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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 \$ 15,621,942 including grants of \$ 15,187,286) (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 1,169,000 CLIENTS AT 335 CLINICAL SITES THROUGHOUT CA IN 2013 2 MAINTAINED WEBSITES FOR (A) TEENSOURCE, AND (B) TALK WITH YOUR KIDS 3 OVERSAW HIV INTEGRATION PROJECT

4b

(Code) (Expenses \$ 1,473,822 including grants of \$ 330,012) (Revenue \$)

IPP PROVIDED TECHNICAL ASSISTANCE, TRAINING AND FUNDING TO DIVERSE CLINICS IN CA RELATED TO THE PREVENTION OF SEXUAL TRANSMITTED DISEASES (STDs) AND HIV IN AREAS WITH HIGH STD/HIV MORBIDITY PROGRAM REACHED TARGET POPULATIONS THROUGH DIRECT PARTNER SERVICES AND USE OF DIGITAL PLATFORMS TO CONNECT USERS WITH SERVICES AND HEALTH INFORMATION

4c

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

(Code) (Expenses \$ 3,469,041 including grants of \$ 49,378) (Revenue \$ 654,857)

4d

Other program services (Describe in Schedule O)


















(Expenses \$ 3,469,041 including grants of \$ 49,378) (Revenue \$ 654,857)

4e

Total program service expenses ▶ 20,564,805

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	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	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? 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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? If "Yes," complete Schedule D, Part V 	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? 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	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? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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 11b 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	60	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	87	
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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See 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 as charitable contributions?		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	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
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. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		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 or note to any line 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	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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	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?	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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
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 this 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	Yes
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	Yes
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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, 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 or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VALERIE BROWN BOARD MEMBER	1 50	X						0	0	0
(2) LOUISE MCCARTHY BOARD MEMBER	1 50	X						0	0	0
(3) PRATIMA GUPTA BOARD MEMBER	1 50	X						0	0	0
(4) ALINA SALGANICOFF BOARD MEMBER	1 50	X						0	0	0
(5) ALLYSON SONENSHINE BOARD MEMBER	1 50	X						0	0	0
(6) JULIA RABINOVITZ BOARD MEMBER	1 50	X						0	0	0
(7) ESPERANZA GARCIA WALTERS BOARD MEMBER	1 50	X						0	0	0
(8) KATIE RICKLEFS CHAIRPERSON	1 50	X		X				0	0	0
(9) PETER BELDEN VICE-CHAIR	1 50	X		X				0	0	0
(10) JOHN ROMO AT-LARGE	1 50	X						0	0	0
(11) TANIR AMI TREASURER	1 50	X		X				0	0	0
(12) BONNIE NIJST SECRETARY	1 50	X		X				0	0	0
(13) MICHAEL KADEL AUDIT CHAIR	1 50	X						0	0	0
(14) JULIA RABINOVITZ PRESIDENT & CEO	40 00			X				227,989	0	46,784
(15) RON FREZIERES VP OF RESEARCH & EVALUATIO	40 00			X				138,685	0	18,948
(16) BRENDA FLORES VP OF FINANCE & ADMINISTRA	40 00			X				124,587	0	16,980
(17) NINA CLYMER CHIEF OPERATING OFFICER	40 00			X				85,770	0	4,386

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	917,197	0	124,503

2

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>
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>
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>

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
JORGENSENHR 28494 WESTINGHOUSE PLACE SUITE 212 SANTA CLARITA CA 91355	HUMAN RESOURCE SVCS	114,939

2

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b	26,236			
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	21,950,969			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,283,954			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	24,261,159			
Program Service Revenue	2a	SEMINAR FEES				
		Business Code				
		900099	202,602	202,602		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
Other Revenue	g	Total. Add lines 2a-2f	202,602			
	3	Investment income (including dividends, interest, and other similar amounts)	153,929			153,929
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(i) Real				
		(ii) Personal				
		Gross rents				
		b Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities				
		(ii) Other				
		Gross amount from sales of assets other than inventory	2,536,050			
		b Less cost or other basis and sales expenses	2,326,365			
	c	Gain or (loss)	209,685			
	d	Net gain or (loss)	209,685			209,685
	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	54,160			
	b	Less cost of goods sold b	27,172			
	c	Net income or (loss) from sales of inventory	26,988	26,988		
	Miscellaneous Revenue		Business Code			
	11a	ADMINISTRATIVE SERVICE	900099	290,015	290,015	
	b	SERVICE TRAINING/OTHER	900099	125,759	125,759	
	c					
	d	All other revenue	9,493	9,493		
	e	Total. Add lines 11a-11d	425,267			
	12	Total revenue. See Instructions	25,279,630	654,857	0	363,614

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	15,566,676	15,566,676		
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.	790,462		790,462	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	4,073,588	2,642,757	1,430,831	
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	218,940	145,475	73,465	
9	Other employee benefits.	421,595	251,894	169,701	
10	Payroll taxes.	445,202	247,860	197,342	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	11,000		11,000	
c	Accounting.	77,698		77,698	
d	Lobbying.	96,240	96,240		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	898,097	583,822	314,275	
12	Advertising and promotion.				
13	Office expenses.	214,643	73,161	141,482	
14	Information technology.				
15	Royalties.				
16	Occupancy.	792,211	232,191	560,020	
17	Travel.	289,388	154,268	135,120	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	312,888	233,002	79,886	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	6,539		6,539	
23	Insurance.	110,256	52,391	57,865	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	VOLUNTEER REIMBURSEMENT	160,446	156,546	3,900	
b	STAFF DEVELOPMENT	132,372	50,037	82,335	
c	MEDICAL SUPPLIES	78,709	78,485	224	
d	OTHER COSTS	1,421		1,421	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	24,698,371	20,564,805	4,133,566	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		964	1	1,433
	2	Savings and temporary cash investments		843,809	2	898,516
	3	Pledges and grants receivable, net		6,648,566	3	5,950,215
	4	Accounts receivable, net		612,048	4	579,980
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		23,452	8	28,710
	9	Prepaid expenses and deferred charges		84,073	9	139,651
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,312,129			
	b	Less accumulated depreciation	10b1,312,129	6,540	10c	0
	11	Investments—publicly traded securities		5,021,556	11	5,743,453
	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		44,274	15	44,276
	16	Total assets. Add lines 1 through 15 (must equal line 34)		13,285,282	16	13,386,234
Liabilities	17	Accounts payable and accrued expenses		6,098,300	17	5,230,632
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		6,098,300	26	5,230,632
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		6,598,974	27	7,045,543
	28	Temporarily restricted net assets		588,008	28	1,110,059
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,186,982	33	8,155,602
	34	Total liabilities and net assets/fund balances		13,285,282	34	13,386,234

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,279,630
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,698,371
3	Revenue less expenses Subtract line 2 from line 1	3	581,259
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,186,982
5	Net unrealized gains (losses) on investments	5	387,361
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,155,602

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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?	3a	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	3b	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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 described in **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 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)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	27,741,657	27,168,389	27,372,006	26,063,667	24,261,159	132,606,878
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	27,741,657	27,168,389	27,372,006	26,063,667	24,261,159	132,606,878
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						132,606,878

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	27,741,657	27,168,389	27,372,006	26,063,667	24,261,159	132,606,878
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	210,277	186,098	129,500	144,989	153,929	824,793
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						133,431,671
12 Gross receipts from related activities, etc (see instructions)					12	3,157,919
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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.380 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	99.340 %
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. 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—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

Part IIISupport Schedule for Organizations Described in Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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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, Part V, 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 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 function 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)		255,319													
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		255,319													
d Other exempt purpose expenditures		24,443,052													
e Total exempt purpose expenditures (add lines 1c and 1d)		24,698,371													
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-		5,319													
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 checked="" 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable 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	159,526	176,432	200,953	255,319	792,230
d Grassroots nontaxable 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	159,526	176,432	200,953	255,319	792,230

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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?			
j	Total. Add 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).

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization CALIFORNIA FAMILY HEALTH COUNCIL INC	Employer identification number 95-2564024
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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 <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the 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, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

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

☐

Part V

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

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

- 2

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

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,312,129	1,312,129	0
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	25,694,163
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	387,361
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	27,172
e	Add lines 2a through 2d	2e	414,533
3	Subtract line 2e from line 1	3	25,279,630
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	25,279,630

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	24,725,543
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 XIII)	2d	27,172
e	Add lines 2a through 2d	2e	27,172
3	Subtract line 2e from line 1	3	24,698,371
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	24,698,371

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	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 31,2013, 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 XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD
FORM 990, SCHEDULE D, PART XIII	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.

[illegible]

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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. Part II can be duplicated 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

76

3

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

13

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.
Part III can be duplicated 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

Additional Data

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 CHRISTIAN 822 20TH STREET LOS ANGELES,CA 90011	95-2669400	501(C)	18,600				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
ALTAMED HEALTH SERVICES CORPORATION 500 CITADEL DRIVE SUITE 490 LOS ANGELES,CA 90040	95-2810095	501(C)	363,468				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 SUTTER CREEK,CA 95685	94-6000505		55,637				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 HEALTH SERVICES 818 WEBSTER STREET OAKLAND,CA 94607	94-2235908	501(C)	85,257				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 VENTURE 1530 HILLHURST AVENUE SUITE 200 LOS ANGELES, CA 90027	95-4177752	501(C)	120,395				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
AXIS COMMUNITY HEALTH 4361 RAILROAD AVENUE PLEASANTON, CA 94566	94-2232394	501(C)	91,486				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
BAME RENAISSANCE COMM DEVELOPMENT 3085 K STREET SAN DIEGO, CA 92102	33-0677938	501(C)	18,600				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 SYSTEM 2201 SOUTH AVENUE SOUTH LAKE TAHOE,CA 96150	94-6050274	501(C)	64,230				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 WELLNESS PO BOX 292516 LOS ANGELES,CA 90029	95-4624707	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
BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH 202 MIRA LOMA DRIVE OROVILLE,CA 95965	94-6000506		105,672				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
CHILDREN'S LAW CENTER OF LOS ANGELES 901 CORPORATE CENTER DRIVE MONTEREY PARK, CA 91754	95-4252143	501(C)	23,250				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
CHINATOWN SERVICE CENTER 767 NORTH HILL STREET SUITE 400 LOS ANGELES, CA 90012	98-2918844	501(C)	84,010				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 AND COUNTY OF SAN FRANCISCO DEPT OF PUBLIC HEALTH 1380 HOWARD STREET 5TH FLOOR SAN FRANCISCO, CA 94103	94-6000417		161,697				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		146,180				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 INCORPORATED 200 SOUTH WELLS ROAD VENTURA, CA 93004	95-2977147	501(C)	85,699				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
CLINICA SIERRA VISTA 1430 TRUXTUN AVENUE SUITE 400 BAKERSFIELD,CA 93301	95-2707101	501(C)	40,341				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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COMMUNICARE HEALTH CENTERS PO BOX 1260 DAVIS,CA 95617	94-2188574	501(C)	120,280				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY INC 1030 SOUTHWOOD DRIVE SAN LUIS OBISPO,CA 93401	95-2410253	501(C)	95,903				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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COMMUNITY HEALTH AGENCY COUNTY OF RIVERSIDE 4065 COUNTY CIRCLE DRIVE RIVERSIDE,CA 92503	95-6000930		447,568				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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COMMUNITY HEALTH ALLIANCE OF PASADENA 837 S FAIR OAKS AVENUE 204 PASADENA,CA 91103	95-4536824	501(C)	64,230				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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COMPREHENSIVE COMMUNITY HEALTH CENTER 801 SOUTH CHEVY CHASE DRIVE SUITE 20 GLENDAL,CA 91205	42-1553807	501(C)	150,615				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES 5555 FERGUSON DRIVE COMMERCE,CA 90022	95-6000927		860,366				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH 2191 JOHNSON AVE SAN LUIS OBISPO, CA 93401	95-6000939		115,479				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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DELTA HEALTH CARE 4662 PRECISSI LANE SUITE 200 STOCKTON,CA 95207	94-2529117	501(C)	55,799				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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EAST VALLEY COMMUNITY CLINIC INC 2470 ALVIN AVENUE SUITE 80 SAN JOSE, CA 95121	94-2191935	501(C)	92,027				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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EAST VALLEY COMMUNITY HEALTH CENTER INC 420 SOUTH GLENDORA AVENUE WEST COVINA,CA 91790	23-7068586	501(C)	216,992				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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EISNER PEDIATRIC AND FAMILY MEDICAL CENTER 1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015	95-1690966	501(C)	101,350				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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FAMILY HEALTH CENTERS OF GREATER LOS ANGELES 6501 S GARFIELD AVE BELL GARDENS, CA 90201	95-1641454	501(C)	98,329				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)	256,645				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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FAMILY HEALTHCARE NETWORK 305 E CENTER VISALIA, CA 93291	94-2525145	501(C)	207,610				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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FEMINIST WOMEN'S HEALTH SPECIALIST 1750 WRIGHT STREET SACRAMENTO, CA 95825	94-2259357	501(C)	195,076				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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FRESNO COUNTY EOC 1920 MARIPOSA MALL SUITE 300 FRESNO, CA 93721	94-1606519	501(C)	165,640				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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HOLLYWOOD SUNSET FREE CLINIC 3324 SUNSET BOULEVARD LOS ANGELES, CA 90026	23-7074488	501(C)	81,759				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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HMONG CULTURAL CENTER OF BUTTE COUNTY PO BOX 2134 OR 1940 FEATHER RIVER BLVD H OROVILLE,CA 95965	68-0463738	501(C)	13,950				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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HUCKLEBERRY YOUTH PROGRAMS 3310 GEARY BOULEVARD SAN FRANCISCO, CA 94118	94-1687559	501(C)	18,596				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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IMPERIAL BEACH COMMUNITY CLINIC INC 949 PALM AVENUE IMPERIAL BEACH, CA 91933	23-7209592	501(C)	112,177				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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JWCH INSTITUTE INC 1910 WEST SUNSET BOULEVARD SUITE 650 LOS ANGELES,CA 90026	95-2289916	501(C)	107,271				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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KINGS COUNTY HEALTH DEPARTMENT 330 CAMPUS DRIVE HANFORD,CA 93230	94-6000814		110,069				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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LOS ANGELES METROPOLITAN CHURCHES 5801 S SAN PEDRO STREET LOS ANGELES,CA 90011	95-4547514	501(C)	18,600				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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LOS ANGELES TRUST FOR CHILDREN'S HEALTH 333 SOUTH BEAUDRY AVENUE LOS ANGELES,CA 90017	95-4262448	501(C)	80,000				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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LA CLINICA DE LA RAZA INC 1515 FRUITVALE AVENUE OAKLAND, CA 94601	94-1744108	501(C)	208,782				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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LOCAL INDIANS FOR EDUCATION 4440 SHSTA DAM BLVD SHASTA LAKE CITY, CA 96019	94-2376538	501(C)	15,810				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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MARIN COMMUNITY CLINICS 6100 REDWOOD BLVD NOVATO, CA 94945	94-2237120	501(C)	92,998				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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METRO UNITED METHODIST URBAN MINISTRY 6154 MISSION GORGE ROAD SUITE 104 SAN DIEGO, CA 92120	35-2242763	501(C)	18,600				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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MISSION CITY COMMUNITY NETWORK 15206 PARTHENIA STREET NORTH HILLS,CA 91343	95-4226189	501(C)	100,153				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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MOUNTAIN HEALTH & COMMUNITY SERVICES INC 1620 ALPINE BLVD SYUITE 119 ALPINE,CA 91901	33-0164420	501(C)	54,446				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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NEIGHBORHOOD HEALTHCARE 425 NORTH DATE STREET ESCONDIDO, CA 92025	95-2796316	501(C)	148,514				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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NEVADA COUNTY HEALTH DEPARTMENT 500 CROWN POINT CIRCLE GRASS VALLEY, CA 95945	94-6000526		93,259				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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NORTH COUNTY HEALTH SERVICES 150 VALPREDA SAN MARCOS, CA 92069	95-2847102	501(C)	168,495				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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NORTHEAST VALLEY HEALTH CORPORATION 1172 N MACLAY AVENUE SAN FERNANDO, CA 91340	23-7120632	501(C)	154,846				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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OPEN DOOR COMMUNITY HEALTH 670 9TH STREET ARCATA, CA 95521	95-2671433	501(C)	33,442				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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OPERATION SAMAHAN INC 2835 HIGHLAND AVE SUITE B NATIONAL CITY, CA 91950	95-3008798	501(C)	121,330				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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OUR SAVIOUR CENTERCLEAVER FAMILY WELLNESS CLINIC 4368 SANTA ANITA AVENUE EL MONTE,CA 91731	95-1765149	501(C)	66,236				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES 11583 C AVENUE AUBURN, CA 95603	95-6000527		78,702				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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PLANNED PARENTHOOD LOS ANGELES 400 WEST 30TH STREET LOS ANGELES, CA 90007	95-2408623	501(C)	912,401				TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

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PLANNED PARENTHOOD MAR MONTE INC 1691 THE ALAMEDA SAN JOSE,CA 95126	94-1583439	501(C)	1,412,444				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

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PLANNED PARENTHOOD OF ORANGE AND SAN BERNARDINO COUNTIES 700 SOUTH TUSTIN STREET ORANGE, CA 92866	95-6152773	501(C)	559,692				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

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PLANNED PARENTHOOD OF PASADENA INC 1045 NORTH LAKE AVENUE PASADENA, CA 91104	95-1916050	501(C)	216,741				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

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PLANNED PARENTHOOD OF PACIFIC SOUTHWEST 1075 CAMINO DEL RIO SOUTH SUITE 200 200 SAN DIEGO,CA 92108	95-6111785	501(C)	571,115				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 COUNTIES 518 GARDEN STREET SANTA BARBARA, CA 93101	95-2319356	501(C)	315,141				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
PLANNED PARENTHOOD SHASTA PACIFIC 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)	692,015				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 PASTORAL 135 N MISSION ROAD LOS ANGELES, CA 90033	95-3213958	501(C)	18,600				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 ANGELES 1010 VETERAN AVENUE LOS ANGELES, CA 90095	95-6006143	501(C)	69,147				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

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REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO OFFICE OF SPONSORED RESEARCH SAN FRANCISCO, CA 94118	94-6036493	501(C)	170,167				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

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SAMUEL DIXON FAMILY HEALTH CENTER INC 25115 W AVENUE STANDORD VALENCIA,CA 91355	95-4278726	501(C)	86,528				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

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SAN BERNARDINO COUNTY DEPT OF PUBLICREPRODUCTIVE HEALTH 351 N MOUNTAIN VIEW SAN BERNARDINO ,CA 92415	95-6002748		530,632				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

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SAN DIEGO FAMILY CARE 6973 LINDA VISTA ROAD SAN DIEGO,CA 92111	95-2700856	501(C)	201,222				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

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SAN YSIDRO HEALTH CENTER 1275 30TH STREET SAN DIEGO, CA 92154	95-2801772	501(C)	132,939				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
SANTA ROSA COMMUNITY HEALTH CENTER 751 LOMBARDI COURT SUITE B SANTA ROSA,CA 95407	68-0365296	501(C)	209,694				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

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SIERRA COUNTY HUMAN SERVICES PO BOX 7 LOYALTON, CA 96118	94-6000536		36,442				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

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SIX RIVERS PLANNED PARENTHOOD 3225 TIMBER FALL COURT EUREKA, CA 95503	94-2333653	501(C)	129,848				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

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SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BOULEVARD TORRANCE,CA 90505	23-7049937	501(C)	101,795				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

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SOUTH CENTRAL FAMILY HEALTH CENTER 4425 S CENTRAL AVENUE LOS ANGELES, CA 90011	97-3877793	501(C)	100,639				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

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ST JAMES INFIRMARY 1372 MISSION STREET SAN FRANCISCO ,CA 94103	94-3330568	501(C)	66,371				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

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ST JOHN'S WELL CHILD AND FAMILY CENTER 3800 S FIGUEROA STREET LOS ANGELES,CA 90037	95-4067758	501(C)	95,201				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

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STANISLAUS COUNTY HEALTH SERVICES AGENCY 1030 SCENIC DRIVE NODESTO CA 95350 MODESTO,CA 95350	94-6000540	501(C)	155,892				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

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THE CLINIC INC 3834 SOUTH WESTERN AVENUE LOS ANGELES,CA 90062	23-7351622	501(C)	115,843				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

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THE SABAN FREE CLINIC 8405 BEVERLY BOULEVARD LOS ANGELES, CA 90048	95-2539105	501(C)	142,738				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

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TRI-CITY HEALTH CENTER 39500 LIBERTY STREET FREMONT, CA 94538	23-7255435	501(C)	267,363				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

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TUOLUMNE COUNTY HEALTH DEPARTMENT 20111 CEDAR ROAD NORTH SONORA,CA 95370	94-6000547		90,463				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

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UNITED CHRISTIAN CENTER OF GREATER SACRAMENTO 110 SIXTH STREET WEST SACRAMENTO,CA 95605	94-1509507	501(C)	18,600				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

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VALLEY COMMUNITY CLINIC 6801 COLDWATER CANYON AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)	173,741				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

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VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501(C)	156,667				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

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VISTA COMMUNITY CLINIC 1000 VALE TERRACE VISTA, CA 92084	95-2815615	501(C)	309,548				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

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WATTS HEALTHCARE CORPORATION 10300 S COMPTON AVE LOS ANGELES, CA 90002	75-3046480	501(C)	105,664				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

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WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BOULEVARD SANTA MONICA,CA 90405	95-2931931	501(C)	144,904				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

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WOMEN'S CLINIC 9911 WEST PICO BOULEVARD SUITE 500 LOS ANGELES,CA 90035	95-2800022	501(C)	94,805				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

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WOMEN'S COMMUNITY CLINIC 1833 FILLMORE STREET SAN FRANCISCO, CA 94115	94-3213100	501(C)	129,046				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

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WOMEN'S DAYTIME DROP-IN CENTER 2218 ACTION STREET BERKELEY,CA 94702	94-3123986	501(C)	18,600				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

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ALL TITL X DELEGATE AGENCIES 1711 OCEAN PARK BOULEVARD SANTA MONICA,CA 90405		501(C)		372,562	FMV	CONDOMS & PLAN B CONTRACEPTIVES, AND EDUCATIONAL BOOKS	TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CALIFORNIA FAMILY HEALTH COUNCIL INC

Employer identification number
95-2564024

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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 of the expenses described above? If "No," complete Part III to explain.</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	No
<div><div>7</div><div>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.</div></div>	7	No
<div><div>8</div><div>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JULIA RABINOVITZ PRESIDENT & CEO	(i)	227,989	0	0	23,439	23,345	274,773	0
	(ii)	0	0	0	0	0	0	0
(2)RON FREZIERES VP OF RESEARCH & EVALUATIO	(i)	138,685	0	0	8,882	10,066	157,633	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2013****Open to Public
Inspection****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.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**Name of the organization
CALIFORNIA FAMILY HEALTH COUNCIL INC**Employer identification number**

95-2564024

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
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 COMPRI SED OF THE CHAIRS FROM EACH BOARD COMMITTEE AND THE AT-LARGE DIRECTOR THE COMPENSATION TE RMS ARE FOR TWO YEARS AS OUTLINED IN AN EMPLOYMENT CONTRACT THE REVIEW WAS CONDUCTED IN L ATE 2012 FOR THE YEARS 2013 TO 2015
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 GU IDESTAR 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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 entity?	
						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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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