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EXTENDED TO NOVEMBER 15, 2017

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016Open to Public
Inspection**A** For the 2016 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**ESSENTIAL ACCESS HEALTH**

Doing business as

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

3600 WILSHIRE BLVD., SUITE 600

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90010**F** Name and address of principal officer: **JULIE RABINOVITZ****SAME AS C ABOVE****D** Employer identification number**95-2564024****E** Telephone number**(213) 386-5614****G** Gross receipts \$**26,504,087.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.ESSENTIALACCESS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1968** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities ESSENTIAL ACCESS HEALTH CHAMPIONS AND PROMOTES QUALITY SEXUAL AND REPRODUCTIVE HEALTHCARE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	80	
	6	Total number of volunteers (estimate if necessary)	18	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	25,550,769.	22,895,204.
	9	Program service revenue (Part VIII, line 2g)	237,379.	1,363,394.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2017	171,128.	160,068.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	527,640.	362,412.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,486,916.	24,781,078.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,229,242.	15,688,710.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,089,607.	6,144,437.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,932,052.	3,027,221.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	25,250,901.	24,860,368.
	19	Revenue less expenses - Subtract line 18 from line 12	1,236,015.	<79,290.>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	13,914,992.	13,235,724.
	21	Total liabilities (Part X, line 26)	5,551,967.	4,773,875.
	22	Net assets or fund balances - Subtract line 21 from line 20	8,363,025.	8,461,849.

Part II Signature Block

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

Sign Here	Signature of officer	Julie Rabinovitz	Date	10/6/17
	Type or print name and title	JULIE RABINOVITZ, CEO/PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	DONITA M. JOSEPH	DONITA M. JOSEPH	10/05/17	P00286656
Firm's name	Firm's name	Firm's EIN	Phone no. (562) 435-1191	
	WINDES, INC.	95-3001179		
Firm's address	Firm's address	Phone no. (562) 435-1191		
	P.O. BOX 87			
		LONG BEACH, CA 90801-0087		

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

☒ Yes ☐ No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

9

9

Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission

ESSENTIAL ACCESS HEALTH 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 \$ 15,970,015. including grants of \$ 15,484,692.) (Revenue \$ _____)
FULFILLED REQUIREMENTS OF TITLE X GRANT TO INSURE:

(1) SUB-GRANTEES PROVIDED FAMILY PLANNING SERVICES AND OUTREACH ACTIVITIES TO CREATE HEALTHY INDIVIDUALS, FAMILIES AND COMMUNITIES, TO CLIENTS IN THE STATE OF CALIFORNIA. SERVED OVER 1,025,000 CLIENTS AT 340 CLINICAL SITES THROUGHOUT CALIFORNIA IN 2016,
 (2) MAINTAINED WEBSITES FOR (A) TEENSOURCE (B) TALK WITH YOUR KIDS AND THE HOOKUP TEXT MESSAGING SERVICE, AND
 (3) OVERSIGHT OF HIV INTEGRATION PROJECT.

4b (Code _____) (Expenses \$ 1,482,671. including grants of \$ 168,000.) (Revenue \$ _____)
PROVIDED TECHNICAL ASSISTANCE, TRAINING AND FUNDING TO DIVERSE CLINICS IN CALIFORNIA 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 \$ 960,775. including grants of \$ _____) (Revenue \$ 960,775.)
CONDUCTED VARIOUS CLINICAL TRIALS OF NEW FAMILY PLANNING CONTRACEPTIVE DEVICES AND METHODS RELATED TO ESSENTIAL ACCESS HEALTH'S PROGRAM.

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,728,831. including grants of \$ 36,018.) (Revenue \$ 232,483.)

4e Total program service expenses **20,142,292.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part II		X
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? If "Yes," complete Schedule L, Part III		X
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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.		
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)?		X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	N/A	
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.		N/A
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	12													
b Enter the number of voting members included in line 1a, above, who are independent		11												
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?														X
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?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X									
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
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?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
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														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?													X	
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?													X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?													X	
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													X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?													X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done													X	
13 Did the organization have a written whistleblower policy?													X	
14 Did the organization have a written document retention and destruction policy?													X	
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													X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).													X	
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?														X
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?														

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☒ 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, address, and telephone number of the person who possesses the organization's books and records **BREND A FLORES - 213-386-5614**
3600 WILSHIRE BLVD SUITE 600, LOS ANGELES, CA 90010

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and 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 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) ALLYSON SONENSHINE, JD CHAIR	2.00	X		X				0.	0.	0.
(2) KIM MEREDITH VICE-CHAIR	2.00	X		X				0.	0.	0.
(3) LAURA YAMANAKA TREASURER	2.00	X		X				0.	0.	0.
(4) ALINA SALGANICOFF SECRETARY	2.00	X		X				0.	0.	0.
(5) SANDRA SHEWRY AT-LARGE	2.00	X						0.	0.	0.
(6) JENNIFER BLUM BOARD MEMBER	2.00	X						0.	0.	0.
(7) KIMBERLY D. GREGORY, MD, MPH BOARD MEMBER	2.00	X						0.	0.	0.
(8) PRATIMA GUPTA, MD, MPH BOARD MEMBER	2.00	X						0.	0.	0.
(9) NINA KJELLSON BOARD MEMBER	2.00	X						0.	0.	0.
(10) LESLIE MCGOWAN, MPH BOARD MEMBER	2.00	X						0.	0.	0.
(11) MELISSA SCHOEN BOARD MEMBER	2.00	X						0.	0.	0.
(12) LOUIS MCCARTHY BOARD MEMBER	2.00	X						0.	0.	0.
(13) JULIA RABINOVITZ PRESIDENT & CEO	40.00			X				294,380.	0.	80,043.
(14) SONYADENICE KHALFANI SR VP OF PRGMS & STRAT. INITIATIVE	40.00			X				163,234.	0.	17,235.
(15) RON FREZIERES VP OF RESEARCH & EVALUATION	40.00			X				146,454.	0.	21,169.
(16) BRENDA FLORES VP OF FINANCE & BENEFITS ADMIN.	40.00			X				141,929.	0.	14,998.
(17) AMY MOY VP OF PUBLIC AFFAIRS	40.00			X				131,814.	0.	8,715.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) TERRO WALSH DEPUTY DIVISION DIRECTOR	40.00					X		130,189.	0.	14,146.
(19) DEANNA BOLLMANN ED OF COMMUNITY PERINATAL NETWORK	40.00					X		119,801.	0.	16,985.
(20) RICHARD WIDMEIER DIRECTOR OF INFORMATION & TECHNOLOGY	40.00					X		109,738.	0.	9,496.
(21) KAREN PEACOCK DIRECTOR OF EVAL. & DATA OPERATIONS	40.00					X		104,839.	0.	13,052.
(22) KEVIN VANOTTERLOO PROJECT DIRECTOR	40.00					X		103,950.	0.	6,440.
1b Sub-total								1,446,328.	0.	202,279.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,446,328.	0.	202,279.

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

10

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JORGENSEN HR, 28494 WESTINGHOUSE PLACE, SUITE 212, SANTA CLARITA, CA 91355	HUMAN RESOURCES	125,580.
SINGERLEWAK, 10960 WILSHIRE BLVD., SUITE 700, LOS ANGELES, CA 90024	ACCOUNTING	110,689.

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

2

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a				
	b Membership dues	1b	3,184.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	22,154,070.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	737,950.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		22,895,204.			
Program Service Revenue	Business Code					
	2 a CLINICAL TRIALS	900099	960,775.	960,775.		
	b SEMINAR FEES	900099	232,483.	232,483.		
	c PROGRAM SERVICES	900099	170,136.	170,136.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,363,394.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		118,477.			118,477.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)		41,591.			41,591.
	d Net gain or (loss)		41,591.			41,591.
	8 a 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					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a	6,064.			
	b Less: cost of goods sold	b	5,460.			
	c Net income or (loss) from sales of inventory		604.	604.		
Miscellaneous Revenue		Business Code				
11 a ADMINISTRATIVE SERVICE	900099	225,010.	225,010.			
b OTHER SERVICE	900099	126,048.	126,048.			
c MISCELLANEOUS	900099	10,750.	10,750.			
d All other revenue						
e Total. Add lines 11a-11d		361,808.				
12 Total revenue See instructions.		24,781,078.	1,725,806.	0.	160,068.	

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 domestic organizations and domestic governments. See Part IV, line 21	15,688,710.	15,688,710.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,019,970.		1,019,970.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,079,811.	2,633,875.	1,445,936.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	226,936.	154,665.	72,271.	
9 Other employee benefits	436,934.	258,607.	178,327.	
10 Payroll taxes	380,786.	213,495.	167,291.	
11 Fees for services (non-employees)				
a Management				
b Legal	19,274.	929.	18,345.	
c Accounting	74,625.		74,625.	
d Lobbying	87,000.	87,000.		
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 Sch O.)	983,181.	367,177.	616,004.	
12 Advertising and promotion				
13 Office expenses	235,301.	62,757.	172,544.	
14 Information technology				
15 Royalties				
16 Occupancy	795,464.	203,797.	591,667.	
17 Travel	263,465.	135,238.	128,227.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	212,025.	114,064.	97,961.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	120,922.	50,796.	70,126.	
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 STAFF DEVELOPMENT	99,209.	39,150.	60,059.	
b VOLUNTEER REIMBURSEMENT	81,967.	81,967.		
c MEDICAL SUPPLIES	54,083.	50,065.	4,018.	
d				
e All other expenses	705.		705.	
25 Total functional expenses. Add lines 1 through 24e	24,860,368.	20,142,292.	4,718,076.	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 ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,351.	1	1,063.
	2 Savings and temporary cash investments	1,331,399.	2	1,464,406.
	3 Pledges and grants receivable, net	4,918,156.	3	4,286,559.
	4 Accounts receivable, net	1,136,502.	4	644,963.
	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 instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	14,117.	8	3,819.
	9 Prepaid expenses and deferred charges	183,513.	9	200,701.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,312,129.		
	b Less accumulated depreciation	10b 1,312,129.	10c 0.	0.
	11 Investments - publicly traded securities	6,285,680.	11	6,589,939.
	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	44,274.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,914,992.	16	13,235,724.	
Liabilities	17 Accounts payable and accrued expenses	5,551,967.	17	4,773,875.
	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	5,551,967.	26	4,773,875.
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	6,875,417.	27	6,959,987.
	28 Temporarily restricted net assets	1,487,608.	28	1,501,862.
	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	8,363,025.	33	8,461,849.
	34 Total liabilities and net assets/fund balances	13,914,992.	34	13,235,724.

Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck 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	24,781,078.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,860,368.
3	Revenue less expenses Subtract line 2 from line 1	3	<79,290.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,363,025.
5	Net unrealized gains (losses) on investments	5	178,114.
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	8,461,849.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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.
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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.
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2016)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

ESSENTIAL ACCESS HEALTH

Employer identification number

95-2564024

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
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The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

g. Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,063,667.	24,261,159.	23,397,660.	25,550,769.	22,895,204.	122,168,459.
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	26,063,667.	24,261,159.	23,397,660.	25,550,769.	22,895,204.	122,168,459.
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						122,168,459.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	26,063,667.	24,261,159.	23,397,660.	25,550,769.	22,895,204.	122,168,459.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	144,989.	153,929.	149,448.	99,786.	118,477.	666,629.
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 VI.)						
11 Total support. Add lines 7 through 10						122,835,088.
12 Gross receipts from related activities, etc. (see instructions)					12	4,502,078.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.46 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.47 %

16a **33 1/3% support test - 2016.** 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 - 2015.** 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 - 2016.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2015.** 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 VI 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 ☐

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1- ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7. \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

Area with horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public
Inspection

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

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization

ESSENTIAL ACCESS HEALTH

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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ 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-

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

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)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		183,241.													
c Total lobbying expenditures (add lines 1a and 1b)		183,241.													
d Other exempt purpose expenditures		19,959,051.													
e Total exempt purpose expenditures (add lines 1c and 1d)		20,142,292.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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	255,319.	271,457.	246,588.	183,241.	956,605.
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	255,319.	271,457.	246,588.	183,241.	956,605.

Schedule C (Form 990 or 990-EZ) 2016

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 on 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).

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

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
Inspection

Name of the organization

ESSENTIAL ACCESS HEALTH

Employer identification number

95-2564024**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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Schedule D (Form 990) 2016

632051 08-29-16

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" on 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, for escrow or custodial account liability?

☐ Yes ☐ No

- b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

- 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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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 on 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

- (ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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" on 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 10c.)				0.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2016

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements	1	24,964,652.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	178,114.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	5,460.
e	Add lines 2a through 2d	2e	183,574.
3	Subtract line 2e from line 1	3	24,781,078.
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	24,781,078.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	24,865,828.
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	5,460.
e	Add lines 2a through 2d	2e	5,460.
3	Subtract line 2e from line 1	3	24,860,368.
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	24,860,368.

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.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS THE FILING STATUS OF TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE ORGANIZATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 5,460.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 5,460.

Blank lines for supplemental information.

**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" on 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

2016

Open to Public
Inspection

Name of the organization

ESSENTIAL ACCESS HEALTH

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 CENTER 822 20TH STREET LOS ANGELES, CA 90011	95-2669400	501(C)	18,786.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
ALTAMED HEALTH SERVICES CORPORATION - 500 CITADEL DRIVE - LOS ANGELES, CA 90040	95-2810095	501(C)	281,554.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
ALTURA CENTERS FOR HEALTH 1201 N. CHERRY STREET TULARE, CA 93274	77-0465378	501(C)	89,064.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND, CA 94607	94-2235908	501(C)	145,081.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
ASIAN PACIFIC HEALTH CARE VENTURE 1530 HILLHURST AVENUE, SUITE 200 LOS ANGELES, CA 90027	95-4177752	501(C)	129,378.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
AXIS COMMUNITY HEALTH 4361 RAILROAD AVENUE PLEASANTON, CA 94566	94-2232394	501(C)	112,315.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND

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

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

78.

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

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Schedule I (Form 990)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	16,493.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
BLACK WOMEN'S FOR WELLNESS 4340 11TH AVENUE LOS ANGELES, CA 90008	95-4624707	501(C)	13,021.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH - 202 MIRA LOMA DRIVE - OROVILLE, CA 95965	94-6000506	BUTTE COUNTY DEPT OF	105,690.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
CHILDREN'S LAW CENTER OF LOS ANGELES - 901 CORPORATE CENTER DRIVE - MONTEREY PARK, CA 91754	95-4252143	501(C)	23,458.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
CITY OF BERKELEY PUBLIC HEALTH CLINIC - 830 UNIVERSITY AVENUE - BERKELEY, CA 94710	94-6000299	BERKELEY PUBLIC HEAL	94,476.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
CLINICA MSGR. OSCAR A. ROMERO 123 S. ALVARADO STREET LOS ANGELES, CA 90057	95-3881333	501(C)	84,120.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
COMMUNICARE HEALTH CENTERS P.O. BOX 1260 DAVIS, CA 95617	94-2188574	501(C)	129,209.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY, INC. - 1030 SOUTHWOOD DRIVE - SAN LUIS OBISPO, CA 93401	95-2410253	501(C)	132,402.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
COMMUNITY HEALTH AGENCY COUNTY OF RIVERSIDE - 4065 COUNTY CIRCLE DRIVE - RIVERSIDE, CA 92503	95-6000930	RIVERSIDE COUNTY HEA	390,072.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND

Schedule I (Form 990)

ESSENTIAL ACCESS HEALTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH SYSTEMS, INC. 22675 ALESSANDRO BLVD. MORENO VALLEY, CA 92533	33-0056551	501(C)	199,972.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
COMPREHENSIVE COMMUNITY HEALTH CENTER - 801 SOUTH CHEVY CHASE DRIVE SUITE 20 - GLENDALE, CA 91205	42-1553807	501(C)	155,109.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES - 5555 FERGUSON DRIVE - COMMERCE, CA 90022	95-6000927	LA COUNTY DEPT OF HE	962,184.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH - 2191 JOHNSON AVE. - SAN LUIS OBISPO, CA 93401	95-6000939	COUNTY OF SLO DEPT O	126,607.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
DELTA HEALTH CARE 4662 PRECISSI LANE SUITE 200 STOCKTON, CA 95207	94-2529117	501(C)	48,660.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
EAST VALLEY COMMUNITY CLINIC, INC. 2470 ALVIN AVENUE SUITE 80 SAN JOSE, CA 95121	94-2191935	501(C)	122,347.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
EAST VALLEY COMMUNITY HEALTH CENTER, INC. - 420 SOUTH GLENDORA AVENUE - WEST COVINA, CA 91790	23-7068586	501(C)	169,604.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
EISNER PEDIATRIC AND FAMILY MEDICAL CENTER - 1530 SOUTH OLIVE STREET - LOS ANGELES, CA 90015	95-1630966	501(C)	102,092.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
FAMILY HEALTH CARE CENTERS OF GREATER LA - 6501 S. GARFIELD AVE. - BELL GARDENS, CA 90201	95-1641454	501(C)	121,893.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND

Schedule I (Form 990)

ESSENTIAL ACCESS HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)	279,282.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
FAMILY HEALTHCARE NETWORK 305 E. CENTER VISALIA, CA 93291	94-2525145	501(C)	307,430.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
FRESNO COUNTY EOC 1920 MARIPOSA MALL, SUITE 300 FRESNO, CA 93721	94-1606519	501(C)	252,019.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
HMONG CULTURAL CENTER OF BUTTE COUNTY - P.O. BOX 2134 OR 1940 FEATHER RIVER BLVD H - OROVILLE, CA 95965	68-0463738	501(C)	14,156.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
HUCKLEBERRY YOUTH PROGRAMS 3310 GEARY BOULEVARD SAN FRANCISCO, CA 94118	94-1687559	501(C)	17,153.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
IMPERIAL BEACH COMMUNITY CLINIC, INC. - 949 PALM AVENUE - IMPERIAL BEACH, CA 91933	23-7209592	501(C)	110,299.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
JWCH INSTITUTE, INC. 1910 WEST SUNSET BOULEVARD, SUITE 6 LOS ANGELES, CA 90026	95-2289916	501(C)	106,264.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
LOS ANGELES METROPOLITAN CHURCHES 5801 S. SAN PEDRO STREET LOS ANGELES, CA 90011	95-4547514	501(C)	18,789.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
LOS ANGELES TRUST FOR CHILDREN'S HEALTH - 333 SOUTH BEAUDRY AVENUE - LOS ANGELES, CA 90017	95-4262448	501(C)	93,055.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND

Schedule I (Form 990)

ESSENTIAL ACCESS HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CLINICA DE LA RAZA, INC. 1515 FRUITVALE AVENUE OAKLAND, CA 94601	94-1744108	501(C)	159,281.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
LOCAL INDIANS FOR EDUCATION 4440 SHSTA DAM BLVD. SHASTA LAKE, CA 96019	94-2376538	501(C)	15,981.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
MARIN COMMUNITY CLINICS 6100 REDWOOD BLVD. NOVATO, CA 94945	94-2237120	501(C)	125,387.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
MISSION CITY COMMUNITY NETWORK 15206 PARTHENIA STREET NORTH HILLS, CA 91343	95-4226189	501(C)	62,435.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
MOUNTAIN HEALTH & COMMUNITY SERVICES, INC. - 1620 ALPINE BLVD. SUITE 119 - ALPINE, CA 91901	33-0164420	501(C)	61,149.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
NEIGHBORHOOD HEALTHCARE 425 NORTH DATE STREET ESCONDIDO, CA 92025	95-2796316	501(C)	151,713.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
NEVADA COUNTY HEALTH DEPARTMENT 500 CROWN POINT CIRCLE GRASS VALLEY, CA 95945	94-6000526	NEVADA COUNTY HEALTH	99,822.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
NORTH COUNTY HEALTH SERVICES 150 VALPREDA SAN MARCOS, CA 92069	95-2847102	501(C)	140,736.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
NORTHEAST VALLEY HEALTH CORPORATION - 1172 N. MACLAY AVENUE - SAN FERNANDO, CA 91340	23-7120632	501(C)	151,848.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND

Schedule I (Form 990)

ESSENTIAL ACCESS HEALTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION SAMAHAN, INC. 2835 HIGHLAND AVE. SUITE B NATIONAL CITY, CA 91950	95-3008798	501(C)	70,138.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES - 11583 C AVENUE - AUBURN, CA 95603	95-6000527	PLACER COUNTY HEALTH	96,905.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
PLANNED PARENTHOOD LOS ANGELES 400 WEST 30TH STREET LOS ANGELES, CA 90007	95-2408623	501(C)	1,052,689.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
PLANNED PARENTHOOD MAR MONTE, INC. 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)	1,743,498.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
PLANNED PARENTHOOD OF ORANGE AND SAN BERNARDINO COUNTIES - 700 SOUTH TUSTIN STREET - ORANGE, CA 92866	95-6152773	501(C)	663,020.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
PLANNED PARENTHOOD OF PACIFIC SOUTHWEST - 1075 CAMINO DEL RIO SOUTH, SUITE 200 - SAN DIEGO, CA 92108	95-6111785	501(C)	658,087.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
PLANNED PARENTHOOD OF PASADENA AND SAN GABRIEL VALLEY - 1045 NORTH LAKE AVENUE - PASADENA, CA 91104	95-1916050	501(C)	219,915.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
PLANNED PARENTHOOD OF CALIFORNIA CENTRAL COAST - 518 GARDEN STREET - SANTA BARBARA, CA 93101	95-2319356	501(C)	362,625.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520	94-1575233	501(C)	952,900.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND

Schedule I (Form 990)

ESSENTIAL ACCESS HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	18,790.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES - 1010 VETERAN AVENUE - LOS ANGELES, CA 90095	95-6006143	501(C)	81,502.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - OFFICE OF SPONSORED RESEARCH - SAN FRANCISCO, CA 94118	94-6036493	501(C)	140,274.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
SALUD PARA LA GENTE 195 AVIATION WAY, SUITE 200 WATSONVILLE, CA 95076	94-2705747	501(C)	131,349.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
SAN BERNARDINO COUNTY DEPT. OF PUBLIC/REPRODUCTIVE HEALTH - 351 N. MOUNTAIN VIEW - SAN BERNARDINO, CA 92415	95-6002748	SAN BERNARDINO COUNT	343,881.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
SAN DIEGO FAMILY CARE 6973 LINDA VISTA ROAD SAN DIEGO, CA 92111	95-2700856	501(C)	117,803.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
SAN FRANCISCO DEPT OF PUBLIC HEALTH - 1380 HOWARD STREET, 5TH FLOOR - SAN FRANCISCO, CA 94103	94-6000417	SF DEPT OF PUBLIC HE	143,741.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
SAN YSIDRO HEALTH CENTER 1275 30TH STREET SAN DIEGO, CA 92154	95-2801772	501(C)	250,075.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
SANTA ROSA COMMUNITY HEALTH CENTER 751 LOMBARDI COURT, SUITE B SANTA ROSA, CA 95407	68-0365296	501(C)	133,315.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND

Schedule I (Form 990)

ESSENTIAL ACCESS HEALTH

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SHORES OF HOPE 110 SIXTH STREET WEST SACRAMENTO, CA 95605	94-1509507	501(C)	11,649.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BOULEVARD TORRANCE, CA 90505	23-7049937	501(C)	126,687.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
SOUTH CENTRAL FAMILY HEALTH CENTER 4425 S. CENTRAL AVENUE LOS ANGELES, CA 90011	97-3877793	501(C)	124,289.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
ST. JOHN'S WELL CHILD AND FAMILY CENTER - 3800 S. FIGUEROA STREET - LOS ANGELES, CA 90037	95-4067758	501(C)	119,278.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
STANISLAUS COUNTY HEALTH SERVICES AGENCY - 1030 SCENIC DRIVE - NODESTO, CA 95350	94-6000540	501(C)	117,576.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
T.H.E. CLINIC, INC. 3834 SOUTH WESTERN AVENUE LOS ANGELES, CA 90062	23-7351622	501(C)	188,288.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
THE SABAN FREE CLINIC 8405 BEVERLY BOULEVARD LOS ANGELES, CA 90048	95-2539105	501(C)	43,415.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
TRI-CITY HEALTH CENTER 39500 LIBERTY STREET FREMONT, CA 94538	23-7255435	501(C)	165,099.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)	136,812.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND

Schedule I (Form 990)

Schedule I (Form 990) **ESSENTIAL ACCESS HEALTH**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY HEALTH TEAM 21890 W. COLORADO AVENUE FRESNO, CA 93660	94-2217261	501(C)	46,507.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501(C)	188,974.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
VIA CARE COMMUNITY HEALTH CENTER 507 SOUTH ATLANTIC BOULEVARD LOS ANGELES, CA 90022	80-0699156	501(C)	165,675.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
VISTA COMMUNITY CLINIC 1000 VALE TERRACE VISTA, CA 92084	95-2815615	501(C)	210,677.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
WATTS HEALTHCARE CORPORATION 10300 S. COMPTON AVE. LOS ANGELES LOS ANGELES, CA 90002	75-3046480	501(C)	85,938.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BOULEVARD SANTA MONICA, CA 90405	95-2931931	501(C)	209,619.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
WILMINGTON COMMUNITY CLINIC 1009 N AVALON BLVD. WILMINGTON, CA 90744	95-3137803	501(C)	70,534.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
WOMEN'S COMMUNITY CLINIC 1833 FILLMORE STREET SAN FRANCISCO, CA 94115	94-3213100	501(C)	260,623.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND
WOMEN'S HEALTH SPECIALIST 1750 WRIGHT STREET SACRAMENTO, CA 95825	94-2259357	501(C)	243,014.	0.			TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALL PEOPLE'S CHRISTIAN CENTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: ALTAMED HEALTH SERVICES CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: ALTURA CENTERS FOR HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: ASIAN HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: ASIAN PACIFIC HEALTH CARE VENTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: AXIS COMMUNITY HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BAME RENAISSANCE COMM DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: BLACK WOMEN'S FOR WELLNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S LAW CENTER OF LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF BERKELEY PUBLIC HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: CLINICA MSGR. OSCAR A. ROMERO

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNICARE HEALTH CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY HEALTH AGENCY COUNTY OF RIVERSIDE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH SYSTEMS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: COMPREHENSIVE COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY

Schedule I (Form 990)

Part IV Supplemental Information

PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: DELTA HEALTH CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: EAST VALLEY COMMUNITY CLINIC, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

EAST VALLEY COMMUNITY HEALTH CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY

Schedule I (Form 990)

Part IV Supplemental Information

PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

EISNER PEDIATRIC AND FAMILY MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY HEALTH CARE CENTERS OF GREATER LA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY HEALTH CENTERS OF SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY HEALTHCARE NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: FRESNO COUNTY EOC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN

Part IV Supplemental Information

THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: HMONG CULTURAL CENTER OF BUTTE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: HUCKLEBERRY YOUTH PROGRAMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: IMPERIAL BEACH COMMUNITY CLINIC, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: JWCH INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: LOS ANGELES METROPOLITAN CHURCHES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

LOS ANGELES TRUST FOR CHILDREN'S HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: LA CLINICA DE LA RAZA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: LOCAL INDIANS FOR EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: MARIN COMMUNITY CLINICS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: MISSION CITY COMMUNITY NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY

Part IV Supplemental Information

PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD HEALTHCARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: NEVADA COUNTY HEALTH DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTY HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHEAST VALLEY HEALTH CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: OPERATION SAMAHAN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD MAR MONTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF ORANGE AND SAN BERNARDINO COUNTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF PACIFIC SOUTHWEST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF PASADENA AND SAN GABRIEL VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF CALIFORNIA CENTRAL COAST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: PROYECTO PASTORAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: SALUD PARA LA GENTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

SAN BERNARDINO COUNTY DEPT. OF PUBLIC/REPRODUCTIVE HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: SAN DIEGO FAMILY CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: SAN FRANCISCO DEPT OF PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SAN YSIDRO HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: SHORES OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH BAY FAMILY HEALTHCARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH CENTRAL FAMILY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

ST. JOHN'S WELL CHILD AND FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY

Schedule I (Form 990)

Part IV Supplemental Information

PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

STANISLAUS COUNTY HEALTH SERVICES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: T.H.E. CLINIC, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: THE SABAN FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: TRI-CITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: VALLEY COMMUNITY HEALTHCARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: VALLEY HEALTH TEAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: VENICE FAMILY CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: VIA CARE COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: VISTA COMMUNITY CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: WATTS HEALTHCARE CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: WESTSIDE FAMILY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY

Schedule I (Form 990)

Part IV Supplemental Information

PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: WILMINGTON COMMUNITY CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S COMMUNITY CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH PROVISION OF FAMILY
PLANNING AND OUTREACH SERVICES TO ELIGIBLE INDIVIDUALS AND FAMILIES IN
THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S HEALTH SPECIALIST

(H) PURPOSE OF GRANT OR ASSISTANCE: 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" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

ESSENTIAL ACCESS HEALTH

Employer identification number

95-2564024

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on 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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2016

Part III	Supplemental Information
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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

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ 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.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

ESSENTIAL ACCESS HEALTH

Employer identification number
95-2564024

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR ALL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

EXPENSES \$ 1,728,831. INCLUDING GRANTS OF \$ 36,018. REVENUE \$ 232,483.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S NAME WAS CHANGED FROM CALIFORNIA FAMILY HEALTH COUNCIL,
INC. TO ESSENTIAL ACCESS HEALTH. TO REFLECT THIS CHANGE, ARTICLE I OF THE
THE ARTICLES OF INCORPORATION WERE AMENDED AND FILED WITH THE CA SECRETARY
OF STATE ON SEPTEMBER 26, 2016.

FORM 990, PART VI, SECTION B, LINE 11B:

BOARD AUDIT COMMITTEE REVIEWS TAX RETURN AS REPRESENTATIVES OF OUR
GOVERNING BODY.

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 ACKNOWLEDGEMENT IN WRITING BY SIGNING THE
POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

JULIE RABINOVITZ'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE
COMMITTEE COMPRISED OF THE CHAIRS FROM EACH BOARD COMMITTEE AND THE
AT-LARGE DIRECTOR. THE COMPENSATION TERMS ARE FOR AN ADDITIONAL THREE YEARS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

ESSENTIAL ACCESS HEALTH

Employer identification number

95-2564024

AS OUTLINED IN AN EMPLOYMENT CONTRACT. THE REVIEW WAS CONDUCTED IN LATE
2014 FOR THE YEARS 2016 TO 2018.

FORM 990, PART VI, SECTION C, LINE 18:

ESSENTIAL ACCESS HEALTH MAKES ITS FORMS 1023 AND 990 RETURNS AVAILABLE UPON
WRITTEN REQUEST. THE INFORMATIONAL RETURNS ARE ALSO MADE AVAILABLE TO THE
PUBLIC THROUGH WWW.GUIDESTAR.ORG, A PUBLIC WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

ESSENTIAL ACCESS HEALTH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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.

[illegible]

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

[illegible]

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)**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	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.