

ST JOHN'S WELL CHILD AND FAMILY CENTER
FORM 990
TAX YEAR 2018

Diagnostic Report

Tax Year : 2018

Return No: 5838AM

Taxpayer: ST JOHN'S WELL CHILD AND FAMILY CENTER

ID No : 95-4067758

** NO SEVERE DIAGNOSTICS DETECTED **

INFORMATIONAL DIAGNOSTICS : TOTAL 3

FEDERAL (3)

1. FORM 990T

CURRENTLY, THE IRS DOES NOT HAVE A 990T ELECTRONIC FILING YET. PLEASE
PAPERFILE THE 990T RETURN.

2. FORM 990T

THE AMOUNT OF TAX LIABILITY ON FORM 990-T IS \$ 14,937.

3. FORM 2220

THE FORM 2220 WILL NOT PRINT PER YOUR UNDERPAYMENT PENALTY COMPUTE
OPTION

* indicates Diagnostic has been suppressed.

Override Summary Report

Tax Year : 2018

Return No: 5838AM

Taxpayer: ST JOHN'S WELL CHILD AND FAMILY CENTER

ID No : 95-4067758

Screen Name	Override Data	Automatic/Computed Data
990-T, PAGE 1	8,014.	
COMMON - STATE INFORMATION	Y	N
COMPUTE OPTIONS	4	1
EOJ050TH	INVESTMENT INCOME	
ERO AND PAID PREPARER	X	
FORM 109, PAGE 1		NONE
PENALTY OPTIONS	4	1
PENALTY OPTIONS	T	
PREPARER INFORMATION	Y	N
PT II - RCPTS/DISB	103,683.	
PT II - RCPTS/DISB	ALL OTHER EXPENSES	MISCELLANEOUS
PT II - RCPTS/DISB		103,683.
STEP 2 - ELECTRONIC INFORM	JAMES MANGIA	ELIZABETH MEISLER

Two Year Comparison Schedule
2018 to 2017

Description	2018	2017	Difference
Revenue			
Contributions and grants	15,435,195.	14,737,189.	698,006.
Program service revenue	56,912,386.	49,246,559.	7,665,827.
Investment income	103,683.	14,943.	88,740.
Other revenue		-1,418,128.	1,418,128.
Total revenue	72,451,264.	62,580,563.	9,870,701.
Expenses			
Grants and similar amounts paid	1,109,650.	1,482,778.	-373,128.
Benefits paid to or for members			
Salaries, other compensation, employee benefits	44,215,011.	39,606,576.	4,608,435.
Professional fundraising fees	229,242.	256,319.	-27,077.
Other expenses	23,301,059.	20,757,820.	2,543,239.
Total expenses	68,854,962.	62,103,493.	6,751,469.
Net Assets or Fund Balances			
Total assets	50,749,392.	44,201,021.	6,548,371.
Total liabilities	21,417,874.	18,465,805.	2,952,069.
Net assets	29,331,518.	25,735,216.	3,596,302.

Estimated Values Summary Report

Tax Year : 2018

Return No: 5838AM

Taxpayer: ST JOHN'S WELL CHILD AND FAMILY CENTER

ID No : 95-4067758

Screen Name

Estimated Value

ESTIMATES: NO INFORMATION

ST JOHN'S WELL CHILD AND FAMILY CENTER
808 W. 58TH STREET
LOS ANGELES, CA 90037

Enclosed are the following income tax returns prepared on behalf of ST JOHN'S WELL CHILD AND FAMILY CENTER for the year ended December 31, 2018.

- 2018 990-T - Exempt Organization Business Income Tax Return
- 2018 990 - Return of Organization Exempt from Income Tax
- 2018 8879-EO - IRS E-file Signature Authorization Form
- 2019 990-W - Estimated Tax Worksheet for Form 990-T
- 2018 Schedule A - Public Charity Status and Public Support
- 2018 Schedule B - Schedule of Contributors
- 2018 Schedule C - Political Campaign and Lobbying Activities
- 2018 Schedule D - Supplemental Financial Statements
- 2018 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
- 2018 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
- 2018 Schedule J - Compensation Information
- 2018 Schedule K - Supplemental Information on Tax-Exempt Bonds
- 2018 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2018 California Exempt Organization Annual Information Return
- 2018 CA e-file Return Authorization for Exempt Organizations
- 2018 California Exempt Organization Business Income Tax Return
- 2018 California Annual Registration Renewal Fee Report

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

An additional copy of the Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to

adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Krystal K Creach
BKD, LLP

Enclosures

ST JOHN'S WELL CHILD AND FAMILY CENTER
Instructions for Filing
Form 990-T
990-T - Exempt Organization Business Income Tax Return
For the year ended December 31, 2018

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by November 15, 2019 with:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

There is no tax due with the filing of this return.

The return shows a \$10,293 overpayment. Of this amount, \$0 will be refunded to you. Also, \$10,293 has been applied to your 2019 estimated tax.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

No estimated tax payments for 2019 will be required, nor will you be subject to underpayment penalties because you have no 2018 tax liability.

ST JOHN'S WELL CHILD AND FAMILY CENTER
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended December 31, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BKD, LLP
910 E ST LOUIS #200/PO BOX 1190
SPRINGFIELD, MO 65801-1190

Fax 417-865-0682 Attn: SFD Efile

SFDEfile@bkd.com

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

ST JOHN'S WELL CHILD AND FAMILY CENTER

Instructions for Filing
Form 990-W

990-W - Estimated Tax Worksheet for Form 990-T For 2019

Deposit On or Before	Amount
1 April 15, 2019	
2 June 17, 2019	
3 September 16, 2019	\$1,107
4 December 16, 2019	<u>\$3,800</u>
Total estimated tax	\$4,907
Overpayment of 2018 income tax credited against 2019 tax	<u>\$10,293</u>
Total estimate of 2019 income tax	<u>\$15,200</u>

Each deposit should be made using the Electronic Federal Tax Payment System. For deposits made by EFTPS to be on time, you must initiate the transaction at least 1 business day before the date the deposit is due. If you have any questions regarding the new electronic funds transfer requirement, we suggest that you contact our office or the Internal Revenue Service before transmitting payment.

The enclosed estimated tax vouchers have been prepared based on the assumption that your 2019 withholding will at least equal your 2018 withholding. If it appears that this assumption is incorrect, please contact us immediately to determine if revised estimates are required to avoid any underpayment penalties.

BKD, LLP
910 E ST LOUIS #200/PO BOX 1190
SPRINGFIELD, MO 65801-1190

ST JOHN'S WELL CHILD AND FAMILY CENTER
808 W. 58TH STREET
LOS ANGELES, CA 90037

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LOS ANGELES, CA 90037

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

ST JOHN'S WELL CHILD AND FAMILY CENTER
808 W. 58TH STREET
LOS ANGELES, CA 90037

Franchise Tax Board
P.O. Box 942857
Sacramento, California 94257-0500

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20_____

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2018

Name of exempt organization ST JOHN'S WELL CHILD AND FAMILY CENTER Employer identification number 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 being filed with 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 one 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>72451264.</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 2018 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 transmission, (b) the reason for any delay in processing the return or refund, and (c) 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 to enter my PIN 9 1 8 2 3 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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 2018 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 ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 4 3 0 3 2 9 4 4 0 1 6
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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 ▶ _____

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

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning, 2018, and ending, 20

Header section containing organization name (ST JOHN'S WELL CHILD AND FAMILY CENTER), EIN (95-4067758), address (808 W. 58TH STREET, LOS ANGELES, CA 90037), principal officer (JAMES MANGIA), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and expense breakdown.

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.

Signature block containing officer signature (KRystal K Creach), preparer signature, and firm information (BKD, LLP).

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ELIMINATE HEALTH DISPARITIES AND FOSTER COMMUNITY WELL-BEING BY PROVIDING AND PROMOTING THE HIGHEST QUALITY CARE IN SOUTH LOS ANGELES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 46,823,380. including grants of \$ 388.) (Revenue \$ 46,337,018.) THE REVENUE REPORTED ON LINE 4A IS EXCLUSIVE OF GRANT AND CONTRIBUTION REVENUE FROM PART VIII, LINE 1H IN ACCORDANCE WITH IRS INSTRUCTION. IF GRANT AND CONTRIBUTION REVENUE WERE INCLUDED IN THE ALLOCATION, REVENUE REPORTED WOULD INCREASE LINE 4A BY \$7,762,314. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ 6,464,822. including grants of \$) (Revenue \$ 7,894,744.) THE REVENUE REPORTED ON LINE 4B IS EXCLUSIVE OF GRANT AND CONTRIBUTION REVENUE FROM PART VIII, LINE 1H IN ACCORDANCE WITH IRS INSTRUCTION. IF THE GRANT AND CONTRIBUTION REVENUE WERE INCLUDED IN THE ALLOCATION, THE REVENUE REPORTED WOULD INCREASE LINE 4B BY \$1,464,908. COMPREHENSIVE DENTAL SERVICES INCLUDE PRIMARY AND PREVENTIVE ORAL HEALTH CARE FOR CHILDREN AND ADULTS: X-RAYS, CLEANINGS AND EXAMS, FILLINGS, SEALANTS, FLUORIDE TREATMENT, PERIODONTAL TREATMENT AND ORTHODONTIC SCREENINGS, AND DENTAL HEALTH EDUCATION. DENTAL SERVICES HAD 62,335 PATIENT VISITS IN 2018.

4c (Code:) (Expenses \$ 2,515,913. including grants of \$ 72,720.) (Revenue \$ 2,247,010.) THE REVENUE REPORTED ON LINE 4C IS EXCLUSIVE OF GRANT AND CONTRIBUTION REVENUE FROM PART VIII, LINE 1H IN ACCORDANCE WITH IRS INSTRUCTION. IF THE GRANT AND CONTRIBUTION REVENUE WERE INCLUDED IN THE ALLOCATION, THE REVENUE REPORTED WOULD INCREASE LINE 4C BY \$989,937. COMPREHENSIVE BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND ADULTS INCLUDE: TESTING AND EVALUATION; CRISIS INTERVENTION COUNSELING; INDIVIDUAL, GROUP AND FAMILY PSYCHOTHERAPY; CASE MANAGEMENT; AND MEDICATION-ASSISTED THERAPY. BEHAVIORAL HEALTH SERVICES HAD 14,254 PATIENT VISITS IN 2018.

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,519,920. including grants of \$ 1,036,542.) (Revenue \$ 433,614.)

4e Total program service expenses 60,324,035.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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. 733		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (9), 1b (9), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEONOR GUZMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(2) LIN TIEN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(3) BILL DAWE TREASURER	1.00 0.	X		X			0.	0.	0.	
(4) DONALD YOUNG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(5) GILDA HASS SECRETARY	1.00 0.	X		X			0.	0.	0.	
(6) JOANNA MIMI CHOI, MD BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(7) LILIA GARCIA CHAIR	1.00 0.	X		X			0.	0.	0.	
(8) MARTHA ORTIZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(9) PATRICIA ESCAMILLA VICE CHAIR	1.00 0.	X		X			0.	0.	0.	
(10) ELIZABETH MEISLER CFO	40.00 0.			X			284,819.	0.	14,972.	
(11) JAMES MANGIA CEO AND PRESIDENT	40.00 0.			X			808,608.	0.	31,833.	
(12) AELA PAIZ PHYSICIAN	40.00 0.					X	315,669.	0.	20,434.	
(13) ANITHA MULLANGI CHIEF MEDICAL OFFICER	40.00 0.					X	320,366.	0.	14,500.	
(14) LINDA TIGNER-WEEKES PHYSICIAN	40.00 0.					X	263,653.	0.	5,601.	

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	11,671,420.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	3,763,775.					
	g Noncash contributions included in lines 1a-1f: \$		12,932.					
	h Total. Add lines 1a-1f			15,435,195.				
	Program Service Revenue	2a PATIENT SERVICE REVENUE	Business Code	624100	41,006,288.	41,006,288.		
b CAPITATION/PREMIUM REVENUE			624100	14,962,913.	14,962,913.			
c EHR INCENTIVE REVENUE			624100	518,996.	518,996.			
d OTHER REVENUE			900099	424,189.	424,189.			
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				56,912,386.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			103,683.			103,683.	
	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						
		c Gain or (loss)						
		d Net gain or (loss)				0.		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			0.			
		b Less: direct expenses	b			0.		
		c Net income or (loss) from fundraising events				0.		
	9a Gross income from gaming activities. See Part IV, line 19	a			0.			
b Less: direct expenses		b			0.			
c Net income or (loss) from gaming activities					0.			
10a Gross sales of inventory, less returns and allowances	a			0.				
	b Less: cost of goods sold	b			0.			
	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.				72,451,264.	56,912,386.		103,683.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,109,650.	1,109,650.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	1,140,232.		1,140,232.	
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	35,101,652.	32,130,072.	2,720,334.	251,246.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	5,177,853.	4,616,345.	546,135.	15,373.
10 Payroll taxes	2,795,274.	2,469,817.	317,232.	8,225.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	279,188.		279,188.	
c Accounting	101,735.		101,735.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	229,242.			229,242.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,302,080.	5,157,253.	1,101,316.	43,511.
12 Advertising and promotion	424.	273.	151.	
13 Office expenses	2,304,151.	1,890,113.	373,129.	40,909.
14 Information technology	2,044,780.	1,808,614.	230,215.	5,951.
15 Royalties	0.			
16 Occupancy	1,170,517.	1,064,730.	103,231.	2,556.
17 Travel	184,848.	137,513.	46,640.	695.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	238,667.	121,306.	115,930.	1,431.
20 Interest	363,864.	29,238.	334,626.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,690,931.	1,488,706.	202,225.	
23 Insurance	335,795.	250,079.	84,884.	832.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES & DRUGS	7,397,516.	7,397,516.		
b REPAIRS & MAINTENANCE	240,091.	217,935.	21,629.	527.
c RECRUITING & RETENTION	51,224.	737.	50,485.	2.
d LICENSES, DUES, SUBSCRIPTION	110,015.	10,645.	99,158.	212.
e All other expenses	485,233.	423,493.	59,419.	2,321.
25 Total functional expenses. Add lines 1 through 24e	68,854,962.	60,324,035.	7,927,894.	603,033.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,866,935.	1	9,559,353.
	2 Savings and temporary cash investments	5,450,356.	2	8,500,645.
	3 Pledges and grants receivable, net	3,484,392.	3	3,276,451.
	4 Accounts receivable, net	3,904,626.	4	4,101,180.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	260,183.	8	161,610.
	9 Prepaid expenses and deferred charges	476,557.	9	841,129.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,975,811.		
	b Less: accumulated depreciation	10b 11,859,086.	21,346,802.	10c 21,116,725.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	2,411,170.	15	3,192,299.
16 Total assets. Add lines 1 through 15 (must equal line 34)	44,201,021.	16	50,749,392.	
Liabilities	17 Accounts payable and accrued expenses	7,299,186.	17	10,564,320.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	5,881.
	20 Tax-exempt bond liabilities	5,032,024.	20	4,902,467.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	3,981,410.	23	3,145,273.
	24 Unsecured notes and loans payable to unrelated third parties	10,000.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,143,185.	25	2,799,933.
	26 Total liabilities. Add lines 17 through 25	18,465,805.	26	21,417,874.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	23,130,949.	27	26,793,170.
	28 Temporarily restricted net assets	2,604,267.	28	2,538,348.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	25,735,216.	33	29,331,518.	
34 Total liabilities and net assets/fund balances	44,201,021.	34	50,749,392.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	72,451,264.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,854,962.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,596,302.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,735,216.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,331,518.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?	X	
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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2018

JSA
8E1210 1.000

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,763,259.	11,529,967.	14,054,847.	14,737,189.	15,435,195.	66,520,457.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	10,763,259.	11,529,967.	14,054,847.	14,737,189.	15,435,195.	66,520,457.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						876,795.
6 Public support. Subtract line 5 from line 4						65,643,662.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	10,763,259.	11,529,967.	14,054,847.	14,737,189.	15,435,195.	66,520,457.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				27,266.	103,683.	130,949.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						66,651,406.
12 Gross receipts from related activities, etc. (see instructions)					12	204,333,916.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	98.49%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.55%
16a 33 1/3% support test - 2018. 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. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

Schedule of Contributors

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization ST JOHN'S WELL CHILD AND 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.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ST JOHN'S WELL CHILD AND FAMILY CENTER

Employer identification number
95-4067758**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE CALIFORNIA ENDOWMENT 1000 NORTH ALAMEDA ST. LOS ANGELES, CA 90012	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CA COMMUNITY FOUNDATION ENDOWMENT 445 S. FIGUEROA ST. SUITE 3400 LOS ANGELES, CA 90071	\$ 372,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CA GOVERNOR'S OFFICE OF EMERGENCY SVCS 3650 SCHRIEVER AVENUE MATHER, CA 95655	\$ 466,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	US DEPARTMENT OF HEALTH & HUMAN SERVICES 5600 FISHERS LANE ROCKVILLE, MD 20852	\$ 9,946,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LA COUNTY DEPARTMENT OF HEALTH SERVICES 313 N. FIGUEROA ST. SUITE 912 LOS ANGELES, CA 90010	\$ 603,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LOS ANGELES TRADE TECHNICAL COLLEGE 400 WEST WASHINGTON BLVD LOS ANGELES, CA 90015	\$ 330,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
95-4067758

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UNIHEALTH FOUNDATION 800 WILSHIRE BLVD STE 1300 LOS ANGELES, CA 90017	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	S. MARK TAPER FOUNDATION 12011 SAN VICENTE BLVD STE 400 LOS ANGELES, CA 90049	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

95-4067758

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

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

Employer identification number
95-4067758

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization ST JOHN'S WELL CHILD AND FAMILY CENTER	Employer identification number 95-4067758
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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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable 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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

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

GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES:

A \$172,883 GRANT WAS MADE TO STRATEGIC ACTION FOR A JUST ECONOMY. THIS GRANT WAS USED FOR LEGAL ADVOCACY FOR LOW-INCOME LOS ANGELES RESIDENT HOUSING.

A \$25,000 GRANT WAS MADE TO ST. JOHN'S ACTION FUND TO BE USED TOWARDS LOBBYING L.A. COUNTY FOR INCREASED FUNDING FOR UNDOCUMENTED PATIENTS.

SCHEDULE C, PART II-B, LINES 1(B) & (G)

DIRECT CONTACT WITH LEGISLATORS:

THE CEO MEETS WITH THE L.A. COUNTY BOARD OF SUPERVISORS AND THEIR HEALTH DEPUTIES ONCE A QUARTER FOR AN HOUR IN ORDER TO ADVOCATE FOR INCREASED HEALTH CARE FUNDING AND TO OPTIMIZE MHLA CONTRACTS.

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

RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES:

THE ORGANIZATION HELD A RALLY TO END CHILD POVERTY IN CALIFORNIA. IT WAS A FREE, FAMILY-FRIENDLY EVENT, HELD OUTSIDE IN FRONT OF ST. JOHN'S WELL CHILD AND FAMILY CENTER.

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

OTHER LOBBYING ACTIVITIES:

THE ORGANIZATION PAYS DUES TO THE CALIFORNIA PRIMARY CARE ASSOCIATION (CPCA) AND THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC). A PORTION OF THESE DUES MAY BE ATTRIBUTABLE TO LOBBYING PURPOSES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ST JOHN'S WELL CHILD AND 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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII 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, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. Sub-columns: Yes, No.

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 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 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) EST AMT DUE FROM 3RD PARTY PAY	2,126,109.
(2) OTHER RECEIVABLES	1,066,190.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,192,299.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EST AMT DUE TO 3RD PARTY PAYERS	2,799,933.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,799,933.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	72,795,733.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	278,550.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,898,743.	
e	Add lines 2a through 2d	2e		3,177,293.
3	Subtract line 2e from line 1	3		69,618,440.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,832,824.	
c	Add lines 4a and 4b	4c		2,832,824.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5		72,451,264.

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

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

1	Total expenses and losses per audited financial statements		1	69,133,512.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	278,550.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		278,550.
3	Subtract line 2e from line 1	3		68,854,962.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5		68,854,962.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12:

\$ 2,898,743 NET ASSETS RELEASED FROM RESTRICTION

SCHEDULE D, PART XI, LINE 4B

AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1:

\$ 2,832,824 TEMPORARILY RESTRICTED CONTRIBUTIONS

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
KIMBERLEY SLEDER 578 ELIASON STREET POULSBO WA 98370	GRANTMAKING		X		122,805.	
PRI DESILVA 741 HOWARD STREET VENICE CA 90292	GRANTMAKING		X		68,400.	
TINA CHRISTOPULOS 3641 SHANNON RD LOS ANGELES CA 90027	GRANTMAKING		X		38,037.	

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ST JOHN'S WELL CHILD AND FAMILY CENTER

Employer identification number

95-4067758

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDRENS HOSPITAL LOS ANGELES 1910 MAGNOLIA AVE, SUITE 400	95-1690977	501(C)(3)	233,073.				SUPPORT
(2) HELUNA HEALTH PHFE 13300 CROSSROADS PWY N NO 450	95-2557063	501(C)(3)	34,140.				SUPPORT
(3) STRATEGIC ACTIONS FOR A JUST ECONOMY (SAJE) 152 WEST 32ND STREET LOS ANGELES, CA 90007	93-1226092	501(C)(3)	172,883.				ADVOCACY
(4) TARZANA TREATMENT CENTERS INC. 18646 OXNARD ST. TARZANA, CA 91356	94-2219349	501(C)(3)	61,478.				SUPPORT
(5) HOMIES UNIDOS, INC 2105 BEVERLY BLVD. LOS ANGELES, CA 90057	95-4740768	501(C)(3)	37,100.				SUPPORT
(6) PROGRAM FOR TORTURE VICTIMS 3550 WILSHIRE BLVD. SUITE 1906	95-4492477	501(C)(3)	75,531.				SUPPORT
(7) SUNRISE COMMUNITY OUTREACH CENTER, INC 2105 BEVERLY BLVD LOS ANGELES, CA 90057	20-8444001	501(C)(3)	35,604.				SUPPORT
(8) CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET	95-3510055	501(C)(3)	111,521.				SUPPORT
(9) INSTITUTE FOR MAXIMUM HUMAN POTENTIAL PO BOX 72059 LOS ANGELES, CA 90002	95-4439557	501(C)(3)	53,761.				SUPPORT
(10) ST. JOHN'S ACTION FUND 777 S FIGUEROA ST, SUITE 4050	81-3742024	501(C)(4)	25,000.				ADVOCACY
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9.

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

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

GRANT MONITORING:

CASH DONATIONS ARE MOSTLY MADE TO MEMBERS OF THE SOUTHSIDE COALITION, A GROUP OF NON-PROFITS WHICH RESIDE IN AND SERVE THE SOUTH LA POPULATION. THE ORGANIZATION HAS MISSION ALIGNED ALLIANCES WITH SOUTHSIDE COALITION MEMBERS AND A FEW OTHER LOCAL NON-PROFITS, WITH THE GOAL OF PROVIDING ALL ASPECTS OF CARE TO THE LOCAL POPULATION, INCLUDING HOUSING, LEGAL, MEDICAL, ETC. GRANTS WERE MADE TO THESE ORGANIZATIONS FOR THE FOLLOWING PURPOSES:

-SUBSTANCE ABUSE & COUNSELING FOR TRANSGENDERS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

- HOUSING FOR LOW-INCOME LA COUNTY RESIDENTS
- HIV & HIV CASE MANAGEMENT SERVICES
- UNACCOMPANIED MINORS
- PATIENT ADVICE REGARDING IMMIGRATION, TENANT RIGHTS AND MEDI-CAL ENROLLMENT LEGAL ADVICE
- CPSP HOME VISIT PILOT FOR POST NATAL CARE
- TRANSGENDER SERVICES/VICTIM ADVOCATES CASE MANAGEMENT
- PEDIATRIC SERVICES
- STRATEGIC ACTIONS FOR A JUST ECONOMY WAS PROVIDED FUNDS FOR LEGAL

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

ADVOCACY FOR LOW-INCOME LA COUNTY RESIDENT HOUSING, IN CONJUCTION WITH

ANOTHER TAX-EXEMPT ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

ST JOHN'S WELL CHILD AND FAMILY CENTER

Employer identification number

95-4067758

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELIZABETH MEISLER CFO	(i)	267,712.	17,107.	0.	1,250.	13,722.	299,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JAMES MANGIA CEO AND PRESIDENT	(i)	418,608.	390,000.	0.	3,772.	28,061.	840,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 AELA PAIZ PHYSICIAN	(i)	315,669.	0.	0.	3,772.	16,662.	336,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ANITHA MULLANGI CHIEF MEDICAL OFFICER	(i)	320,366.	0.	0.	0.	14,500.	334,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 LINDA TIGNER-WEEKES PHYSICIAN	(i)	263,653.	0.	0.	3,415.	2,186.	269,254.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MICHAEL BERAL DIRECTOR OF DENTAL CLINIC	(i)	276,402.	0.	0.	0.	11,074.	287,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 SAIFEI WU PHYSICIAN	(i)	258,981.	0.	0.	9,689.	11,353.	280,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7

NONFIXED PAYMENTS:

IN RECOGNITION OF NEARLY 25 YEARS OF SERVICE, THE BOARD APPROVED A CEO RETIREMENT PLAN IN LATE 2015. THE BOARD USED SALARIES AND BENEFITS OF VARIOUS OTHER SIMILAR ORGANIZATIONS FOR COMPARISON TO ARRIVE AT A COMPETITIVE RETIREMENT PACKAGE. THIS AMOUNT WAS \$390,000 AND INCLUDED IN TAXABLE COMPENSATION.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST JOHN'S WELL CHILD AND FAMILY CENTER

Employer identification number

95-4067758

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	13048TK36	07/12/2017	5,469,514.	REFINANCE EXISTING BONDS, LOWER IN		X		X		X
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	567,047.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	5,469,514.			
4 Gross proceeds in reserve funds	164,878.			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	105,000.			
8 Credit enhancement from proceeds	174,251.			
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	5,025,385.			
12 Other unspent proceeds				
13 Year of substantial completion	2017			
	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

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

Schedule K (Form 990) 2018

Part III Private Business Use CALIFORNIA MUNICIPAL FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST JOHN'S WELL CHILD AND FAMILY CENTER

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

95-4067758

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION:

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.

VISION STATEMENT: ST. JOHN'S WELL CHILD AND FAMILY CENTER WILL BE A
LEADER, CATALYST, AND MODEL FOR THE BEST CARE; LONG-TERM COMMUNITY HEALTH
IMPROVEMENTS; AND SUSTAINABLE, HEALTH-ENHANCING SYSTEMS AND STRUCTURES IN
LOS ANGELES.

ST. JOHN'S WELL CHILD AND FAMILY CENTER IS AN INDEPENDENT 501(C)(3)
ORGANIZATION THAT WAS FOUNDED IN 1964 AS A SMALL, VOLUNTEER PEDIATRIC
CLINIC. OVER THE LAST FIVE DECADES, THE ORGANIZATION HAS EXPANDED TO
BECOME ONE OF THE MOST SIGNIFICANT AND COMPREHENSIVE SAFETY-NET PROVIDERS
IN LOS ANGELES COUNTY. OUR NETWORK NOW INCLUDES FIFTEEN FEDERALLY
QUALIFIED HEALTH CENTERS AND SCHOOL-BASED CLINICS THAT SPAN THE BREADTH
OF CENTRAL AND SOUTH LOS ANGELES AND COMPTON. ST. JOHN'S PROVIDES PRIMARY
AND PREVENTIVE MEDICAL, DENTAL, AND BEHAVIORAL HEALTH SERVICES, INCLUDING
SUBSTANCE ABUSE COUNSELING AND TREATMENT; HEALTH EDUCATION; OUTREACH; AND
CASE MANAGEMENT FOR MORE THAN 300,000 PATIENT VISITS EACH YEAR.

ADDITIONALLY, IN PARTNERSHIP WITH LOCAL COMMUNITY-BASED ORGANIZATIONS,
ST. JOHN'S OPERATES MANY COMMUNITY HEALTH AND SOCIAL SERVICE PROGRAMS

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

THROUGHOUT OUR SERVICE AREA. ST. JOHN'S ALSO PROVIDES OB/GYN, STD, HIV AND HEPATITIS C SCREENING AND TREATMENT, PEP AND PREP, UNACCOMPANIED MINOR, TRANSGENDER AND HOMELESS HEALTHCARE.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

MEDICAL SERVICES INCLUDE PRIMARY AND PREVENTIVE MEDICAL CARE FOR CHILDREN AND ADULTS: WELL BABY AND CHILD EXAMS; IMMUNIZATIONS; ASTHMA CARE; TREATMENT AND MGT OF CHRONIC CONDITIONS; PHYSICAL EXAMS AND ROUTINE SCREENINGS; FAMILY PLANNING; PRENATAL AND POST DELIVERY CARE; STD, HIV, AND HCV SCREENING AND TREATMENT; HIGH-RISK YOUTH SERVICES; DIABETIC CARE; ACUPUNCTURE; PODIATRY; CANCER SCREENINGS; DIAGNOSTIC AND LAB PROCEDURES; AND PHARMACY. MEDICAL SERVICES HAD 256,237 PATIENT VISITS IN 2018.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES:

THE REVENUE REPORTED ON LINE 4D IS EXCLUSIVE OF GRANT AND CONTRIBUTION REVENUE FROM PART VIII, LINE 1H IN ACCORDANCE WITH IRS INSTRUCTION. IF THE GRANT AND CONTRIBUTION REVENUE WERE INCLUDED IN THE ALLOCATION, THE REVENUE REPORTED WOULD INCREASE LINE 4D BY \$5,218,036. IN SUPPORT OF OUR PRIMARY AND PREVENTIVE MEDICAL, DENTAL, AND BEHAVIORAL HEALTH SERVICES, ST. JOHN'S OFFERS THE FOLLOWING ANCILLARY SERVICES: INSURANCE BENEFITS COUNSELING AND ENROLLMENT, CASE MANAGEMENT, HEALTH EDUCATION, YOUTH DEVELOPMENT PROGRAMS, PARENTING WORKSHOPS, LEGAL SERVICES AND COUNSELING, AND COMMUNITY RESOURCE SERVICES AND REENTRY SERVICES FOR FORMERLY INCARCERATED, FUNDED BY LA COUNTY DHS THESE SUPPORT SERVICES WERE

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

PROVIDED TO 9,547 INDIVIDUALS IN 2018.

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

990 REVIEW POLICY:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION. PRIOR TO FILING, THE ORGANIZATION'S TOP MANAGEMENT WILL REVIEW THE 990 AND A FINAL DRAFT WILL BE PROVIDED TO THE BOARD OF DIRECTORS.

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

CONFLICT OF INTEREST POLICY:

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 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, 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

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

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 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.

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

COMPENSATION REVIEW:

THE COMPENSATION OF THE CEO WAS REVIEWED IN 2016 BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE ORGANIZATION ENGAGED AN

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

INDEPENDENT ACCOUNTING FIRM, ZUEHLS LEGASPI, TO EVALUATE THE CEO'S COMPENSATION AND MAKE A RECOMMENDATION TO THE GOVERNING BODY. THE INDEPENDENT FIRM CONDUCTED THEIR EVALUATION THROUGH 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.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENT DISCLOSURE:

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.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FOUNDATION LABORATORY 1716 W HOLT AVE POMONA, CA 91768	LAB SERVICES	2,436,689.
SPECIAL NEEDS NETWORK 4401 CRENSHAW BLVD STE 215 LOS ANGELES, CA 90043	MENTAL HEALTH SVCS	1,575,101.
ECLINICAL WORKS LLC 2 TECHNOLOGY DR WESTBOROUGH, MA 01581	BILLING SOFTWARE	1,060,467.
PARKER BROWN 6727 VARIEL AVE CANOGA PARK, CA 91303	CONSTRUCTION SERVICE	1,058,899.

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

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ADP, INC. 4910 AIRPORT PLAZA DRIVE, SUITE 215 LONG BEACH, CA 90815	PAYROLL SERVICES	529,625.

ESTIMATED TAX WORKSHEET FOR FORM 990-W

A. 2019 Estimated Tax		A	
B. Enter 100 % of Line A	B		
C. Enter 100 % of tax on 2018 FORM 990-T	C	14,937.	
D. Required Annual Payment (Smaller of lines B or C)			D 14,937.
E. Income tax withheld (if applicable)			E
F. Balance (As rounded to the nearest multiple of)			F 15,200.

Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount	(c) 2018 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	04/15/2019		3,800.	3,800.
2	06/17/2019		3,800.	3,800.
3	09/16/2019	1,107.	2,693.	3,800.
4	12/16/2019	3,800.		3,800.
Total		4,907.	10,293.	15,200.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form **990-T**

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20____.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year</p> <p>50,749,392.</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>ST JOHN'S WELL CHILD AND FAMILY CENTER</p>		<p>D Employer identification number (Employees' trust, see instructions.)</p> <p>95-4067758</p>	
		<p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>808 W. 58TH STREET</p>			<p>E Unrelated business activity code (See instructions.)</p>
		<p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>LOS ANGELES, CA 90037</p>			
<p>F Group exemption number (See instructions.) ▶</p>		<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ ELIZABETH MEISLER Telephone number ▶ 323-541-1613

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See instructions for limitation rules)	20	ATCH 2	8,014.
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28	29		8,014.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-8,014.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income. Subtract line 31 from line 30	32		-8,014.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 56-58 regarding foreign activities and tax-exempt interest.

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.

Signature and Preparer Use Only section. Includes fields for officer signature, date, title, and preparer information (name, address, signature, date, firm name, EIN, phone).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line		
3 Cost of labor	3		6 from line 5. Enter here and in		
4a Additional section 263A costs			Part I, line 2	7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to		
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply		Yes No
5 Total. Add lines 1 through 4b	5		to the organization?		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals row with instructions: Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4).

Totals row with instructions: Enter here and on page 1, Part I, line 9, column (A). Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Totals row with instructions: Enter here and on page 1, Part I, line 10, col. (A). Enter here and on page 1, Part I, line 10, col. (B). Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7, 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (5))

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

DISALLOWED TRANSPORTATION FRINGE BENEFITS.

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	0.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	0.
	<hr/>
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	
CHARITABLE CONTRIBUTION	1,109,650.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>8,014.</u>

ST JOHN'S WELL CHILD AND FAMILY CENTER
Instructions for Filing
Form 8453-EO
CA e-file Return Authorization for Exempt Organizations
For the Year Ended December 31, 2018

The original Form 8453-EO should be signed (use full name) and dated by an authorized officer of the organization.

Please return the signed form on or before November 15, 2019 to:

BKD, LLP
910 E ST LOUIS #200/PO BOX 1190
SPRINGFIELD MO 65806-2523

Or fax to: 417-865-0682
Attn: SFD Efile

Or email to: SFDEfile@bkd.com

Your return will be filed electronically. You do not need to file any forms with the state of California.

There is no tax due with the filing of this return.

DO NOT separately file Form 199 with the state of California. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The state will notify us when your return is accepted. Your return is not considered filed until the state confirms their acceptance, which may occur after the due date of your return.

ST JOHN'S WELL CHILD AND FAMILY CENTER
Instructions for Filing
Form 109
California Exempt Organization Business Income Tax Return
For the year ended December 31, 2018

The original return should be signed (use full name) and dated on page 2 by an authorized officer of the organization.

File the signed return by November 15, 2019 with:

Franchise Tax Board
PO Box 942857
Sacramento CA 94257-0500

There is no tax due with the filing of this return.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

ST JOHN'S WELL CHILD AND FAMILY CENTER
Instructions for Filing
Form RRF-1
California Annual Registration Renewal Fee Report
For the year ended December 31, 2018

The original return should be signed (use full name) and dated on page 1 by an authorized officer of the organization.

File the signed return by November 15, 2019 with:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

A check or money order payable to "Attorney General's Registry of Charitable Trusts" in the amount of \$300 should be attached to the return. Be sure to include the federal EIN and "2018 Form RRF-1" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

California Exempt Organization Annual Information Return

2018

199

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)
Corporation/Organization name: ST JOHN'S WELL CHILD AND FAMILY CENTER
California corporation number: 1732872
FEIN: 95-4067758
Street address (suite or room): 808 W. 58TH STREET
City: LOS ANGELES
State: CA
Zip code: 90037

A First Return... B Amended Return... C IRC Section 4947(a)(1) trust... D Final Information Return?
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending? Date filed with IRS

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

Table with 4 columns: Description, Line Number, Amount, and Total. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-17). Total gross income is 72,451,264.00.

Sign Here: Signature of officer, Title, Date, Telephone.
Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, PTIN (P01248198), Firm's name and address (BKD, LLP, 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523), Firm's FEIN (44-0160260), Telephone (417 865-8701).
May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	56,912,386	00
	2	Interest	•	2		00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income. Attach schedule ATCH. 2.	•	7	103,683	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		8	57,016,069	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule ATCH. 3.	•	9	1,134,650	00
Expenses and Disbursements	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule. ATCH. 4.	•	11	1,140,232	00
	12	Other salaries and wages	•	12	35,101,652	00
	13	Interest	•	13	363,864	00
	14	Taxes	•	14	2,795,274	00
	15	Rents	•	15	1,170,517	00
	16	Depreciation and depletion (See instructions).	•	16	1,690,931	00
	17	Other Expenses and Disbursements. Attach schedule ATCH. 5.	•	17	25,482,842	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	68,879,962	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		12,317,291.		18,059,998.
2 Net accounts receivable		3,904,626.		4,101,180.
3 Net notes receivable		3,484,392.		3,276,451.
4 Inventories		260,183.		161,610.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock.				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	31,514,958.		32,975,811.	
b Less accumulated depreciation	(10,168,156.)	21,346,802.	(11,859,086.)	21,116,725.
11 Land				
12 Other assets. Attach schedule	ATCH 6	2,887,727.		4,033,428.
13 Total assets		44,201,021.		50,749,392.
Liabilities and net worth				
14 Accounts payable		7,299,186.		10,564,320.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable		5,042,024.		4,902,467.
17 Mortgages payable		3,981,410.		3,145,273.
18 Other liabilities. Attach schedule	ATCH 7	2,143,185.		2,805,814.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		25,735,216.		29,331,518.
22 Total liabilities and net worth		44,201,021.		50,749,392.

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 \$50,000			
1	Net income per books	•	3,596,302.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule. ATCH. 8.	•	278,550.
6	Total. Add line 1 through line 5		3,874,852.
7	Income recorded on books this year not included in this return. Attach schedule	•	278,550.
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	Total. Add line 7 and line 8		278,550.
10	Net income per return. Subtract line 9 from line 6		3,596,302.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2018

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name ST JOHN'S WELL CHILD AND FAMILY CENTER	Identifying number 95-4067758
--	----------------------------------

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	72,451,264.
2 Total gross income (Form 199, line 8)	2	72,451,264.
3 Total expenses and disbursements (Form 199, Line 9)	3	68,879,962.

Part II Settle Your Account Electronically for Taxable Year 2018

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____



Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
 6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.


Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here  _____ |05/13/2019| _____  CFO _____
 Signature of officer Date Title


Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.


I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign ERO's signature  _____ Date _____ Check if also paid preparer Check if self-employed ERO's PTIN P01248198

Firm's name (or yours if self-employed) and address  **BKD, LLP** FEIN 44-0160260
910 E ST LOUIS #200/PO BOX 1190 ZIP code 65806-2523
SPRINGFIELD MO

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign Paid preparer's signature  _____ Date _____ Check if self-employed Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address  _____ FEIN _____ ZIP code _____

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DONOR ADVISED FUNDS</u>		<u>DIRECT PUBLIC SUPPORT</u>		<u>INDIRECT PUBLIC SUPPORT</u>		<u>GOVERNMENT GRANTS</u>	
		<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH 3600 WILSHIRE BLVD. SUITE 600 LOS ANGELES, CA 90010	10/01/2018							236,463.	
THE CALIFORNIA ENDOWMENT 1000 NORTH ALAMEDA ST. LOS ANGELES, CA 90012	12/18/2018			750,000.					
CA FAMILY HEALTH COUNCIL 3600 WILSHIRE BLVD. SUITE 600 LOS ANGELES, CA 90010	10/31/2018			118,798.					
CA COMMUNITY FOUNDATION ENDOWMENT 445 S. FIGUEROA ST. SUITE 3400 LOS ANGELES, CA 90071	11/16/2018			372,324.					
CA GOVERNOR'S OFFICE OF EMERGENCY SVCS 3650 SCHRIEVER AVENUE MATHER, CA 95655	11/13/2018							466,288.	
CEDAR SINAI MEDICAL CENTER 8700 BEVERLY BLVD SUITE 2416 LOS ANGELES, CA 90048	07/16/2018			50,000.					
CITY OF LOS ANGELES 201 W. FIGUEROA ST. SUITE 100 LOS ANGELES, CA 90012	06/11/2018							35,157.	
CLARE DE BRIERE 700 SOUTH FLOWER LOS ANGELES, CA 90017	01/11/2018			5,000.					
COMMUNITY COALITION FOR SUBSTANCE ABUSE 8101 S. VERMONT AVENUE LOS ANGELES, CA 90044	07/25/2018			10,000.					

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DONOR ADVISED FUNDS</u>		<u>DIRECT PUBLIC SUPPORT</u>		<u>INDIRECT PUBLIC SUPPORT</u>		<u>GOVERNMENT GRANTS</u>	
		<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>
DELTA DENTAL COMMUNITY CARE FOUNDATION 100 FIRST STREET SAN FRANCISCO, CA 94105	10/16/2018			20,000.					
FIRST 5 LA-PROPOSITION 10 COMMISSION 750 N. ALAMEDA ST. SUITE 300 LOS ANGELES, CA 90012	09/17/2018							101,228.	
HENRY SCHEIN 135 DURYEY ROAD MELVILLE, NY 11747	08/13/2018			5,000.					
US DEPARTMENT OF HEALTH & HUMAN SERVICES 5600 FISHERS LANE ROCKVILLE, MD 20852	12/24/2018							9,946,201.	
LA CARE HEALTH PLAN 555 WEST FIFTH STREET, 29TH FLOOR LOS ANGELES, CA 90013	09/27/2018			255,000.					
LA COUNTY DEPARTMENT OF HEALTH SERVICES 313 N. FIGUEROA ST. SUITE 912 LOS ANGELES, CA 90010	12/27/2018							603,520.	
LA COUNTY DHSP 600, SOUTH COMMONWEALTH AVENUE, 10TH FLO LOS ANGELES, CA 90005	12/18/2018							180,498.	
RCHN COMMUNITY FOUNDATION 1633 BROADWAY, 18TH FLOOR NEW YORK, NY 10019	09/03/2018			125,000.					
THE ROSE HILLS FOUNDATION 225 SOUTH LAKE AVENUE, STE. 1250 PASADENA, CA 91101	12/24/2018			300,000.					

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DONOR ADVISED FUNDS</u>		<u>DIRECT PUBLIC SUPPORT</u>		<u>INDIRECT PUBLIC SUPPORT</u>		<u>GOVERNMENT GRANTS</u>	
		<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>
TARZANA- HEPIC PROJECT 18321 CLARK STREET TARZANA, CA 91356	04/05/2018			27,536.					
HEALTH CARE LA IPA PO BOX 570590 TARZANA, CA 91357	10/31/2018			51,711.					
VARIOUS CONTRIBUTIONS < \$5,000 808 W. 58TH STREET LOS ANGELES, CA 90037	12/31/2018			94,485.					
VARIOUS NONCASH < \$5,000 808 W. 58TH STREET LOS ANGELES, CA 90037	12/31/2018				12,932.				
AHMANSON FOUNDATION 9215 WILSHIRE BLVD BEVERLY HILLS, CA 90210	03/13/2018			5,000.					
LOS ANGELES TRADE TECHNICAL COLLEGE 400 WEST WASHINGTON BLVD LOS ANGELES, CA 90015	04/17/2018			330,000.					
FOUNDATION LABORATORY 1716 WEST HOLT POMONA, CA 91768	05/31/2018			10,000.					
GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST STE 220 SANTA MONICA, CA 90405	05/30/2018			15,000.					
DENVER FOUNDATION 55 MADISON ST 8TH FLOOR DENVER, CO 80206	06/28/2018			20,000.					

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORSATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DONOR ADVISED FUNDS</u>		<u>DIRECT PUBLIC SUPPORT</u>		<u>INDIRECT PUBLIC SUPPORT</u>		<u>GOVERNMENT GRANTS</u>	
		<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>
KAISER FOUNDATION 6041 CADILLAC AVE 5TH FLOOR LOS ANGELES, CA 90034	12/31/2018			50,000.					
SOUTHSIDE COLITION 3655 S GRAND AVE STE 260 LOS ANGELES, CA 90007	12/06/2018			10,000.					
COUNTY OF LOS ANGELOS 866 KENNETH HAHN OF ADMINISTRATION LOS ANGELES, CA 90012	12/31/2018							7,500.	
UNIHEALTH FOUNDATION 800 WILSHIRE BLVD STE 1300 LOS ANGELES, CA 90017	04/24/2018			500,000.					
BIENESTAR HUMAN SERVICES 5326 E BEVERLY BLVD LOS ANGELES, CA 90022	12/31/2018			31,250.					
CHILDERNS INSTITUTE INC OTIS BOOTH CAMPUS 2121 WEST TEMPLE ST LOS ANGELES, CA 90026	12/31/2018			19,555.					
CA DEPARTMENT OF DEVELOPMENTAL SERVICES 1600 9TH ST, ROOM 204, MS 3-7 SARAMENTO, CA 95814	11/07/2018							94,565.	
S. MARK TAPER FOUNDATION 12011 SAN VICENTE BLVD STE 400 LOS ANGELES, CA 90049	12/12/2018			450,000.					
NATIONAL MEDICAL FELLOWSHIP 347 5TH ST 18TH FLOOR NEW YORK, NY 10016	07/30/2018			7,200.					

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

ATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DONOR ADVISED FUNDS</u>		<u>DIRECT PUBLIC SUPPORT</u>		<u>INDIRECT PUBLIC SUPPORT</u>		<u>GOVERNMENT GRANTS</u>	
		<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>	<u>CASH</u>	<u>NONCASH</u>
MATRIX INSTITUTE ON ADDICTION 812 N EUCLID AVE ONTARIO, CA 91762	12/31/2018			91,841.					
UNION BANK PO BOX 60691 LOS ANGELES, CA 90060	10/10/2018			5,000.					
LIN TIEN 3327 ALABAMA ST LA CRECENTE, CA 91214	10/10/2018			21,143.					
TOTAL CONTRIBUTION AMOUNTS				<u>3,750,843.</u>	<u>12,932.</u>			<u>11,671,420.</u>	

PART II - OTHER INCOME

INVESTMENT INCOME	103,683.
TOTAL OTHER INCOME	<u>103,683.</u>

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 3

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
<u>GRANTS PAID</u>			
CHILDRENS HOSPITAL LOS ANGELES 1910 MAGNOLIA AVE, SUITE 400 LOS ANGELES, CA 90007	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	233,073.
HELUNA HEALTH PHFE 13300 CROSSROADS PWY N NO 450 CITY OF INDUSTRY, CA 91746	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	34,140.
STRATEGIC ACTIONS FOR A JUST ECONOMY (SAJE) 152 WEST 32ND STREET LOS ANGELES, CA 90007	COMMUNITY ORGANIZATION 501(C)(3)	ADVOCACY	172,883.
TARZANA TREATMENT CENTERS INC. 18646 OXNARD ST. TARZANA, CA 91356	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	61,478.
HOMIES UNIDOS, INC 2105 BEVERLY BLVD. LOS ANGELES, CA 90057	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	37,100.
PROGRAM FOR TORTURE VICTIMS 3550 WILSHIRE BLVD. SUITE 1906 LOS ANGELES, CA 90010	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	75,531.
SUNRISE COMMUNITY OUTREACH CENTER, INC 2105 BEVERLY BLVD LOS ANGELES, CA 90057	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	35,604.
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET LOS ANGELES, CA 90012	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	111,521.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 3 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
INSTITUTE FOR MAXIMUM HUMAN POTENTIAL PO BOX 72059 LOS ANGELES, CA 90002	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	53,761.
ST. JOHN'S ACTION FUND 777 S FIGUEROA ST, SUITE 4050 LOS ANGELES, CA 90037	501(C)(4)	ADVOCACY	25,000.
		TOTAL CONTRIBUTIONS PAID	<u>840,091.</u>

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

<u>NAME</u>	<u>TITLE</u>	<u>COMPENSATION</u>
LEONOR GUZMAN	BOARD MEMBER	0.
LIN TIEN	BOARD MEMBER	0.
BILL DAWE	TRESURER	0.
ELIZABETH MEISLER	CFO	299,791.
JAMES MANGIA	CEO AND PRESIDENT	840,441.
BILL DAWE	TREASURER	0.
DONALD YOUNG	BOARD MEMBER	0.
GILDA HASS	SECRETARY	0.
JOANNA MIMI CHOI, MD	BOARD MEMBER	0.
LILIA GARCIA	CHAIR	0.
MARTHA ORTIZ	BOARD MEMBER	0.
PATRICIA ESCAMILLA	VICE CHAIR	0.
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES		<u>1,140,232.</u>

ATTACHMENT 5PART II - OTHER EXPENSES

EMPLOYEE BENEFITS	5,177,853.
LEGAL EXPENSES	279,188.
ACCOUNTING EXPENSE	101,735.
PROFESSIONAL EXPENSE	229,242.
OTHER FEES FOR SVCS	6,302,080.
ADVERTISING	424.
OFFICE EXPENSES	2,304,151.
INFO. TECHNOLOGY	2,044,780.
TRAVEL EXPENSES	184,848.
CONFERENCES	238,667.
INSURANCE	335,795.
MEDICAL SUPPLIES & DRUGS	7,397,516.
REPAIRS & MAINTENANCE	240,091.
RECRUITING & RETENTION	51,224.
LICENSES, DUES, SUBSCRIPTIONS	110,015.
ALL OTHER EXPENSES	485,233.
TOTAL OTHER EXPENSES	<u>25,482,842.</u>

ATTACHMENT 6SCHEDULE L - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
EST AMT DUE FROM 3RD PARTY PAY	1,521,559.	2,126,109.
OTHER RECEIVABLES	889,611.	1,066,190.
PREPAID EXPENSES	476,557.	841,129.
 TOTAL OTHER ASSETS	 <u>2,887,727.</u>	 <u>4,033,428.</u>

SCHEDULE L - OTHER LIABILITIESCORPORATE NAME: ST JOHNS WELL CHILD & FAMILY
EIN OF BUSINESS: 94-4067758

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
OTHER LIABILITIES	2,143,185.	2,799,933.
DEFERRED REVENUE		5,881.
TOTAL CORPORATION OTHER LIABILITIES	<u>2,143,185.</u>	<u>2,805,814.</u>
TOTAL OTHER LIABILITIES	<u>2,143,185.</u>	<u>2,805,814.</u>

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

DONATED SERVICES	278,550.
TOTAL EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED	<u>278,550.</u>

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

DONATED SERVICES	278,550.
TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED	<u>278,550.</u>

2018 Business Income Tax Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name ST JOHN'S WELL CHILD AND FAMILY CENTER California corporation number 1732872

Additional information. See instructions. FEIN 95-4067758

Street address (suite/room no.) 808 W. 58TH STREET PMB no.

City (If the corporation has a foreign address, see instructions.) LOS ANGELES State CA ZIP code 90037

Foreign country name Foreign province/state/county Foreign postal code

- A First Return Filed?
B Is this an education IRA within the meaning of R&TC Section 23712?
C Is the organization under audit by the IRS or has the IRS audited in a prior year?
D Final Return?
E Amended Return.
F Accounting Method Used: (1) Cash (2) Accrual (3) Other
G Nature of trade or business

- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?
I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?
J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?
K Unrelated Business Activity (UBA) Code
L Is this a Hospital?

Table with 5 columns: Line number, Description, Amount, and Total. Rows include Taxable Corporation (lines 1-3), Taxable Trust (line 4), Tax Computation (lines 5-11), Total Tax (lines 12-14), Payments (lines 15-19), and Use Tax/Tax Due/Overpayment (lines 20-25).

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M.	27	00
28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00	

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales b Less returns and allowances c Balance	1c	00
2 Cost of goods sold and/or operations (Schedule A, line 7)	2	00
3 Gross profit. Subtract line 2 from line 1c	3	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)	4a	00
b Net gain (loss) from Part II, Schedule D-1	4b	00
c Capital loss deduction for trusts	4c	00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	5	00
6 Rental income (Schedule C)	6	00
7 Unrelated debt-financed income (Schedule D)	7	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9	00
10 Exploited exempt activity income (Schedule G)	10	00
11 Advertising income (Schedule H, Part III, Column A)	11	00
12 Other income. Attach schedule	12	00
13 Total unrelated trade or business income. Add line 3 through line 12	13	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14	00
15 Salaries and wages	15	00
16 Repairs	16	00
17 Bad debts	17	00
18 Interest. Attach schedule	18	00
19 Taxes. Attach schedule	19	00
20 Contributions. See instructions and attach schedule.	20	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00
b Less: depreciation claimed on Schedule A. See instructions.	21b	00
22 Depletion. Attach schedule	22	00
23 a Contributions to deferred compensation plans	23a	00
b Employee benefit programs. See instructions.	23b	00
24 Other deductions. Attach schedule.	24	00
25 Total deductions. Add line 14 through line 24	25	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	00
27 Excess advertising costs (Schedule H, Part III, Column B)	27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26.	28	00
29 Specific deduction. See instructions	29	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	30	00

Sign Here To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.
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.

Signature of officer ▶	Title CFO	Date	• Telephone
Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	• PTIN P01248198
Firm's name (or yours, if self-employed) and address ▶ BKD, LLP 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523			• Firm's FEIN 44-0160260 • Telephone 417 865-8701
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

1 Inventory at beginning of year	1	00
2 Purchases.	2	00
3 Cost of labor	3	00
4 a Additional IRC Section 263A costs. Attach schedule	4a	00
b Other costs. Attach schedule	4b	00
5 Total. Add line 1 through line 4b	5	00
6 Inventory at end of year	6	00
7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits.

1 Enter credit name _____ code ● _____ . ●	1	00
2 Enter credit name _____ code ● _____ . ●	2	00
3 Enter credit name _____ code ● _____ . ●	3	00
4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11	4	00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
b Method for non-dealer installment obligations	2b	00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4 Credit recapture. Credit name _____	4	00
5 Total. Combine the amounts on line 1 through line 4. See instructions	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	●	●	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2			●

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions.	●	●	●
2 Payroll factor: Wages and other compensation of employees	●	●	●
3 Sales factor: Gross sales and/or receipts less returns and allowances	●	●	●
4 Total percentage: Add the percentages in column (c).			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property		2 Rent received or accrued	3 Percentage of rent attributable to personal property	
			%	
			%	
			%	
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (attach schedule)	(c) Net income includible, column 5(a) less column 5(b)
Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6.				

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns: 1 Name of controlled organizations, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5). Includes sub-sections for Exempt and Nonexempt Controlled Organizations.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
Totals						

Part II Income from Periodicals Reported on a Separate Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part I, line 11		Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify) _____						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

OFFICE OF THE
 ATTORNEY GENERAL

 CALIFORNIA
 DEPARTMENT
 OF JUSTICE

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 the 15th day of the 5th month 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> ST JOHN'S WELL CHILD AND FAMILY CENTER Name of Organization 808 W. 58TH STREET Address (Number and Street) LOS ANGELES CA 90037 City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1732872</u> Federal Employer I.D. No. <u>95-4067758</u>
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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 01/01/2018 ending 12/31/2018) list:

Gross annual revenue \$ 72,451,264. Total assets \$ 50,749,392.

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 10	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 EMEISLER@WELLCHILD.ORG

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.

ELIZABETH MEISLER CFO _____
 Signature of authorized officer Printed Name Title Date

FORM RRF-1, PART B - CONTRIBUTING GOVERNMENT AGENCIESATTACHMENT 10

GOVERNMENT AGENCY NAME	STREET ADDRESS	CITY, STATE AND ZIP CODE	CONTACT NAME	TELEPHONE
US DEPARTMENT OF HEALTH SERVICES	5600 FISHERS LANE	ROCKVILLE, MD, 20852	VANESSA SHAW	301-594-4282
LA COUNTY DEPARTMENT OF HEALTH SERVICES	313 N FIGUEROA ST. SUITE 912	LOS ANGELES, CA, 90010	JONATHAN FIELDING	213-240-8117
FIRST 5 LA-PROPOSITION 10 COMMISSION	750 N ALAMEDA ST. SUITE 300	LOS ANGELES, CA, 90012	FAITH REYES	213-482-5902
CITY OF LOS ANGELES	201 W FIGUEROA ST. SUITE 100	LOS ANGELES, CA, 90012	CATHY ROBINSON	562-908-3558
LA COUNTY DHSP	600 SOUTH COMMONWEALTH AVENUE, 10	LOS ANGELES, CA, 90005	MARIO J PEREZ	213-351-8000
CA GOVERNERS OFFICE OF EMERGENCY SERVICE	3650 SCHRIEVER AVENUE	MATHER, CA, 95655	MARK GHILARUCCI	916-845-8506
CA DEPT OF PUBLIC HEALTH	3600 WILLSHIRE BLVD, STE 600	LOS ANGELES, CA, 90010	VINCENT TRAN	626-299-3579
CA DEPARTMENT OF DEVELOPMENT SERVICES	OTIS BOOTH CAMPUS 2121 WEST TEMPL	LOS ANGELES, CA 90026	NEED NAME	916-654-1690
COUNTY OF LOS ANGELES	866 KENNETH HAHN HALL OF ADMIN	LOS ANGELES, CA 90012	BOARD OF SUPERVISORS	213-974-1311