

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning , 2009, **and ending** , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ST JOHN'S WELL CHILD & FAMILY CENTER Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5701 S HOOVER STREET City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90037	D Employer identification number 95-4067758 E Telephone number (323) 541-1600
	F Name and address of principal officer: JAMES MANGIA 5701 S HOOVER STREET LOS ANGELES, CA 90037		G Gross receipts \$ 18,366,803.
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	J Website: WWW.WELLCHILD.ORG		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1993	M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO DELIVER HIGH-QUALITY PRIMARY & PREVENTATIVE MEDICAL, DENTAL AND MENTAL HEALTH SERVICES IN SOUTH LOS ANGELES.		
	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)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of employees (Part V, line 2a)	5	230
	6	Total number of volunteers (estimate if necessary)	6	27
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	7,584,194.	11,208,647.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,843,576.	7,158,156.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-103,127.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,653.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,506,423.	18,263,676.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	13,400.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,737,645.	9,357,615.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses, Part IX, column (D), line 25	438,997.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,179,331.	6,591,435.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,916,976.	15,962,450.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	589,447.	2,301,226.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	11,103,660.	12,456,687.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,865,984.	6,271,724.
			5,237,676.	6,184,963.

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 _____ Date _____

Type or print name and title _____

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed) address, and ZIP + 4	EIN	Phone no.	
BKD, LLP 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523		417 865-8701	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
TO ELIMINATE HEALTH DISPARITIES & FOSTER COMMUNITY WELL-BEING BY
PROVIDING & PROMOTING THE HIGHEST QUALITY CARE IN SOUTH LOS ANGELES.
SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,298,464. including grants of \$ 13,400.) (Revenue \$ 5,440,199.)
COMPREHENSIVE MEDICAL SERVICES PROVIDES A FULL RANGE OF SERVICES INCLUDING: PRIMARY CARE, WELL BABY & CHILD, IMMUNIZATIONS, ASTHMA CARE, TREATMENT AND MANAGEMENT OF HIGH BLOOD PRESSURE & OTHER CHRONIC CONDITIONS, PHYSICAL EXAMS & ROUTINE SCREENINGS, FAMILY PLANNING, PRENATAL & POST DELIVERY CARE, SEXUALLY TRANSMITTED DISEASE DIAGNOSIS & TREATMENT, HIGH-RISK YOUTH SERVICES, DIABETIC CARE INCLUDING NUTRITION & FITNESS, PODIATRY, RETINOPATHY & CANCER SCREENINGS, DIAGNOSTIC & LABORATORY PROCEDURES, AND PHARMACY SERVICES. MEDICAL SERVICES HAD 69,342 PATIENT VISITS DURING 2009.

FINAL DRAFT

4b (Code:) (Expenses \$ 2,981,144. including grants of \$) (Revenue \$ 1,574,794.)
DENTAL SERVICES INCLUDE: PRIMARY CARE FOR CHILDREN AND ADULTS, X-RAYS, CLEANINGS AND EXAMS, FILLINGS, SEALANTS, FLUORIDE TREATMENT AND CROWNS, PERIODONTAL TREATMENT AND ORTHODONTIC SCREENINGS, DENTAL HEALTH EDUCATION, PERIODONTAL TREATMENT, AND ORTHODONTIC SCREENINGS. DENTAL SERVICES HAD 23,307 PATIENT VISITS DURING 2009.

4c (Code:) (Expenses \$ 271,012. including grants of \$) (Revenue \$ 143,163.)
MENTAL HEALTH SERVICES INCLUDE: CRISIS INTERVENTION COUNSELING, GROUP SESSIONS FOR YOUTH, SHORT-TERM THERAPY, GROUP THERAPY FOR ADULTS, AND INDIVIDUAL THERAPY. MENTAL HEALTH SERVICES HAD 1,377 PATIENT VISITS DURING 2009.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses ► 13,550,610.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational requirements and reporting. Includes sub-rows 12A, 14a, 14b, 17, 18, 19, 20.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		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?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a			58
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
1c	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		230
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," 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
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		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).			
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website, Another's website, Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ELIZABETH MEISLER 5701 S HOOVER STREET LOS ANGELES, CA 90037 323-541-1600

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARION DOUGLAS CHAIR	1.00	X		X				0.	0.	
BILL DAWE VICE CHAIR	1.00	X		X				0.	0.	
DONALD YOUNG BOARD MEMBER	1.00	X						0.	0.	
TIM NEIMAN BOARD MEMBER	1.00	X						0.	0.	
LILIA GARCIA VICE CHAIR	1.00	X		X				0.	0.	
CLAUDIA DE LEON SECRETARY	1.00	X		X				0.	0.	
LEONOR GUZMAN BOARD MEMBER	1.00	X						0.	0.	
MARTHA ORTIZ BOARD MEMBER	1.00	X						0.	0.	
MARTA LILIA RAMOS BOARD MEMBER	1.00	X						0.	0.	
PATRICIA ESCAMILLA BOARD MEMBER	1.00	X						0.	0.	
LAWRENCE R. YOUNG BOARD MEMBER	1.00	X						0.	0.	
CARMEN FLORES BOARD MEMBER	1.00	X						0.	0.	
JAMES MANGIA CEO	40.00			X			168,000.	0.	23,957.	
ELIZABETH MEISLER CFO	40.00			X			39,942.	0.	0.	
LINDA TIGNER-WEEKES CHIEF MEDICAL OFFICER	40.00					X	143,260.	0.	29,423.	
NOMSA KHALFANI CHIEF OF SUPPORT SERVICES	40.00					X	129,009.	0.	19,566.	

Part VIII Statement of Revenue

95-4067758

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,461,228.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,747,419.			
	g	Noncash contributions included in lines 1a-1f: \$ 814,139.					
h	Total. Add lines 1a-1f			11,208,647.			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 624100	7,098,573.	7,098,573.		
	b	OTHER	900099	59,583.	59,583.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			7,158,156.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0.			
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			0.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses			103,127.		
	c	Gain or (loss)			-103,127.		
	d	Net gain or (loss)			-103,127.		-103,127.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events			0.		
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities			0.		
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0.			
12	Total Revenue. See instructions			18,263,676.	7,158,156.		-103,127.

FINAL DRAFT

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	13,400.	13,400.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	231,899.		231,899.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	7,698,132.	6,930,899.	565,767.	201,466.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	184,933.	162,122.	18,098.	4,713.
9 Other employee benefits	577,648.	527,400.	34,918.	15,330.
10 Payroll taxes	665,003.	582,978.	65,079.	16,946.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	388,091.		388,091.	
c Accounting	198,500.		198,500.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	2,340,441.	2,044,839.	158,495.	137,107.
12 Advertising and promotion	37,745.	28,149.	2,827.	6,769.
13 Office expenses	1,173,128.	1,086,945.	65,023.	21,160.
14 Information technology	105,012.	93,498.	9,440.	2,074.
15 Royalties	0.			
16 Occupancy	282,142.	257,714.	23,092.	1,336.
17 Travel	160,590.	70,712.	69,316.	20,562.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	166,958.	79,322.	78,955.	8,681.
20 Interest	251,595.	227,451.	22,965.	1,179.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	260,012.	235,061.	23,733.	1,218.
23 Insurance	69,101.	62,470.	6,307.	324.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DUES & SUBSCRIPTIONS	73,022.	67,294.	5,696.	32.
b RECRUITING	15,217.	13,828.	1,389.	
c MEDICAL SUPPLIES & DRUGS	1,066,119.	1,066,119.		
d MISCELLANEOUS	3,762.	409.	3,253.	100.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	15,962,450.	13,550,610.	1,972,843.	438,997.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,050,766.	1	1,175,839.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,396,586.	3	1,839,397.
	4	Accounts receivable, net	832,997.	4	727,829.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	3,000.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(e)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	306,338.
	9	Prepaid expenses and deferred charges	55,989.	9	130,616.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8,670,895.		
	10b	Less: accumulated depreciation	1,453,179.		
			6,265,816.	10c	7,217,716.
	11	Investments - publicly traded securities		11	
	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	1,501,506.	15	1,055,952.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,103,660.	16	12,456,687.	
Liabilities	17	Accounts payable and accrued expenses	2,228,487.	17	2,726,474.
	18	Grants payable		18	
	19	Deferred revenue	306,900.	19	130,156.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,309,046.	23	3,175,162.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	21,551.	25	239,932.
	26	Total liabilities. Add lines 17 through 25	5,865,984.	26	6,271,724.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,936,634.	27	4,030,759.
	28	Temporarily restricted net assets	1,301,042.	28	2,154,204.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	5,237,676.	33	6,184,963.	
34	Total liabilities and net assets/fund balances	11,103,660.	34	12,456,687.	

Part XI Financial Statements and Reporting

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?
b Were the organization's financial statements audited by an independent accountant?
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.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
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** (2009)

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Part I 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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 97.28%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 93.23%; 16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [].

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

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Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17 18 %

- 19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

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Schedule of Contributors

2009

▶ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization
 ST JOHN'S WELL CHILD & FAMILY CENTER

Employer identification number
 95-4067758

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

FINAL DRAFT

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **ST JOHN'S WELL CHILD & FAMILY CENTER**

Employer identification number
95-4067758

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPARTMENT OF HEALTH & HUMAN SERVICES 5600 FISHERS LANE ROCKVILLE, MD 20857	\$ 3,718,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CA HEALTH FACILITIES FINANCING AUTHORITY 915 CAPITOL MALL, SUITE 590 SACRAMENTO, CA 95814	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LA COUNTY DEPARTMENT OF PUBLIC HEALTH 600 S COMMONWEALTH AVE, SUITE 700 LOS ANGELES, CA 90005	\$ 247,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	FIRST 5 LA-PROPOSITION 10 COMMISSION 750 N ALAMEDA ST, SUITE 300 LOS ANGELES, CA 90012	\$ 3,060,461.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE EVERYCHILD FOUNDATION PO BOX 1808 PACIFIC PALISADES, CA 90272	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BP CORPORATION NORTH AMERICA INC 509 SOUTH BOSTON TULSA, OK 74103	\$ 499,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization ST JOHN'S WELL CHILD & FAMILY CENTER	Employer identification number 95-4067758
--	--

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

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

2 Political expenditures ▶ \$ _____

3 Volunteer hours ▶ _____

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

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

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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 payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				(e) Total
	(a) 2006	(b) 2007	(c) 2008	(d) 2009	
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		
j Total. Add lines 1c through 1i		X	
2 a 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 carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) 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

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i.

Also, complete this part for any additional information.
OTHER LOBBYING ACTIVITIES

SCHEDULE C, PART II-B, LINE 1(I)

THE ORGANIZATION PAYS DUES TO THE CALIFORNIA PRIMARY CARE ASSOCIATION

(CPCA), THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC), AND

TO THE SOUTHSIDE COALITION. A PORTION OF THESE DUES MAY BE ATTRIBUTABLE

TO LOBBYING PURPOSES.

Part IV Supplemental Information *(continued)*

FINAL DRAFT

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **ST JOHN'S WELL CHILD & FAMILY CENTER**
Employer identification number: **95-4067758**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 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? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	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	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, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
 (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
 b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, access, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XI V and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XI V.

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

Table with 5 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

Table with 10 rows and 2 columns. Row 1: Total revenue (Form 990, Part VIII, column (A), line 12) 18,263,676. Row 2: Total expenses (Form 990, Part IX, column (A), line 25) 15,962,450. Row 3: Excess or (deficit) for the year. Subtract line 2 from line 1 2,301,226. Row 4: Net unrealized gains (losses) on investments. Row 5: Donated services and use of facilities. Row 6: Investment expenses. Row 7: Prior period adjustments -1,656,223. Row 8: Other (Describe in Part XIV.) 302,284. Row 9: Total adjustments (net). Add lines 4 through 8 -1,353,939. Row 10: Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 947,287.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows. Row 1: Total revenue, gains, and other support per audited financial statements 18,758,725. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 89,638. b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIV.) 302,284. e Add lines 2a through 2d 391,922. Row 3: Subtract line 2e from line 1 18,366,803. Row 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. b Other (Describe in Part XIV.) -103,127. c Add lines 4a and 4b -103,127. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 18,263,676.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows. Row 1: Total expenses and losses per audited financial statements 16,155,215. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 89,638. b Prior year adjustments. c Other losses. d Other (Describe in Part XIV.) 103,127. e Add lines 2a through 2d 192,765. Row 3: Subtract line 2e from line 1 15,962,450. Row 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. b Other (Describe in Part XIV.). c Add lines 4a and 4b. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 15,962,450.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 DISCLOSURE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED, A DISCLOSURE WAS NOT INCLUDED IN THE FOOTNOTES TO THE FINANCIAL STATEMENTS.

PRIOR PERIOD ADJUSTMENTS

SCHEDULE D, PART XI, LINE 7

DURING 2009, THE ORGANIZATIONS FINANCIAL STATEMENTS REFLECTED THE FOLLOWING PRIOR PERIOD ADJUSTMENTS:

AMOUNTS DUE FROM THIRD PARTY PAYERS \$ (1,195,907)
 THROUGH THE PROCESS OF SUBMITTING SETTLEMENT CALCULATIONS TO THE STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES FOR THE FISCAL YEARS ENDED DECEMBER 31, 2005 THROUGH 2008, IT WAS DETERMINED THAT THE ORGANIZATION'S METHODOLOGY FOR VALUING ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS DID NOT ACCURATELY REFLECT THE NET REALIZABLE VALUE OF SUCH ESTIMATED SETTLEMENTS. THE ORGANIZATION CORRECTED THIS ERROR TO CONFORM WITH THE REQUIREMENTS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (GAAP) BY DECREASING THE ESTIMATES AMOUNTS DUE FROM THIRD-PARTY PAYERS.

TEMPORARILY RESTRICTED NET ASSETS	\$ 81,900
-----------------------------------	-----------

IN 2008, THE ORGANIZATION RECORDED CERTAIN TEMPORARILY RESTRICTED NET ASSETS AS DEFERRED REVENUE. THE ORGANIZATION CORRECTED THIS ERROR TO

Part XIV Supplemental Information (continued)

CONFORM WITH THE REQUIREMENTS OF GAAP BY REMOVING THE
DEFERRED REVENUE AND RECORDING TEMPORARILY RESTRICTED NET ASSETS.

INTEREST RATE SWAP AGREEMENT \$ (542,216)

~~IN 2008, THE ORGANIZATION ACCOUNTED FOR AN INTEREST RATE SWAP AGREEMENT~~
AS A FAIR VALUE HEDGE. SUBSEQUENTLY, THE ORGANIZATION DETERMINED THAT THE
INTEREST RATE SWAP AGREEMENT SHOULD BE ACCOUNTED FOR AS A CASH FLOW
HEDGE. THE ORGANIZATION CORRECTED THIS ERROR TO CONFORM WITH THE
REQUIREMENTS OF GAAP BY INCREASING THE CARRYING VALUE OF THE AFFECTED
LONG-TERM DEBT.

TOTAL PRIOR PERIOD ADJUSTMENTS \$ (1,656,223)

OTHER RECONCILING ITEMS

FINAL DRAFT

SCHEDULE D, PART XI, PART XII, LINE 2D

\$ 302,284 CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT

LOSS ON DISPOSAL OF FIXED ASSETS

SCHEDULE D, PART XII, LINE 4B AND PART XIII, LINE 2D

THE LOSS ON DISPOSAL IN THE AMOUNT OF \$103,127 WAS INCLUDED WITH EXPENSES
ON THE AUDIT REPORT; HOWEVER, HAS BEEN MOVED TO BE PROPERLY INCLUDED ON
THE STATEMENT OF REVENUE ON THE TAX RETURN.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOHN'S WELL CHILD & FAMILY CENTER

Employer identification number
95-4067758

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a is 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	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional instructions apply.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
	(i)	168,000.	0.	0.	0.	23,957.
JAMES MANGIA	(ii)	0.				
	(i)	143,260.	0.	0.	5,107.	24,316.
LINDA TIGNER-WEEKES	(ii)	0.				
	(i)	131,902.	0.	0.	4,062.	23,740.
ERNESTO BARAHONA	(ii)	0.				
	(i)	126,897.	0.	0.	3,738.	20,968.
HENRY BARRAZA	(ii)	0.				
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					

FINAL DRAFT

Part III Supplemental Information

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

FINAL DRAFT

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

ST JOHN'S WELL CHILD & FAMILY CENTER

Employer identification number

95-4067758

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
ERNESTO BARAHONA VAR EXPENSES		X	3,000.	3,000.		X		X	X	
Total ▶ \$				3,000.						

FINAL DRAFT

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ST JOHN'S WELL CHILD & FAMILY CENTER

Employer identification number

95-4067758

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	80,000	814,139.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.)				
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

FINAL DRAFT

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

JSA

Part II

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

NUMBER OF CONTRIBUTORS

SCHEDULE M, PART I, LINE 20

THE ORGANIZATION RECEIVED APPROXIMATELY 80,000 PRESCRIPTIONS FROM VARIOUS
CONTRIBUTORS.

FINAL DRAFT

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

ST JOHN'S WELL CHILD & FAMILY CENTER

Employer identification number

95-4067758

ATTACHMENT 1

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

THE MISSION OF ST. JOHN'S WELL CHILD AND FAMILY CENTER IS TO ELIMINATE
HEALTH DISPARITIES AND FOSTER COMMUNITY WELL-BEING BY PROVIDING AND
PROMOTING THE HIGHEST QUALITY CARE IN SOUTH LOS ANGELES.

THE VISION OF ST. JOHN'S WELL CHILD AND FAMILY CENTER IS TO DELIVER
HIGH-QUALITY PRIMARY AND PREVENTIVE MEDICAL, DENTAL AND MENTAL HEALTH
SERVICES THAT GO BEYOND THE BORDERS OF TRADITION TO UNINSURED,
UNDERSERVED AND ECONOMICALLY DISADVANTAGED PERSONS IN LOS ANGELES. WE ARE
DEVOTED TO INSTILLING THE VALUE OF WELL-BEING TO OUR COMMUNITIES,
RESULTING IN SELF-ADVOCACY, SELF ESTEEM AND SELF SUSTENANCE, THROUGH
INNOVATIVE AND DEVELOPMENTAL PROGRAMS AND COLLABORATIVE ENDEAVORS.

STARTING AS A SMALL VOLUNTEER CLINIC IN THE BACK BUILDING OF ST. JOHN'S
EPISCOPAL CHURCH, ST. JOHN'S CLINIC HAS GROWN TO BECOME A MAJOR NONPROFIT
NETWORK OF FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) AND SCHOOL BASED
CLINICS THROUGHOUT DOWNTOWN, SOUTH AND NORTHEAST LOS ANGELES. ST. JOHN'S
WELL CHILD AND FAMILY CENTER PROVIDES MEDICAL, DENTAL, MENTAL HEALTH
SERVICES, CASE MANAGEMENT, HEALTH EDUCATION AND SOCIAL SUPPORT TO MORE
THAN 100,000 PATIENT VISITS IN SOUTH LOS ANGELES. WE OPERATE ELEVEN SITES
- INCLUDING FIVE COMPREHENSIVE COMMUNITY HEALTH CENTERS AND SIX SCHOOL
BASED CLINICS SPANNING THE BREADTH OF DOWNTOWN AND SOUTH CENTRAL LOS
ANGELES AND COMPTON. IN ADDITION, ST. JOHN'S OPERATES MANY COMMUNITY

Name of the organization

Employer identification number

ST JOHN'S WELL CHILD & FAMILY CENTER

95-4067758

ATTACHMENT 1 (CONT'D)

HEALTH, SOCIAL SERVICE AND SCHOOL READINESS PROGRAMS. THESE PROGRAMS ARE
 DESIGNED TO IMPROVE BIRTH OUTCOMES AND REDUCE HIGH-RISK PREGNANCIES AND
 IMPROVE READINESS FOR SCHOOL AMONG PRE-SCHOOL CHILDREN AND THEIR
 FAMILIES. WE ALSO PROVIDE CHILD CARE AND EARLY CHILDHOOD DEVELOPMENT
 SERVICES, PARENTING WORKSHOPS, WORKFORCE READINESS TRAININGS AND
 PARENT/CHILD LITERACY PROJECTS.

PROGRAM SERVICES

FORM 990, PART III, LINES 4A-C

IN SUPPORT OF THE MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES, THE
 ORGANIZATION OFFERS THE FOLLOWING SERVICES: INSURANCE BENEFITS COUNSELING
 AND ENROLLMENT, CASE MANAGEMENT AND HEALTH EDUCATION, YOUTH DEVELOPMENT
 PROGRAMS, SCHOOL READINESS PROGRAMS, PARENT WORKSHOPS, LEGAL SERVICES AND
 COUNSELING, AND COMMUNITY RESOURCE SERVICES.

FINAL DRAFT

REVIEW OF THE FORM 990

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

PRIOR TO FILING, ORGANIZATION TOP MANAGEMENT WILL REVIEW A DRAFT COPY OF
 THE FORM 990. A FINAL COPY WILL THEN BE PROVIDED TO ALL BOARD MEMBERS.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

ST. JOHN'S WELL CHILD AND FAMILY CENTER DIRECTORS, OFFICERS, AND
 COMMITTEE MEMBERS SHALL NOT PROFIT PERSONALLY FROM THEIR POSITION WITH
 ST. JOHN'S WELL CHILD AND FAMILY CENTER, AND SHALL NOT BRING THEIR
 INTERESTS INTO CONFLICT OR COMPETITION WITH THE INTERESTS OF THE
 ORGANIZATION. CONFLICTS OF INTEREST SHALL INCLUDE ALL ACTUAL, APPARENT

Name of the organization

ST JOHN'S WELL CHILD & FAMILY CENTER

Employer identification number

95-4067758

ATTACHMENT 1 (CONT'D)

AND POTENTIAL CONFLICTS.

EACH YEAR, ALL ST. JOHN'S WELL CHILD AND FAMILY CENTER BOARD MEMBERS SHALL SUBMIT A STATEMENT TO THE BOARD DISCLOSING ALL ORGANIZATIONS, FIRMS, ORGANIZATIONS OR ENTERPRISES WHICH COULD BE CONSTRUED AS RELATED TO THE INTEREST OF ST. JOHN'S WELL CHILD AND FAMILY CENTER, IN WHICH THE ST. JOHN'S WELL CHILD AND FAMILY CENTER BOARD MEMBERS, OR PERSONS CLOSE TO HIM/HER, HAS A MATERIAL FINANCIAL INTEREST OR IN WHICH HE/SHE SERVES AS A DIRECTOR, OFFICER OR ADVISOR. ANY ST. JOHN'S WELL CHILD AND FAMILY CENTER BOARD MEMBER AWARE OF ANY TRANSACTION OR CONTRACT BEING CONSIDERED BY ST. JOHN'S WELL CHILD AND FAMILY CENTER WHICH PUTS HIS/HER INTEREST IN POSSIBLE CONFLICT WITH THE ORGANIZATION'S INTERESTS SHALL NOTIFY THE BOARD OF DIRECTORS, COMMITTEE, OR OTHER DECISION MAKERS, OF THE POSSIBLE CONFLICT. THE MATERIAL FACTS AS TO THE TRANSACTION AND THE ST. JOHN'S WELL CHILD AND FAMILY CENTER BOARD MEMBER'S INTEREST SHALL BE FULLY DISCLOSED, AND SHALL BE PROMPTLY RECORDED IN THE BOARD OR COMMITTEE MINUTES. ANY ST. JOHN'S WELL CHILD AND FAMILY CENTER BOARD MEMBER WITH A POSSIBLE CONFLICT OF INTEREST SHALL ABSTAIN FROM VOTING ON THAT MATTER.

THE MINUTES OF THE MEETING SHALL REFLECT THE EXISTENCE OF ANY SUCH CONFLICT AND THAT THE ST. JOHN'S WELL CHILD AND FAMILY CENTER BOARD MEMBER DID NOT VOTE OR PARTICIPATE IN THE MATTER IN QUESTION. UPON BEING INFORMED OF A POSSIBLE CONFLICT OF ANY ST. JOHN'S WELL CHILD AND FAMILY CENTER BOARD MEMBER, NO OTHER ST. JOHN'S WELL CHILD AND FAMILY CENTER BOARD MEMBER SHALL APPROVE ANY TRANSACTION UNLESS THAT ST. JOHN'S WELL

Name of the organization ST JOHN'S WELL CHILD & FAMILY CENTER	Employer identification number 95-4067758
--	--

ATTACHMENT 1 (CONT'D)

CHILD AND FAMILY CENTER BOARD MEMBER BELIEVES, IN GOOD FAITH, THAT THE TRANSACTION IS JUST, REASONABLE AND FAVORABLE TO ST. JOHN'S WELL CHILD AND FAMILY CENTER.

~~CORPORATE OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST.~~

COMPENSATION REVIEW

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

THE COMPENSATION OF THE CEO WAS REVIEWED IN 2009 BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATION WAS DETERMINED BY CONSULTING SURVEYS OF INDUSTRY STANDARDS FOR EMPLOYEE POSITIONS, INCLUDING THE COMPENSATION AND BENEFITS SURVEY OF THE CENTER FOR NONPROFIT MANAGEMENT AND THE COMPENSATION AND BENEFITS SURVEY FOR THE CALIFORNIA PRIMARY CARE ASSOCIATION. IN ADDITION, RESEARCH WAS CONDUCTED ON SALARY RANGES AND PAY SCALES AT OTHER COMPARABLE COMMUNITY CLINIC OPERATIONS IN LOS ANGELES THROUGH FORM 990S AND INTERVIEWS. THE REVIEW WAS DOCUMENTED IN THE BOARD MINUTES OF THE EXECUTIVE SESSION.

FINAL DRAFT

DOCUMENT DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO BE VIEWED AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE OR VIA MAIL.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

State Charity Registration Number: <u>066919</u>	Check if: <input type="checkbox"/> Change of address
ST JOHN'S WELL CHILD & FAMILY CENTER <small>Name of Organization</small>	<input type="checkbox"/> Amended report
5701 S HOOVER STREET <small>Address (Number and Street)</small>	Corporate or Organization No. <u>1732872</u>
LOS ANGELES, CA 90037 <small>City or Town, State and ZIP Code</small>	Federal Employer I.D. No. <u>95-4067758</u>

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between 1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2009 ending 12/31/2009) list:
 Gross annual revenue \$ 18,263,676 Total assets \$ 12,456,687

FINAL DRAFT

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. ATCH 1	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (323) 541-1600

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____ Printed Name _____ Title _____ Date _____

RRF-1 (3-05)

FORM RRF-1, PART B - CONTRIBUTING GOVERNMENT AGENCIESATTACHMENT 1

<u>GOVERNMENT AGENCY NAME</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE AND ZIP CODE</u>	<u>CONTACT NAME</u>
US DEPARTMENT OF HEALTH & HUMAN SERVICES	5600 FISHERS LANE	ROCKVILLE, MD, 20857	ANN PIESEN
CA HEALTH FACILITIES FINANCING AUTHORITY	915 CAPITOL MALL, SUITE 590	SACRAMENTO, CA, 95814	EVELYN GORMAN
LA COUNTY DEPARTMENT OF PUBLIC HEALTH	600 S COMMONWEALTH AVE, SUITE 700	LOS ANGELES, CA, 90005	JONATHAN FIEL
US DEPARTMENT OF EDUCATION	400 MARYLAND AVENUE, SW	WASHINGTON, D.C., 20202	EARL MYERS
CA DEPARTMENT OF PUBLIC HEALTH	PO BOX 997413, MS: 7210	SACRAMENTO, CA, 95899	WARREN BONTA

FINAL DRAFT

TAXABLE YEAR **California Exempt Organization**
2009 Annual Information Return

FORM
199

Calendar Year 2009 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____

A First Return Filed? Yes No
 B Type of organization
 Exempt under Section 23701 (insert letter) **D**
 IRC Section 4947(a)(1) trust

CORP #
 1732872
 FEIN
 95-4067758

Corporation/Organization Name
ST JOHN'S WELL CHILD & FAMILY CENTER
 Address
5701 S HOOVER STREET
 City
LOS ANGELES State **CA** ZIP Code **90037**

C Amended Return? Yes No
 D Are you a subordinate/affiliate in a group exemption?
 (a) Is this a group filing for affiliates? See General Instruction L Yes No
 (b) If "Yes," enter the number of affiliates _____
 (c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
 (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 (e) Federal Group Exemption Number _____
 (f) Is a roster of subordinates attached? Yes No
 E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____
 F Check the box if the organization filed the following federal forms or schedule:
 (1) 990T (2) 990PF (3) (Schedule H) 990
 G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, Yes No

check box. See General Instruction F. No filing fee is required.
 H Accounting method used (1) Cash (2) Accrual (3) Other
 I If exempt under R&TC Section 23701d, has the organization during the year:
 (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
 J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
 K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____
 L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
 M Is the organization a Limited Liability Company? Yes No
 N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	7,158,156.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received. ATTCH 2	3	11,208,647.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	4	18,366,803.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	103,127.00
	7	Total costs. Add line 5 and line 6	7	103,127.00
	8	Total gross income. Subtract line 7 from line 4	8	18,263,676.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	15,962,450.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2,301,226.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	00
	12	Total payments	12	00
	13	Penalties and interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer _____ Title _____ Date _____ Telephone _____

Paid Preparer's Use Only: Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN/PTIN P00444983
 Firm's name (or yours, if self-employed) and address **BKD, LLP**
910 E ST LOUIS #200/PO BOX 1190
SPRINGFIELD, MO 65806-2523
 Telephone **44-0160260**
417 865-8701
 May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	7,158,156.00
	2	Interest	00
	3	Dividends	00
	4	Gross rents	00
	5	Gross royalties	00
	6	Gross amount received from sale of assets (See Instructions)	00
	7	Other income. Attach schedule	0.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	7,158,156.00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule ATCH 5	13,400.00
Expenses and Disbursements	10	Disbursements to or for members	0.00
	11	Compensation of officers, directors, and trustees. Attach schedule ATCH 3	231,899.00
	12	Other salaries and wages	7,698,132.00
	13	Interest	251,595.00
	14	Taxes	665,003.00
	15	Rents	282,142.00
	16	Depreciation and depletion (See instructions)	260,012.00
	17	Other. Attach schedule ATCH 4	6,560,267.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	15,962,450.00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,050,766.		1,175,839.
2 Net accounts receivable		832,997.		727,829.
3 Net notes receivable. Attach schedule		1,396,586.		1,839,397.
4 Inventories				306,338.
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule				
7 Investments in stock. Attach schedule				
8 Mortgage loans (number of loans)				
9 Other investments. Attach schedule			8,670,895.	
10 a Depreciable assets	7,514,563.			
b Less accumulated depreciation	(1,248,747)	6,265,816.	(1,453,179)	7,217,716.
11 Land		1,557,495.		1,189,568.
12 Other assets. Attach schedule ATCH 6		11,103,660.		12,456,687.
13 Total assets				
Liabilities and net worth		2,228,487.		2,726,474.
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule		3,309,046.		3,175,162.
17 Mortgages payable		328,451.		370,088.
18 Other liabilities. Attach schedule ATCH 7				
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation		5,237,676.		6,184,963.
21 Retained earnings or income fund		11,103,660.		12,456,687.
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	2,603,510.	7	Income recorded on books this year not included in this return.	
2	Federal income tax			Attach schedule ATCH 9	495,049.
3	Excess of capital losses over capital gains		8	Deductions in this return not charged against book income this year.	
4	Income not recorded on books this year. Attach schedule			Attach schedule	
5	Expenses recorded on books this year not deducted in this return. Attach schedule ATCH 8	192,765.	9	Total. Add line 7 and line 8	495,049.
6	Total. Add line 1 through line 5	2,796,275.	10	Net income per return. Subtract line 9 from line 6	2,301,226.

ST JOHN'S WELL CHILD & FAMILY CENTER

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
US DEPARTMENT OF HEALTH & HUMAN SERVICES 5600 FISHERS LANE ROCKVILLE, MD 20857		
CA HEALTH FACILITIES FINANCING AUTHORITY 915 CAPITOL MALL, SUITE 590 SACRAMENTO, CA 95814		
LA COUNTY DEPARTMENT OF PUBLIC HEALTH 600 S COMMONWEALTH AVE, SUITE 700 LOS ANGELES, CA 90005		
US DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW WASHINGTON, DC 20202		
FIRST 5 LA-PROPOSITION 10 COMMISSION 750 N ALAMEDA ST, SUITE 300 LOS ANGELES, CA 90012		3,060,461.
THE EVERYCHILD FOUNDATION PO BOX 1808 PACIFIC PALISADES, CA 90272		1,000,000.
BP CORPORATION NORTH AMERICA INC 509 SOUTH BOSTON TULSA, OK 74103		499,650.
CA DEPARTMENT OF PUBLIC HEALTH PO BOX 997413, MS: 7210 SACRAMENTO, CA 95899		

FINAL DRAFT

ST JOHN'S WELL CHILD & FAMILY CENTER

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
LOS ANGELES UNIFIED SCHOOL DISTRICT 333 S BEAUDRY LOS ANGELES, CA 90017		96,221.
FAMILY CRISIS CENTER 2116 ARLINGTON AVE, STE 200 LOS ANGELES, CA 90018		54,346.
BLUE SHIELD OF CALIFORNIA 50 BEALE ST, 14TH FLOOR SAN FRANCISCO, CA 94105		42,834.
CAEAR FOUNDATION 2001 S STREET NW, STE 510 WASHINGTON, DC 20009		25,000.
CALIFORNIA ENDOWMENT 1000 NORTH ALAMEDA ST LOS ANGELES, CA 90012		30,000.
CALIFORNIA FAMILY HEALTH COUNCIL, INC 3600 WILSHIRE BLVD LOS ANGELES, CA 90010		150,924.
WEINGART FOUNDATION 1055 W 7TH ST, SUITE 3050 LOS ANGELES, CA 90017		150,000.
COMPTON UNIFIED SCHOOL DISTRICT 500 S SANTA FE AVE COMPTON, CA 90221		45,053.

FINAL DRAFT

ST JOHN'S WELL CHILD & FAMILY CENTER

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
CALIFORNIA HOSPITAL MEDICAL CENTER 1401 S GRAND AVE LOS ANGELES, CA 90015		29,395.
CHAPMAN & ASSOCIATES FOUNDATION 265 N SAN GABRIEL BLVD PASADENA, CA 91107		5,000.
COMMUNITY CLINIC ASSOCIATION 1055 WILSHIRE BLVD, SUITE 1400 LOS ANGELES, CA 90017		10,000.
DOHENY FOUNDATION 707 WILSHIRE BLVD, STE 4960 LOS ANGELES, CA 90017		21,000.
ESPERANZA COMMUNITY HOUSING 2237 S FIGUEROA ST LOS ANGELES, CA 90007		16,800.
KAISER PERMANENTE 393 E WALNUT ST PASADENA, CA 91107		119,000.
LA CARE HEALTH PLAN 555 W 5TH ST, 29TH FLOOR LOS ANGELES, CA 90013		114,696.
LEON LOWENSTEIN FOUNDATION 126 EAST 56TH ST, 28TH FLOOR NEW YORK, NY 10022-3613		5,000.

FINAL DRAFT

ST JOHN'S WELL CHILD & FAMILY CENTER

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
LON V SMITH FOUNDATION 9440 SANTA MONICA BLVD, STE 300 BEVERLY HILLS, CA 90210		7,500.
ORTHOPAEDIC HOSPITAL 2400 S FLOWER ST LOS ANGELES, CA 90007		49,101.
SOUTHSIDE COALITION OF COMM HLTH CTRS 555 W FIFTH ST, 19TH FLOOR LOS ANGELES, CA 90013		177,838.
STRATEGIC ACTIONS FOR A JUST ECONOMY 152 W 32ND ST LOS ANGELES, CA 90007		51,000.
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129		5,000.
CALIFORNIA COMMUNITY FOUNDATION 445 S FIGUEROA ST, SUITE 3400 LOS ANGELES, CA 90017		150,000.
DONATED PHARMACEUTICALS < 5,000	VARIOUS	814,139.
CONTRIBUTIONS < 5,000		17,461.
TOTAL CONTRIBUTION AMOUNTS		<u><u>6,747,419.</u></u>

FINAL DRAFT

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

JAMES MANGIA, CEO
ELIZABETH MEISLER, CFO

191,957.
39,942.

TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

231,899.

FINAL DRAFT

PART II - OTHER EXPENSES

PENSION	184,933.
OTHER EMPLOYEE BENEFITS	577,648.
LEGAL FEES	388,091.
ACCOUNTING	198,500.
OTHER FEES	2,340,441.
ADVERTISING	37,745.
OFFICE	1,173,128.
INFORMATION TECHNOLOGY	105,012.
TRAVEL	160,590.
CONFERENCES, CONVENTIONS, MEETINGS	166,958.
INSURANCE	69,101.
DUES & SUBSCRIPTIONS	73,022.
RECRUITING	15,217.
MEDICAL SUPPLIES & DRUGS	1,066,119.
MISCELLANEOUS	3,762.
TOTAL OTHER EXPENSES	<u>6,560,267.</u>

FINAL DRAFT

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 5

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTIO
<u>GRANTS PAID</u> PHYSICIANS FOR SOCIAL RESPONSIBILITY 617 S OLIVE ST, LOS ANGELES, CA 90014 LOS ANGELES, CA 90014-1629	COMMUNITY ORG 170(B) (1) (A) (VI)	SUPPORT

TOTAL CONTRIB

FINAL DRAFT

SCHEDULE L - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
EST AMOUNT DUE FROM 3RD PARTY PAYERS		1,005,441.
OTHER ACCOUNTS RECEIVABLE		50,511.
PREPAID EXPENSES		130,616.
LOANS TO INTERESTED PERSONS		3,000.
TOTAL OTHER ASSETS		<u>1,189,568.</u>

FINAL DRAFT

CA 199 SCHEDULE L - OTHER LIABILITIES

ATTACHMENT 7

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
INTEREST RATE SWAP AGREEMENT	239,932.
TOTALS	<u>239,932.</u>

FINAL DRAFT

SCHEDULE M-1 - EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED

DONATED RENT	89,638.
LOSS ON DISPOSAL	103,127.
TOTAL EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED	<u>192,765.</u>

FINAL DRAFT

SCHEDULE M-1 - INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED

DONATED RENT	89,638.
CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT	302,284.
LOSS ON DISPOSAL	103,127.
TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED	<u>495,049.</u>

FINAL DRAFT

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____, 20

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions on back.**

Name of exempt organization

Employer identification number

ST JOHN'S WELL CHILD & FAMILY CENTER

95-4067758

Name and title of officer

ELIZABETH MEISLER, CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>18263676.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the organization's return to the IRS and to receive from the IRS (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BKD, LLP

ERO firm name

to enter my PIN

9	0	0	3	7
---	---	---	---	---

as my signature

Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

E Meisler

Date ▶ 11/15/2010

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

4	3	0	3	2	9	6	5	8	0	1
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 11/15/2010

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.