No No					
	Did the organization have local chapters, branches, or affiliates?	10a		IN O					
Б	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	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	12a	Yes						
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13		Νo					
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
Ь	Other officers or key employees of the organization	15b	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?	16a		No					
ь	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?	16b							
_Se	ection C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed▶CA								

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.

Own website 🔽 Another's website 🔽 Upon request

(510) 271-2510

- 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 DEBRA BARNES PRESIDENT
 350 FRANK H OGAWA PLAZA SUITE 900
 OAKLAND, CA 94612

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

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 organiz		lated o	rganı	zatio	ons	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n one son er ar	e bo is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) BRUCE BAUER DIRECTOR	1 00	х						0	0	0
(2) WRIGHT L LASSITER III DIRECTOR	1 00	х						0	0	0
(3) KIMBERLY KIM PHD DIRECTOR	1 00	х						0	0	0
(4) BARRY SIMON MD DIRECTOR	1 00	х						0	0	0
(5) JACKY ANDREWS DIRECTOR	1 00	х						0	0	0
(6) CLYDE THOMPSON CHAIRMAN	1 00			х				0	0	0
(7) JOSEFINA BALTODANO VICE-CHAIRMAN	1 00			х				0	0	0
(8) JOHN E WHITE SECRETARY	1 00			х				0	0	0
(9) ANTHONY THOMPSON TREASURER	1 00			х				0	0	0
(10) DEBRA A BARNES EXECUTIVE DIRECTOR	40 00			х				62,500	0	0

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n on son er aı	e bo is b nd a	x, oth		(D) Reportal compensa from th organizatio 2/1099-M	ition e n (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimat amount of o compensa from th organizatio		ted other ation he on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	(relate organiza	
												+		
1b	Sub-Total					•		F	•					
С	Total from continuation sheets	to Part VII, Sec	tion A					•						
2	Total (add lines 1b and 1c) . Total number of individuals (inclusion) 100,000 of reportable compens	-	nited to	thos	e lıs		• above) who		62,500 ore tha	n	0		0
													Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch					eye •	mploy •	ee, c	or highest co	mpens:	ated employee	3	ies	N o
4	For any individual listed on line 1 organization and related organization and related organization.											4		No
5	Did any person listed on line 1a services rendered to the organiza									ation o	r individual for	5		No
Se	ction B. Independent Cont	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax yo	highest comper the organizatio												
	Nam	(A) ne and business add	lress							Descr	(B) iption of services		(C) Compen	
												$-\Gamma$		
	Fotal number of independent conti \$100,000 of compensation from t			ot lın	nıted	d to	those	liste	d above) who	receiv	ed more than			

Form 99		•					Page 9
Part V	<u> </u>	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
nts nts	1a	Federated campaigns 1a					
gra	ь	Membership dues 1b					
its, ⊞	C .	Fundraising events 1c	259,916				
<u>≅</u> <u>`</u> _	d e	Related organizations 1d Government grants (contributions) 1e					
ons sin	f	All other contributions, gifts, grants, and	340,604				
a e e	g	similar amounts not included above Noncash contributions included in	·				
Contributions, gifts, grants and other similar amounts	9	lines 1a-1f \$ 41,451					
္မ	h	Total. Add lines 1a-1f	▶	600,520			
<u> </u>			Business Code				
ven.	2a	MEDICAL CENTER CONTRAC	900099	465,663	465,663		
<u>æ</u>	Ь						
ÄČ.	c d						
Š	e e						
Program Serwce Revenue	f	All other program service revenue					
္ရွိ	_	Total. Add lines 2a-2f	.	465.662			
	g 3	Investment income (including dividend		465,663			
		and other similar amounts)		618			618
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties	(v) Pagaganah				
	6a	(1) Real	(II) Personal				
	ь	Less rental					
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory					
	ь	Less cost or other basis and sales expenses					
	c d	Sain or (loss) Net gain or (loss)					
<u> </u>	8a	Gross income from fundraising events (not including					
Other Revenue		\$ 259,916 of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>	١.	a 	107,182				
ફ	b c	Less direct expenses b Net income or (loss) from fundraising e	199,833 vents ►	-92,651			-92,651
	9a	Gross income from gaming activities See Part IV, line 19					
	b c	Less direct expenses b Net income or (loss) from gaming activ	ıtıes				
	10a	Gross sales of inventory, less returns and allowances .	-				
	ь	Less cost of goods sold b					
	с	Net income or (loss) from sales of inve	ntory ►				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions	▶	974,150	465,663	0	-92,033
	ı			9/4,130	400,003	U	I -22,033

3

5

7

10

11

12

13

14

15

16

17

18

19

20 21

22

23

24

25

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . . . 137,500 68,750 68,750 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 293,257 207,299 60,420 25,538 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees 205,726 g 38,472 121,854 45,400 Advertising and promotion . . . 15,191 15,191 Office expenses Information technology Royalties . . 47,028 47,028 2,011 1,681 330 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 9,719 2,100 7,619 Payments to affiliates Depreciation, depletion, and amortization 48 48 8,308 8,308 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) MEDICAL CENTER PROJECT 104,951 104,951 24,438 SUPPLIES 24,438 PRINTING & POSTAGE 13,690 627 13,063 7,005 d BANK FEES 7,005 e f All other expenses -1,9234,446 894 -7,263 Total functional expenses. Add lines 1 through 24f 866,949 382,663 351,861 132,425 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the

Form 990 (2011) Page **11** Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing 1 1 247.121 2 Savings and temporary cash investments 2 380.534 62,597 3 3 20,250 4 11.237 0 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 Inventories for sale or use Я 9 7.054 9.604 9 Prepaid expenses and deferred charges 22,757 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10b 22,757 Less accumulated depreciation 48 b 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 328,057 16 410,388 Total assets. Add lines 1 through 15 (must equal line 34) . . . 80,276 44,675 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 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 34,885 25 45,616 D 26 115,161 26 90,291 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 27 27 Unrestricted net assets -163,506 15,305 376,402 304,792 28 Temporarily restricted net assets 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 212.896 33 320.097 33 Total net assets or fund balances 34 328.057 410.388 Total liabilities and net assets/fund balances 34

Ра	Check if Schedule O contains a response to any question in this Part XI			.୮		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		ç	974,15	
2	Total expenses (must equal Part IX, column (A), line 25)	2			866,949	
3	Revenue less expenses Subtract line 2 from line 1	3		1	107,20	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	212,89	
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
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		3	320,09	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII			৮		
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash Accrual 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?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?		2b	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		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued				
3а	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?		3a		No	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b			

Employer identification number

SCHEDULE A Pu

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

h

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. F See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization ALAMEDA COUNTY HEALTH CARE FOUNDATION

94-3103136 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) 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 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 **b** Type II c Type III - Functionally integrated d Type III - Other 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		col (ı) of your col		(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Provide the following information about the supported organization(s)

11g(iii)

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.)

	ection A. Public Support	organización i	ans to quanty a	inder the tests in	isted below, pie	ase con	ipiete i	ait III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	ın) Gıfts, grants, contributions, and			. ,	, ,		\longrightarrow	
-	membership fees received (Do not	1,822,788	1,130,228	1,035,694	683,822		600,520	5,273,052
	ınclude any "unusual	1,022,700	1,130,228	1,033,094	003,022		000,320	3,273,032
_	grants ")						\longrightarrow	
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							
4	the organization without charge	1,822,788	1,130,228	1,035,694	683,822		600,520	5,273,052
5	Total. Add lines 1 through 3 The portion of total contributions	1,022,700	1,130,220	1,033,034	003,022		000,320	3,273,032
5	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							5,273,052
	from line 4							3,273,032
	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	beginning in) A mounts from line 4	1,822,788	1,130,228	1,035,694	683,822		600,520	5,273,052
8	Gross income from interest,	_,,-	-,,	_,,	,		,	-,,
Ü	dividends, payments received on							
	securities loans, rents, royalties	75,708	33,427	865	21,329		618	131,947
	and income from similar							
_	sources						\longrightarrow	
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			253,888	59,651		107,182	420,721
	from the sale of capital assets						-+	
11	Total support (Add lines 7 through 10)							5,825,720
12	Gross receipts from related activities	es, etc (See insti	ructions)			12		938,253
13	First Five Years If the Form 990 is f	for the organization	on's first, second.	third, fourth, or fi	fth tax vear as a !		organiz	
	check this box and stop here	J		, ,	•		, ,	▶ □
<u></u> 14	ection C. Computation of Pub Public Support Percentage for 2011			11 (5)		1		
				II Column (1))		14		90 510 %
15	Public Support Percentage for 2010	•	•			15		91 690 %
16a	33 1/3% support test—2011. If the and stop here. The organization qua	_		•	ne 14 is 33 1/3%	or more,	checkt	his box ► ▼
ь	33 1/3% support test—2010. If the	•			a. and line 15 is 3	3 1/3% c	or more.	
	box and stop here. The organization	_			.,		,	▶ ┌
17a	10%-facts-and-circumstances test-				e 13, 16a, or 16b	and line	14	
	is 10% or more, and if the organizat							
	in Part IV how the organization mee	ts the "facts and	cırcumstances" 1	test The organiza	tion qualifies as a	a publicly	support	_
h	organization 10%-facts-and-circumstances test-	-2010 . If the oraș	anization did not c	heck a hov on line	a 13 16a 16h ^	r 17a an/	d line	► I
U	15 is 10% or more, and if the organ	-						
	Explain in Part IV how the organizat							
	supported organization							▶ ┌
18	Private Foundation If the organizati	on did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and s	ee	▶ □
	ınstructıons							-

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (c) 2009 (f) Total ın) A mounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public support percentage from 2010 Schedule A, Part III, line 15 16 16

S	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

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 A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134068933

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization NAMEDA COUNTY HEALTH CARE FOUNDATION	Employer identification number
PRIEDY COOKEL HEVELL CUKE LOOKPUTTON	94-3103136
Organizations Maintaining Donor Advised Funds or Other Sinorganization answered "Yes" to Form 990, Part IV, line 6.	
Total number at end of year	s (b) Funds and other accounts
Total number at end of year	
Aggregate contributions to (during year)	
Aggregate grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets he funds are the organization's property, subject to the organization's exclusive legal co	
Did the organization inform all grantees, donors, and donor advisors in writing that gr used only for charitable purposes and not for the benefit of the donor or donor adviso conferring impermissible private benefit	•
art II Conservation Easements. Complete if the organization answered	d "Yes" to Form 990, Part IV, line 7.
Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in	ation of an historically importantly land area ation of a certified historic structure
easement on the last day of the tax year	
Total number of conservation easements	Held at the End of the Year
Total number of conservation easements	2a
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements included in (c) acquired after 8/17/06	2d
Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspecent enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservations.	ction, handling of violations, and
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation e	easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requireme $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	ents of section Yes No
In Part XIV, describe how the organization reports conservation easements in its revibalance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements	
Complete if the organization answered "Yes" to Form 990, Part IV, I	
If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education provide, in Part XIV, the text of the footnote to its financial statements that describe	or research in furtherance of public service,
If the organization elected, as permitted under SFAS 116, to report in its revenue standard historical treasures, or other similar assets held for public exhibition, education, or reprovide 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	▶ \$
If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items	r assets for financial gain, provide the
Revenues included in Form 990, Part VIII, line 1	▶ \$
Assets included in Form 990, Part X	► \$

Part	•••• Organizations Maintaining Co	llections of Ar	t, His	stori	<u>cal T</u>	reasur	es, or O	<u>ther</u>	<u> Similar A</u>	sset	S (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he fol	lowing	that are	a significa	nt us	e of its colle	ction		
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	Γ	O the	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furth	er the or	ganızatıon	's exe	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					llar	Гγ	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ıızatıon			es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for c	ontrib	utions or	other ass	ets n	ot	┌ ¥	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г		Δ	moun	.+	
С	Reginning halance							1c	^	moun		
d	Beginning balance Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	a 212)			L				AC	┌ No
			ie Z I '							, 1	C3	, 140
	rt V Endowment Funds. Complete		n and	:WAr	2d "V4	s" to F	orm gan	Dart	- T\/ lına 10			
144	Endowment I unus. Complete	(a)Current Year)Prior			Years Back		hree Years Back		our Ye	ears 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 yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are hel	d and ad	lmınıstered	l for t	:he	_		
	organization by								_		Yes	No
	(i) unrelated organizations		•					•		1(i)		
b	(ii) related organizations				 Iulo D2					i(ii) Bb		
4	Describe in Part XIV the intended uses of th	•						•		ן טפ		
	t VI Land, Buildings, and Equipme					10.						
			, , , ,			or other	(b)Cost or	other	(c) Accumula	nted		
	Description of property					estment)	basis (oth		depreciatio		(d) B	ook value
1a	Land											
b 1	Buildings											
c I	Leasehold improvements											
d I	Equipment						2	2,757	2	2,757		0
	Other											
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B), line	10(c).)			<u></u> ▶			0
			. ,		. , ,				Schedule	D (Fo	rm 9	90) 201:

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Part VIII Investments—Program Related. See		13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		.
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
	(b) A mount	
Federal Income Taxes DUE TO MEDICAL CENTER	45,616	
DOE TO MEDICAL CENTER	45,010	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	45,616	
12 12 1 20 12 12 12 12 12 12 12 12 12 12 12 12 12	40,016	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	its	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	974,150
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	866,949
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	107,201
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	107,201
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,173,982
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	199,832
3	Subtract line 2e from line 1	3	974,150
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part 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	974,150
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	1,066,781
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	199,832
3	Subtract line 2e from line 1	3	866,949
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
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	866,949
Par	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

Ident if ier	Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS DIRECT EXPENSE 199,832
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS DIRECT EXPENSE 199,832

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

Department of the Treasury

licensing

Internal Revenue Service

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493134068933

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

	ne of the organization AMEDA COUNTY HEALTH C	A DE EQUADATION	Ī				Employer ider	ntification number								
	CHEDA COONTI HEAETH C	CARETOONDATION					94-3103136									
Pā	rt I Fundraising Act	tivities. Complete	e if the d	organiza	tion answered "Yes"	to Form	990, Part IV	, line 17.								
1 a b c d 2a b	Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas	licitations s a written or oral agre Form 990, Part VII) st paid individuals or	ement wi) or entity entities	e f g th any ind r in conne (fundraise	Solicitation of non Solicitation of good Special fundraising dividual (including office ection with professional ers) pursuant to agreem	n-govern vernment ng events rs, direct fundraisii ents unde	ment grants grants cors, trustees ng services? er which the fur									
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No												
Tota	al			•												
3	List all states in which the	organization is regis	tered or	licensed t	to solicit funds or has be	een notifi	ed it is exempt	from registration or								

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through
			(event type)	(event type)	(total number)	col (c))
ELE	1	Gross receipts	268,938	98,160		367,098
Revenue	2	Less Charitable contributions	191,616	68,300		259,916
	3	Gross income (line 1 minus line 2)	77,322	29,860		107,182
	4	Cash prizes				
ဟ	5	Non-cash prizes				
anse.	6	Rent/facility costs				
Expenses	7	Food and beverages	91,444	26,524		117,968
<u>D</u>	8	Entertainment				
Ξ	9	Other direct expenses .	61,150	20,715		81,865
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n(d)	🛌	(199,833)
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		-92,651
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lire		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
ш.	1	Gross revenue				+
<u> </u>	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	┌ Yes ┌ No	Г Yes Г No	
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	umn (d)		
9 a b	Ent Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	ation operates gaming ac gaming activities in eac	tivitiesh of these states?		· · 「Yes 「No
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno

applicable

OMB No 1545-0047

NonCash Contributions

Department of the Treasury

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public

Illemai Revenue Service				Tiispection
Name of the organizati ALAMEDA COUNTY HEALTH				Employer identification number
				94-3103136
Part I Types o	of Property			
	(a) Check ıf	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on	(d) Method of determining contribution amounts

Form 990, Part VIII, line

				1 g				
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures Q ualified conservation							
	contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	GALA &							
	Other ► (GOLF)	X	85	38,756				
26	Other ► (VENDING)	Х	1	1,175	FMV			
27	WINE Other ► (TASTING)	x	8	1,520	EMV			
	`	^		1,320				
	Other ► ()	h alba ana						
29	Number of Forms 8283 received for which the organization comple				29			
	p.		, , , , , , _ , _ , _		.		Yes	No
30a	During the year, did the organiza	tion receive	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years							
	for exempt purposes for the entir					30a		No
b	If "Yes," describe the arrangeme					30a		
31	Does the organization have a gift	acceptano	e policy that requires the r	eview of any non-standard	contributions?	31		No
32a	Does the organization hire or use contributions?	third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
h	If "Yes," describe in Part II							
	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked			
JJ	describe in Part II	TOYCHUES I	ii columni (c) for a type of pr	operty for wineli column (a	, is checked,			
or P	rivacy Act and Paperwork Reduction	Act Notice	see the Instructions for Form	n 990. Cat No 51227J	Schedul	le M (For	m 990'	2011

Page **2**

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134068933

SCHEDULE 0

(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.

2011
Open to Public Inspection

Name of the organization	Employer identifi	cation number
ALAMEDA COUNTY HEALTH CARE FOUNDATION		
	94-3103136	

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE IN-HOUSE ACCOUNTANT, FINANCE DIRECTOR, PRESIDENT AND BOARD OF DIRECTORS BEFORE BEING MAILED
	FORM 990, PART VI, SECTION B, LINE 12C	BY-LAWS REQUIRE APPROVAL OF ALL BOARD TRANSACTIONS
	FORM 990, PART VI, SECTION B, LINE 15	AN OUTSIDE THIRD PARTY PROVIDES A SALARY STUDY TO ASSURE THAT CURRENT SALARY MEETS CURRENT MARKET GUIDELINES
	FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 IS MADE AVAILABLE FOR PUBLIC VIEWING ON WWW GUIDESTAR ORG ALL OTHER INFORMATION REQUIRES PRESIDENT AND BOARD OF DIRECTORS APPROVAL PRIOR TO SUBMISSION
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED IN THE CURRENT YEAR

Additional Data

Software ID: Software Version:

EIN: 94-3103136

Name: ALAMEDA COUNTY HEALTH CARE FOUNDATION

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

4d. Other program services							
(Code) (Expenses \$	171,395 including grants of \$) (Revenue \$)			