

ST JOHN'S WELL CHILD AND FAMILY CENTER
FORM 990
TAX YEAR 2020

Two Year Comparison Schedule
2020 to 2019

Description	2020	2019	Difference
Revenue			
Contributions and grants	24,700,858.	20,928,543.	3,772,315.
Program service revenue	74,363,654.	61,350,319.	13,013,335.
Investment income	38,381.	168,267.	-129,886.
Other revenue		-104,792.	104,792.
Total revenue	99,102,893.	82,342,337.	16,760,556.
Expenses			
Grants and similar amounts paid	1,550,557.	1,335,263.	215,294.
Benefits paid to or for members			
Salaries, other compensation, employee benefits	53,507,866.	47,378,278.	6,129,588.
Professional fundraising fees	376,668.	345,381.	31,287.
Other expenses	34,967,941.	30,651,636.	4,316,305.
Total expenses	90,403,032.	79,710,558.	10,692,474.
Net Assets or Fund Balances			
Total assets	72,019,151.	59,693,036.	12,326,115.
Total liabilities	33,743,058.	28,171,572.	5,571,486.
Net assets	38,276,093.	31,521,464.	6,754,629.

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, 2020.

- 2020 990-T - Exempt Organization Business Income Tax Return
- 2020 990 - Return of Organization Exempt from Income Tax
- 2020 8879-EO - IRS E-file Signature Authorization Form
- 2020 8879-EO - IRS E-file Signature Authorization Form
- 2020 Schedule A - Public Charity Status and Public Support
- 2020 Schedule B - Schedule of Contributors
- 2020 Schedule C - Political Campaign and Lobbying Activities
- 2020 Schedule D - Supplemental Financial Statements
- 2020 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
- 2020 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
- 2020 Schedule J - Compensation Information
- 2020 Schedule K - Supplemental Information on Tax-Exempt Bonds
- 2020 Schedule M - Noncash Contributions
- 2020 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2020 California Exempt Organization Annual Information Return
- 2020 CA e-file Return Authorization for Exempt Organizations
- 2020 California Exempt Organization Business Income Tax Return
- 2020 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 8879-EO
IRS e-file Signature Authorization for Form 990-T
For the year ended December 31, 2020

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 65806-2523

or Fax to: 417-865-0682
Attn: SFD Efile

or Email to: SFDEfile@bkd.com

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

No estimated tax payments for 2021 will be required, nor will you be subject to underpayment penalties because you have no 2020 tax liability.

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-T 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, 2021. 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.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 01/01, 2020, and ending 12/31, 2020

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

ST JOHN'S WELL CHILD AND FAMILY CENTER

Taxpayer identification number

95-4067758

Name and title of officer or person subject to tax

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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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>99102893.</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	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

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 tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶ _____

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 2020 electronically filed return 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 ▶ *Elizabeth Meisler*

Date ▶ 10/26/2021

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

For Paperwork Reduction Act Notice, see back of form.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 01/01, 2020, and ending 12/31, 2020

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury Internal Revenue Service

Name of exempt organization or person subject to tax

ST JOHN'S WELL CHILD AND FAMILY CENTER

Taxpayer identification number

95-4067758

Name and title of officer or person subject to tax

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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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.

Table with 2 columns: Line number and description. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize BKD, LLP to enter my PIN 91823 as my signature

on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax

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.

43032944016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 10/26/2021

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

Return of Organization Exempt From Income Tax

2020

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 2020 calendar year, or tax year beginning, 2020, and ending, 20

Form 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 other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and asset/liability totals.

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 section with fields for officer signature, preparer name (KRYSTAL K CREACH), firm name (BKD, LLP), and firm address.

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 (2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST JOHN'S WELL CHILD AND FAMILY CENTER	Taxpayer identification number (TIN) 95-4067758
	Number, street, and room or suite no. If a P.O. box, see instructions. 808 W. 58TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90037	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ELIZABETH MEISLER

• The books are in the care of ► 808 W. 58TH STREET LOS ANGELES CA 90037

Telephone No. ► 323 541-1613 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2020 or
- tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 68,019,014. including grants of \$) (Revenue \$ 64,134,900.)

ATTACHMENT 1

4b (Code:) (Expenses \$ 7,336,409. including grants of \$) (Revenue \$ 6,285,636.)

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 \$1,327,790. 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 38,272 PATIENT VISITS IN 2020.

4c (Code:) (Expenses \$ 747,927. including grants of \$) (Revenue \$ 636,356.)

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 \$1,033,996. 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 33,648 PATIENT VISITS IN 2020.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 3,701,455. including grants of \$ 1,550,557.) (Revenue \$ 3,094,762.)

4e Total program service expenses 79,804,805.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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 donor-restricted endowments or in 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 organizational requirements and schedules.

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. 2a 859		
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? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ 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? 12a _____		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b _____		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? 13a _____ 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? 14a _____		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b _____		
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? 15 _____ 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. 16 _____		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 on 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 (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a-8b (governing body/committees), 9 (unreachable officers).

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-16b covering local chapters, policies, conflict of interest, compensation, whistleblower, document retention, and investments.

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 on 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.
- See instructions for the order in which to list the persons above.

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) JAMES MANGIA CEO AND PRESIDENT	40.00 0.			X			632,390.	0.	12,346.	
(2) ANITHA LAKSHMI MULLANGI CHIEF MEDICAL OFFICER	40.00 0.				X		430,049.	0.	21,243.	
(3) ELIZABETH MEISLER CFO	40.00 0.			X			347,472.	0.	15,125.	
(4) MICHAEL BERL DIRECTOR OF DENTAL CLINIC	40.00 0.				X		329,720.	0.	12,346.	
(5) ELENA FERNANDEZ CHIEF OF PROGRAMS	40.00 0.				X		298,406.	0.	19,278.	
(6) TIMOTHY NEIMAN CHIEF ADMINISTRATIVE OFFICER	40.00 0.				X		294,204.	0.	7,452.	
(7) MOHSEN JAMEI PHYSICIAN	40.00 0.					X	272,363.	0.	23,317.	
(8) SUSHANT BANDARPALLE REGIONAL MEDICAL DIRECTOR	40.00 0.				X		282,727.	0.	12,332.	
(9) JONATHAN OLUWARIMITAN OLUMOYA PHYSICIAN	40.00 0.					X	273,411.	0.	20,732.	
(10) ROLANDO BARAHONA CHIEF OPERATING OFFICER	40.00 0.				X		277,784.	0.	7,566.	
(11) SAM CHOODAR BADIANT DIRECTOR OF PHARMACY	40.00 0.				X		258,733.	0.	23,643.	
(12) SAIFEI WU FAMILY PRACTICE PHYSICIAN	40.00 0.					X	255,850.	0.	21,118.	
(13) ALYSSA OGNENOVSKI FAMILY MEDICINE PHYSICIAN	40.00 0.					X	239,662.	0.	11,576.	
(14) KATHY TRUONG PHARMACIST IN CHARGE	40.00 0.					X	237,053.	0.	5,728.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(15) MATTHEW WELZENBACH REGIONAL MEDICAL DIRECTOR	40.00 0.				X			242,591.	0.	0.
(16) LEONOR GUZMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(17) LIN TIEN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(18) BILL DAWE TREASURER	1.00 0.	X		X				0.	0.	0.
(19) CECILIA SIBLEY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(20) JOANNA MIMI CHOI, MD SECRETARY	1.00 0.	X		X				0.	0.	0.
(21) SANDRA WEATHERSBY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(22) LILIA GARCIA CHAIR	1.00 0.	X		X				0.	0.	0.
(23) MARTHA ORTIZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(24) PATRICIA ESCAMILLA VICE CHAIR	1.00 0.	X		X				0.	0.	0.
1b Sub-total								4,672,415.	0.	213,802.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,672,415.	0.	213,802.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **105**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **26**

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	10,000.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	17,397,982.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	7,292,876.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 2,157,878.				
	h	Total. Add lines 1a-1f ▶			24,700,858.			
	Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code	624100	54,609,887.	54,609,887.	
b		CAPITATION/PREMIUM REVENUE	624100		17,681,223.	17,681,223.		
c		OTHER REVENUE	624100		1,460,544.	1,460,544.		
d		EHR INCENTIVE REVENUE	624100		612,000.	612,000.		
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			74,363,654.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶			38,381.		38,381.
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c					
	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	8a			0.			
			8b		0.			
			c	Net income or (loss) from fundraising events. ▶		0.		
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
			9b		0.			
			c	Net income or (loss) from gaming activities. ▶		0.		
10a	Gross sales of inventory, less returns and allowances	10a			0.			
			10b		0.			
			c	Net income or (loss) from sales of inventory. ▶		0.		
Miscellaneous Revenue	11a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶				0.		
12	Total revenue. See instructions ▶			99,102,893.	74,363,654.		38,381.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,550,557.	1,550,557.		
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	3,525,407.	1,931,068.	1,594,339.	
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	40,783,814.	37,744,967.	2,830,672.	208,175.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	521,164.	473,797.	44,775.	2,592.
9 Other employee benefits	5,315,340.	4,784,978.	504,877.	25,485.
10 Payroll taxes	3,362,141.	3,012,731.	333,523.	15,887.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	1,253,216.	648.	1,252,568.	
c Accounting	123,051.		123,051.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	376,668.			376,668.
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.)	5,853,372.	4,701,782.	990,613.	160,977.
12 Advertising and promotion	70,520.	1,999.	68,521.	
13 Office expenses	1,670,798.	1,247,508.	421,215.	2,075.
14 Information technology	4,404,011.	3,987,992.	416,019.	
15 Royalties	0.			
16 Occupancy	3,802,324.	3,389,119.	413,205.	
17 Travel	174,646.	154,224.	16,955.	3,467.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	103,261.	72,603.	23,921.	6,737.
20 Interest	337,289.	71,145.	266,144.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,553,805.	1,330,900.	222,905.	
23 Insurance	400,310.	371,657.	28,653.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	14,575,089.	14,575,089.		
b LICENSES, DUES, SUBSCRIPTION	279,796.	168,903.	107,361.	3,532.
c REPAIRS & MAINTENANCE	239,135.	223,431.	15,704.	
d RECRUITING & RETENTION	115,068.		115,068.	
e All other expenses	12,250.	9,707.	2,543.	
25 Total functional expenses. Add lines 1 through 24e	90,403,032.	79,804,805.	9,792,632.	805,595.
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	10,199,983.	1	13,955,411.
	2 Savings and temporary cash investments.	7,720,796.	2	11,800,909.
	3 Pledges and grants receivable, net	3,364,136.	3	3,432,033.
	4 Accounts receivable, net.	4,886,224.	4	7,586,591.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	339,151.	8	319,561.
	9 Prepaid expenses and deferred charges	1,164,958.	9	1,151,254.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,113,653.		
	b Less: accumulated depreciation.	10b 13,122,495.		
		19,669,193.	10c	23,991,158.
	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	7,265,361.	14	6,820,002.
15 Other assets. See Part IV, line 11	5,083,234.	15	2,962,232.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	59,693,036.	16	72,019,151.	
Liabilities	17 Accounts payable and accrued expenses.	10,381,803.	17	13,495,184.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	785,244.	19	1,023,208.
	20 Tax-exempt bond liabilities.	4,768,330.	20	4,638,318.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	9,830,106.	23	10,504,448.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	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	2,406,089.	25	4,081,900.
	26 Total liabilities. Add lines 17 through 25.	28,171,572.	26	33,743,058.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	29,501,829.	27	36,134,447.
	28 Net assets with donor restrictions.	2,019,635.	28	2,141,646.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	31,521,464.	32	38,276,093.
33 Total liabilities and net assets/fund balances.	59,693,036.	33	72,019,151.	

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	99,102,893.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,403,032.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,699,861.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,521,464.
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	-1,945,232.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,276,093.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,054,847.	14,737,189.	15,435,195.	20,928,543.	24,700,858.	89,856,632.
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.	14,054,847.	14,737,189.	15,435,195.	20,928,543.	24,700,858.	89,856,632.
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).						48,362.
6 Public support. Subtract line 5 from line 4						89,808,270.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	14,054,847.	14,737,189.	15,435,195.	20,928,543.	24,700,858.	89,856,632.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		27,266.	103,683.	190,955.	38,381.	360,285.
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.						90,216,917.
12 Gross receipts from related activities, etc. (see instructions)					12	283,331,286.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	99.55%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.58%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
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>		

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>		

Section D. All Type III Supporting Organizations

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

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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>			
b Did the activities described in line 2a, above, 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No," provide details in Part VI.</i>			
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>			

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 (<i>explain in detail in Part VI</i>):	1e	
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

2020

▶ 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	CALIFORNIA COMMUNITY FOUNDATION 445 S. FIGUEROA ST. SUITE 3400 LOS ANGELES, CA 90071	\$ 1,801,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH 3600 WILSHIRE BLVD. SUITE 600 LOS ANGELES, CA 90010	\$ 1,792,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	CALIFORNIA GOVERNOR'S OFFICE OF EMERGENC 3650 SCHRIEVER AVENUE MATHER, CA 95655	\$ 707,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CHILDREN'S INSTITUTE, INC. 2121 W. TEMPLE ST. LOS ANGELES, CA 90026	\$ 965,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	US DEPT OF HEALTH AND HUMAN SERVICES 5600 FISHERS LANE ROCKVILLE, MD 20857	\$ 11,634,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LA CARE HEALTH PLAN 555 W. 5TH ST. 18TH FLOOR LOS ANGELES, CA 90013	\$ 550,000.	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	LA COUNTY DHS 313 N. FIGUEROA ST. SUITE 912 LOS ANGELES, CA 90010	\$ 1,887,092.	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.)
		\$ _____	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
2	VACCINES	\$ 1,730,150.	VAR

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

2020

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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
--	--

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) 2020

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 (grassroots 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?														

Yes 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) 2017	(b) 2018	(c) 2019	(d) 2020	(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: (a) Yes/No, (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: Question, 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

Part IV Supplemental Information (continued)

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

DIRECT CONTACT WITH LEGISLATORS:

THE CEO ENGAGED REMOTELY WITH LAC DPH AND STATE GOVERNMENT REGARDING
COVID PROGRESS UPDATES AND COVID-RELATED PATIENT ADVOCACY.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2020

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 make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,948,376.		2,948,376.
b Buildings		21,635,464.	7,231,191.	14,404,273.
c Leasehold improvements		1,127,550.	600,344.	527,206.
d Equipment		6,315,507.	5,290,960.	1,024,547.
e Other		5,086,756.		5,086,756.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,991,158.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EST AMT DUE TO 3RD PARTY PAYERS	3,707,523.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 99,102,893.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 90,403,032.

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

Multiple horizontal lines provided for entering supplemental information.

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:

\$ 3,716,672 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:

\$ 3,838,683 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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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))
Revenue	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).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) FRIENDS OUTSIDE IN LOS ANGELES COUNTY, INC 261 E COLORADO BLVD #217 PASADENA, CA 91101	95-3557032	501(C)(3)	10,000.				SUPPORT
(2) KINGDOM CAUSES BELLFLOWER 16429 BELLFLOWER BLVD BELLFLOWER, CA 90706	95-4849998	501(C)(3)	10,000.				SUPPORT
(3) SUNRISE COMMUNITY OUTREACH CENTER, INC 2105 BEVERLY BLVD LOS ANGELES, CA 90057	20-8444001	501(C)(3)	34,337.				SUPPORT
(4) INSTITUTE FOR MAXIMUM HUMAN POTENTIAL PO BOX 72059 LOS ANGELES, CA 90002	95-4439557	501(C)(3)	10,752.				SUPPORT
(5) HOMIES UNIDOS, INC 2105 BEVERLY BLVD LOS ANGELES, CA 90057	95-4740768	501(C)(3)	59,515.				SUPPORT
(6) ESPERANZA COMMUNITY HOUSING CORPORATION 3655 S GRAND AVE STE 280	95-4230345	501(C)(3)	57,340.				SUPPORT
(7) PROGRAM FOR TORTURE VICTIMS 3550 WILSHIRE BLVD STE 1906	95-4492477	501(C)(3)	82,381.				SUPPORT
(8) STRATEGIC ACTIONS FOR A JUST ECONOMY 152 WEST 32ND ST LOS ANGELES, CA 90007	93-1226092	501(C)(3)	181,423.				SUPPORT
(9) CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST LOS ANGELES, CA 90012	95-3510055	501(C)(3)	801,725.				SUPPORT
(10) BLACK AIDS INSTITUTE 1833 WEST 8TH ST, STE 200	95-4742741	501(C)(3)	55,833.				SUPPORT
(11) THE ANTI-RECIDIVISM COALITION (ARC) 1320 E 7TH ST, STE 260	46-2140915	501(C)(3)	196,079.				SUPPORT
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 11.

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

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

Schedule I (Form 990) 2020

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 PRIMARY AND PREVENTIVE CARE AND ENABLING SERVICES. GRANTS WERE MADE TO THESE ORGANIZATIONS FOR THE FOLLOWING PURPOSES:

-SUBSTANCE ABUSE & COUNSELING FOR TRANSGENDER INDIVIDUALS

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 CONJUNCTION 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

2020

**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 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
1a		
1b		
2		
3		
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) 2020

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)	309,124.	38,348.	0.	4,892.	10,233.	362,597.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 JAMES MANGIA CEO AND PRESIDENT	(i)	410,357.	222,033.	0.	4,894.	7,452.	644,736.	
	(ii)	0.	0.	0.	0.	0.	0.	
3 SAIFEI WU FAMILY PRACTICE PHYSICIAN	(i)	255,850.	0.	0.	4,817.	16,301.	276,968.	
	(ii)	0.	0.	0.	0.	0.	0.	
4 MOHSEN JAMEI PHYSICIAN	(i)	272,363.	0.	0.	4,517.	18,800.	295,680.	
	(ii)	0.	0.	0.	0.	0.	0.	
5 JONATHAN OLUWARIMITAN O PHYSICIAN	(i)	273,411.	0.	0.	4,180.	16,552.	294,143.	
	(ii)	0.	0.	0.	0.	0.	0.	
6 ALYSSA OGNENOVSKI FAMILY MEDICINE PHYSICIAN	(i)	239,662.	0.	0.	5,157.	6,419.	251,238.	
	(ii)	0.	0.	0.	0.	0.	0.	
7 KATHY TRUONG PHARMACIST IN CHARGE	(i)	237,053.	0.	0.	0.	5,728.	242,781.	
	(ii)	0.	0.	0.	0.	0.	0.	
8 ANITHA LAKSHMI MULLANGI CHIEF MEDICAL OFFICER	(i)	430,049.	0.	0.	4,894.	16,349.	451,292.	
	(ii)	0.	0.	0.	0.	0.	0.	
9 MICHAEL BERL DIRECTOR OF DENTAL CLINIC	(i)	329,720.	0.	0.	4,894.	7,452.	342,066.	
	(ii)	0.	0.	0.	0.	0.	0.	
10 TIMOTHY NEIMAN CHIEF ADMINISTRATIVE OFFICER	(i)	294,204.	0.	0.	0.	7,452.	301,656.	
	(ii)	0.	0.	0.	0.	0.	0.	
11 SUSHANT BANDARPALLE REGIONAL MEDICAL DIRECTOR	(i)	282,727.	0.	0.	4,847.	7,485.	295,059.	
	(ii)	0.	0.	0.	0.	0.	0.	
12 ROLANDO BARAHONA CHIEF OPERATING OFFICER	(i)	277,784.	0.	0.	0.	7,566.	285,350.	
	(ii)	0.	0.	0.	0.	0.	0.	
13 ELENA FERNANDEZ CHIEF OF PROGRAMS	(i)	298,406.	0.	0.	4,415.	14,863.	317,684.	
	(ii)	0.	0.	0.	0.	0.	0.	
14 SAM CHOODAR BADIANT DIRECTOR OF PHARMACY	(i)	258,733.	0.	0.	0.	23,643.	282,376.	
	(ii)	0.	0.	0.	0.	0.	0.	
15 MATTHEW WELZENBACH REGIONAL MEDICAL DIRECTOR	(i)	242,591.	0.	0.	0.	0.	242,591.	
	(ii)	0.	0.	0.	0.	0.	0.	
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 \$190,000 AND INCLUDED IN TAXABLE COMPENSATION.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

**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	445,000.			
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) 2020

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?		X						
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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ 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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	7.	2,157,878.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2020

JSA

OE1298 1.000

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 20, COLUMN (B)

NUMBER OF CONTRIBUTORS:

THE ORGANIZATION RECEIVED VACCINES FROM ONE CONTRIBUTOR AND PERSONAL PROTECTIVE EQUIPMENT FROM SIX CONTRIBUTORS.

**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

2020

**Open to Public
Inspection**

Employer identification number

95-4067758

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.

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

Name of the organization

ST JOHN'S WELL CHILD AND FAMILY CENTER

Employer identification number

95-4067758

LOS ANGELES.

ST. JOHN'S WELL CHILD AND FAMILY CENTER (ST. JOHN'S) IS AN INDEPENDENT 501(C)(3) ORGANIZATION THAT WAS AS A SMALL, VOLUNTEER-OPERATED 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, PROVIDING CARE TO ALL LIFECYCLES. OUR NETWORK NOW INCLUDES TWENTY FEDERALLY QUALIFIED HEALTH CENTERS 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; OB/GYN CARE; STD, HIV AND HEPATITIS C SCREENING AND TREATMENT; PEP AND PREP SERVICES; HEALTH CARE PROGRAMMING FOR SPECIAL POPULATIONS THAT INCLUDE UNACCOMPANIED MINORS, TRANSGENDER ADULTS, REENTRY, RESIDENTS OF PUBLIC HOUSING, CHILDREN WITH SPECIAL NEEDS, AND CHILDREN AND ADULTS EXPERIENCING HOMELESSNESS; HEALTH EDUCATION; OUTREACH; AND CASE MANAGEMENT FOR MORE THAN 450,000 PATIENT VISITS EACH YEAR. IN PARTNERSHIP WITH LOCAL COMMUNITY-BASED ORGANIZATIONS, ST. JOHN'S DELIVERS A WIDE RANGE OF SERVICES THAT ARE RESPONSIVE TO COMMUNITY NEEDS.

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 \$8,807,804. IN SUPPORT OF OUR PRIMARY AND PREVENTIVE MEDICAL, DENTAL, AND BEHAVIORAL HEALTH SERVICES,

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

ST. JOHN'S OFFERS THE FOLLOWING ANCILLARY SERVICES: INSURANCE BENEFITS
COUNSELING AND ENROLLMENT, CASE MANAGEMENT, HEALTH EDUCATION, YOUTH
DEVELOPMENT PROGRAMS, PARENTING WORKSHOPS, COMMUNITY RESOURCE SERVICES,
AND REENTRY SERVICES FOR FORMERLY INCARCERATED, FUNDED BY LA COUNTY DHS.
THESE ANCILLARY SERVICES WERE PROVIDED TO 64,240 PATIENT VISITS IN 2020.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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 \$11,373,392.
MEDICAL SERVICES INCLUDE PRIMARY AND PREVENTIVE MEDICAL CARE FOR
CHILDREN AND ADULTS: WELL BABY AND CHILD EXAMS; IMMUNIZATIONS;
ASTHMA CARE; SCREENING, 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;
DIABETIC CARE; ACUPUNCTURE; PODIATRY; DIAGNOSTIC AND LAB
PROCEDURES; AND PHARMACY. MEDICAL SERVICES HAD 321,816 PATIENT
VISITS IN 2020.

ATTACHMENT 2

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	1,867,717.
ECLINICAL WORKS LLC PO BOX 847950	EMR, PM PACKAGE; MGR	1,201,261.

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

ATTACHMENT 2 (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>
BOSTON, MA 02284-7950		
KADIMA SECURITY SERVICES, INC. PO BOX 262056 ENCINO, CA 91426	SECURITY SVCS	673,214.
HARBOR BUILDING MAINTENANCE, INC. 5011 ARGOSY AVE., SUITE 11 HUNTINGTON BEACH, CA 92646	JANITORIAL SERVICES	670,667.
PARKER BROWN INC 6727 VARIEL AVE CANOGA PARK, CA 91303	CONSTR CONTRACTOR	2,925,931.

Form **990-T**

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

OMB No. 1545-0047

For calendar year 2020 or other tax year beginning 01/01, 2020, and ending 12/31, 2020

2020

Department of the Treasury
Internal Revenue Service

▶ 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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ST JOHN'S WELL CHILD AND FAMILY CENTER	D Employer identification number 95-4067758
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. C/O ELIZABETH MEISLER 808 W. 58TH STREET City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90037	E Group exemption number (see instructions)
		C Book value of all assets at end of year ▶ 72,019,151.	F <input type="checkbox"/> Check box if an amended return.
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 <input type="checkbox"/> Applicable reinsurance entity			
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
L The books are in care of ▶ ELIZABETH MEISLER		Telephone number ▶ 323-541-1613	

808 W. 58TH STREET
LOS ANGELES CA 90037

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	0.
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9	10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). ▶	2	
3 Proxy tax. See instructions ▶	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST JOHN'S WELL CHILD AND FAMILY CENTER	Taxpayer identification number (TIN) 95-4067758
	Number, street, and room or suite no. If a P.O. box, see instructions. 808 W. 58TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90037	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ELIZABETH MEISLER

• The books are in the care of ► 808 W. 58TH STREET LOS ANGELES CA 90037

Telephone No. ► 323 541-1613 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2020 or
- tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 1a
b Other credits (see instructions). 1b
c General business credit. Attach Form 3800 (see instructions) 1c
d Credit for prior year minimum tax (attach Form 8801 or 8827). 1d
e Total credits. Add lines 1a through 1d. 1e
2 Subtract line 1e from Part II, line 7 2
3 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
Other (attach statement) 3
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here. 4 0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5
6 a Payments: A 2019 overpayment credited to 2020 6a
b 2020 estimated tax payments. Check if section 643(g) election applies 6b
c Tax deposited with Form 8868. 6c
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d
e Backup withholding (see instructions) 6e
f Credit for small employer health insurance premiums (attach Form 8941) 6f
g Other credits, adjustments, and payments: Form 2439 Other Total 6g
7 Total payments. Add lines 6a through 6g 7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. 10
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded 11

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

1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$
4 a Did the organization change its method of accounting? (see instructions)
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

Sign Here 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 Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No
Print/Type preparer's name Preparer's signature Date
Check if self-employed PTIN
Paid Preparer Use Only Firm's name BKD, LLP Firm's EIN 44-0160260
Firm's address 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523 Phone no. 417-865-8701

SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: 1
LINE NUMBER: 1

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

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, 2020

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, 2021 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, 2021. 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, 2020

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, 2021 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, 2020

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, 2021 with:

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

A check or money order payable to "Department of Justice" in the amount of \$300 should be attached to the return. Be sure to include the federal EIN and "2020 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.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2020

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	99,102,893.
2 Total gross income (Form 199, line 8)	2	99,102,893.
3 Total expenses and disbursements (Form 199, line 9)	3	90,403,032.

Part II Settle Your Account Electronically for Taxable Year 2020

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

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 2020 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 Signature of officer _____ Date _____ CFO _____ 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, 2020 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 *Kristal Acach* Date 10/26/2021 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**
910 E ST LOUIS #200/PO BOX 1190
SPRINGFIELD MO Firm's FEIN **44-0160260** ZIP code **65806-2523**

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 _____ Firm's FEIN _____ ZIP code _____

California Exempt Organization Annual Information Return

2020

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 01/01/2020, and ending (mm/dd/yyyy) 12/31/2020
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 [] Yes [X] No
B Amended return [] Yes [X] No
C IRC Section 4947(a)(1) trust [] Yes [X] No
D Final information return?
[] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized
Enter date: (mm/dd/yyyy)
E Check accounting method:
(1) [] Cash (2) [X] Accrual (3) [] Other
F Federal return filed?
(1) [X] 990T (2) [] 990PF (3) [] Sch H (990) (4) [] Other 990 series
G Is this a group filing? See instructions [] Yes [X] No
H Is this organization in a group exemption [] Yes [X] No
If "Yes," what is the parent's name?
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions [] Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions [] Yes [X] No
K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No
L Is the organization a limited liability company? [] Yes [X] No
M Did the organization file Form 100 or Form 109 to report taxable income? [X] Yes [] No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No
O Is federal Form 1023/1024 pending? [] Yes [X] No
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 Balance Due. Rows include Receipts and Revenues (Total gross receipts: 99,102,893), Expenses (Total expenses: 90,403,032), and Filing Fee (Balance due: 8,699,861). Includes a declaration section and preparer information for BKD, LLP.

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	74,363,654	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	•	7	38,381	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	74,402,035	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	1,550,557	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule.	•	11	3,525,407	00
	12	Other salaries and wages	•	12	40,783,814	00
	13	Interest	•	13	337,289	00
	14	Taxes	•	14	3,362,141	00
	15	Rents	•	15	3,802,324	00
	16	Depreciation and depletion (See instructions).	•	16	1,553,805	00
	17	Other expenses and disbursements. Attach schedule	•	17	35,487,695	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	90,403,032	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		17,920,779.		25,756,320.
2 Net accounts receivable		4,886,224.		7,586,591.
3 Net notes receivable		3,364,136.		3,432,033.
4 Inventories		339,151.		319,561.
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	31,609,527.		37,113,653.	
b Less accumulated depreciation	11,940,334.	19,669,193.	13,122,495.	23,991,158.
11 Land				
12 Other assets. Attach schedule	ATCH 5	13,513,553.		10,933,488.
13 Total assets		59,693,036.		72,019,151.
Liabilities and net worth				
14 Accounts payable		10,381,803.		13,495,184.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable		4,768,330.		4,638,318.
17 Mortgages payable		9,830,106.		10,504,448.
18 Other liabilities. Attach schedule		3,191,333.		5,105,108.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		31,521,464.		38,276,093.
22 Total liabilities and net worth		59,693,036.		72,019,151.

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	•	8,699,861.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	3,838,683.
5	Expenses recorded on books this year not deducted in this return. Attach schedule.	•	
6	Total. Add line 1 through line 5		12,538,544.
7	Income recorded on books this year not included in this return. Attach schedule	•	3,716,672.
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	Total. Add line 7 and line 8		3,716,672.
10	Net income per return. Subtract line 9 from line 6		8,821,872.

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

ATTACHMENT 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>
AHMANSON FOUNDATION 9215 WILSHIRE BLVD. BEVERLY HILLS, CA 90210	03/23/2020			5,000.					
ARTHUR GALLAGHER 21600 OXNARD STREET WOODLAND HILLS, CA 91367	10/31/2020			5,000.					
BALLMER GROUP OF THE GOLDMAN SACHS PHILA PO BOX 1558 BELVUE, WA 98009	05/04/2020			450,000.					
BANK OF AMERICA CHARITABLE FOUNDATION 401 N. TRYON STREET CHARLOTTE, NC 28202	12/01/2020			50,000.					
BESSEMER TRUST 100 WOODBRIDGE CENTER DR WOODBRIDGE, NJ 07095	02/06/2020			15,000.					
BIENESTAR HUMAN SERVICES INC 5326 E. BEVERLY BLVD LOS ANGELES, CA 90022	03/09/2020			138,031.					
CALIFORNIA DEPARTMENT OF DEVELOPMENTAL S 1600 9TH STREET, ROOM 204, MS 3-7 SACRAMENTO, CA 95814	05/11/2020							20,088.	
CALIFORNIA HEALTH CARE FOUNDATION 1428 WEBSTER ST., SUITE 400 OAKLAND, CA 94612	02/14/2020			50,000.					
CALIFORNIA COMMUNITY FOUNDATION 445 S. FIGUEROA ST. SUITE 3400 LOS ANGELES, CA 90071	03/05/2020			1,801,279.					

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>
CALIFORNIA COMMUNITY REINVESTMENT GRANTS 100 WEST BROADWAY, SUITE 1000 GLENDALE, CA 91210	01/17/2020			350,317.					
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH 3600 WILSHIRE BLVD. SUITE 600 LOS ANGELES, CA 90010	12/21/2020								1,792,686.
CALIFORNIA ENDOWMENT 1000 NORTH ALAMEDA ST. LOS ANGELES, CA 90012	01/06/2020			205,000.					
CALIFORNIA GOVERNOR'S OFFICE OF EMERGENC 3650 SCHRIEVER AVENUE MATHER, CA 95655	01/24/2020								707,186.
CEDAR SINAI MEDICAL CENTER 8700 BEVERLY BLVD SUITE 2416 LOS ANGELES, CA 90048	08/21/2020			150,000.					
CENTENE MANAGEMENT COMPANY LLC 21650 OXNARD BLVD WOODLAND HILLS, CA 91367	08/21/2020			6,938.					
CHARLES DREW UNIVERSITY 1731 E. 120TH STREET LOS ANGELES, CA 90059	03/02/2020			65,871.					
CHILDREN'S INSTITUTE, INC. 2121 W. TEMPLE ST. LOS ANGELES, CA 90026	09/08/2020			965,084.					
CITY OF LOS ANGELES 201 W. FIGUEROA ST. SUITE 100 LOS ANGELES, CA 90012	09/15/2020								67,735.

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>
CPCA VENTURES 1231 1ST STREET SACRAMENTO, CA 95814	12/16/2020			30,000.					
DELTA DENTAL COMMUNITY CARE FOUNDATION 100 FIRST STREET SAN FRANCISCO, CA 94105	07/09/2020			100,000.					
DIRECT RELIEF 5455 WILSHIRE BLVD. LOS ANGELES, CA 90036	06/19/2020			237,500.					
ESSENTIAL HEALTH ACCESS 3600 WILSHIRE BLVD. SUITE 600 LOS ANGELES, CA 90010	12/11/2020			246,414.					
FEDERAL COMMUNICATIONS COMMISSION 18000 STUDEBAKER ROAD, SUITE 660 CERRITOS, CA 90703	12/21/2020							382,331.	
FERNANDO VASQUEZ (PRIMA WASTE) 9635 CECILIA ST. DOWNEY, CA 90241	10/31/2020			20,000.					
FOUNDATION LABORATORY 1716 WEST HOLT AVENUE POMONA, CA 91768	10/31/2020			32,500.					
GILEAD SCIENCES 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	02/21/2020			10,000.					
GURASH FOUNDATION 2029 CENTURY PARK E., SUITE 400 LOS ANGELES, CA 90067	12/30/2020			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>
US DEPT OF HEALTH AND HUMAN SERVICES 5600 FISHERS LANE ROCKVILLE, MD 20857	09/21/2020							11,634,749.	
KAISER PERMANENTE FOUNDATION 6041 CADILLAC AVE. 5TH FLOOR LOS ANGELES, CA 90034	06/19/2020			20,000.					
KEVIN MCLEAN 4089 CAMINITO TERVISIO SAN DIEGO, CA 92122	10/31/2020			5,000.					
LA CARE HEALTH PLAN 555 W. 5TH ST. 18TH FLOOR LOS ANGELES, CA 90013	12/21/2020							550,000.	
LA COUNTY BOARD OF SUPERVISORS 500 W. TEMPLE STREET, SUITE 383 LOS ANGELES, CA 90010	10/31/2020							28,750.	
LA COUNTY DHS 313 N. FIGUEROA ST. SUITE 912 LOS ANGELES, CA 90010	01/08/2020							1,887,092.	
LA TRUST FOR CHILDREN'S HEALTH 333 S. BEAUDRY AVE. 29TH FLOOR LOS ANGELES, CA 90017	02/06/2020			20,000.					
LAHSA 707 WILSHIRE BLVD. LOS ANGELES, CA 90017	08/06/2020			396,690.					
LIN TIEN 3327 ALABAMA ST LA CRESCENTA, CA 91214	08/07/2020			15,000.					

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>
MATRIX INSTITUTE ON ADDICTIONS 1849 SAWTELLE BLVD. SUITE 670 LOS ANGELES, CA 90025	01/24/2020			34,380.					
MORGAN STANLEY 444 FLOWER STREET LOS ANGELES, CA 90027	04/17/2020			5,000.					
NEW VENTURE FUND 8459 S. BROADWAY LOS ANGELES, CA 90003	06/24/2020			135,000.					
OAKTREE 11611 SAN VINCENTE BLVD. LOS ANGELES, CA 90049	11/19/2020			12,500.					
OFFICE OF CITY CLERK 200 N. SPRING STREET HALL RM 395 LOS ANGELES, CA 90012	11/13/2020							5,000.	
RALPH PARSONS FOUNDATION 888 W. 6TH STREET, UNIT 700 LOS ANGELES, CA 90017	05/01/2020			200,000.					
REBECCA ROCHEFORD 12225 DOROTHY STREET LOS ANGELES, CA 09049	04/09/2020			5,000.					
ROSE HILLS FOUNDATION 225 S. LAKE AVE. #1250 PASADENA, CA 91101	01/08/2020			100,000.					
SARAH AND ISSAC TUCKER 10127TH STREET #19 SANTA MONICA, CA 90403	04/27/2020			60,400.					

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>
SBAD TREAS. RCT000048054 700 E. TEMPLE STREET LOS ANGELES, CA 90012	04/30/2020							10,000.	
SEIU 2724 W 8TH ST. LOS ANGELES, CA 90005	10/31/2020			50,000.					
SOUTHSIDE COALITION OF COMMUNITY HEALTH 3655 S. GRAND AVE SUITE 260 LOS ANGELES, CA 90007	04/27/2020			18,125.					
THE DAVID GEFFEN FOUNDATION 12011 SAN VICENTE BLVD., #400 LOS ANGELES, CA 90049	11/19/2020			25,000.					
THE FYERA FOUNDATION PO BOX 493 BOULDER CREEK, CA 95006	11/13/2020			5,095.					
THE MARK HUGHES FOUNDATION PO BOX 9399 MARINA DEL REY, CA 90295	07/10/2020			30,000.					
THOMAS POLENZANI (BOLTON) 3475 E. FOOTHILL BLVD., #100 PASADENA, CA 91107	10/31/2020			10,000.					
THE TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	02/26/2020			25,000.					
TIM ALFRED GILL 46 W SANTA CLARA STREET SAN JOSE, CA 95113	11/19/2020			5,000.					

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>
UNITED WAY WORLDWIDE 701 N FAIRFAX STREET ALEXANDRIA, VA 22314	10/26/2020			10,000.					
UPS 1 SANDY CREEK ROAD ATLANTA, GA 30331	12/31/2020			10,000.					
VOLUNTEERS OF AMERICA LA 3600 WILSHIRE BLVD. SUITE 1500 LOS ANGELES, CA 90017	10/05/2020			339,533.					
W.M. KECK FOUNDATION 550 S. HOPE STREET, #2500 LOS ANGELES, CA 90071	06/29/2020			100,000.					
WEINGART FOUNDATION 700 S FLOWER STREET, #1900 LOS ANGELES, CA 90017	05/05/2020			200,000.					
WILLIAMS DENARDO 201 DEVONSHIRE STREET VALLEJO, CA 94591	12/03/2020			5,000.					
VARIOUS <\$5,000 808 W 58TH STREET LOS ANGELES, CA 90037	12/31/2020			507,219.					
BOARD OF STATE AND COMMUNITY CORRECTIONS 808 W 58TH STREET LOS ANGELES, CA 90037	12/31/2020							273,755.	
STATE OF CALIFORNIA 808 W 58TH STREET LOS ANGELES, CA 90037	12/31/2020							38,610.	

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>
TOTAL CONTRIBUTION AMOUNTS				<u>7,302,876.</u>				<u>15,605,296.</u>	<u>1,792,686.</u>

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2

<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>			
FRIENDS OUTSIDE IN LOS ANGELES COUNTY, INC 261 E COLORADO BLVD #217 PASADENA, CA 91101	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	10,000.
KINGDOM CAUSES BELLFLOWER 16429 BELLFLOWER BLVD BELLFLOWER, CA 90706	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	10,000.
SUNRISE COMMUNITY OUTREACH CENTER, INC 2105 BEVERLY BLVD LOS ANGELES, CA 90057	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	34,337.
INSTITUTE FOR MAXIMUM HUMAN POTENTIAL PO BOX 72059 LOS ANGELES, CA 90002	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	10,752.
HOMIES UNIDOS, INC 2105 BEVERLY BLVD LOS ANGELES, CA 90057	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	59,515.
ESPERANZA COMMUNITY HOUSING CORPORATION 3655 S GRAND AVE STE 280 LOS ANGELES, CA 90007	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	57,340.
PROGRAM FOR TORTURE VICTIMS 3550 WILSHIRE BLVD STE 1906 LOS ANGELES, CA 90010	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	82,381.
STRATEGIC ACTIONS FOR A JUST ECONOMY 152 WEST 32ND ST LOS ANGELES, CA 90007	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	181,423.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2 (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>
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST LOS ANGELES, CA 90012	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	801,725.
BLACK AIDS INSTITUTE 1833 WEST 8TH ST, STE 200 LOS ANGELES, CA 90057	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	55,833.
THE ANTI-RECIDIVISM COALITION (ARC) 1320 E 7TH ST, STE 260 LOS ANGELES, CA 90021	COMMUNITY ORGANIZATION 501(C)(3)	SUPPORT	196,079.
		TOTAL CONTRIBUTIONS PAID	<u>1,499,385.</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.
ELIZABETH MEISLER	CFO	362,597.
JAMES MANGIA	CEO AND PRESIDENT	644,736.
BILL DAWE	TREASURER	0.
CECILIA SIBLEY	BOARD MEMBER	0.
JOANNA MIMI CHOI, MD	SECRETARY	0.
SANDRA WEATHERSBY	BOARD MEMBER	0.
LILIA GARCIA	CHAIR	0.
MARTHA ORTIZ	BOARD MEMBER	0.
PATRICIA ESCAMILLA	VICE CHAIR	0.
ANITHA LAKSHMI MULLANGI	CHIEF MEDICAL OFFICER	451,292.
MICHAEL BERAL	DIRECTOR OF DENTAL CLINIC	342,066.
TIMOTHY NEIMAN	CHIEF ADMINISTRATIVE OFFICER	301,656.
SUSHANT BANDARPALLE	REGIONAL MEDICAL DIRECTOR	295,059.
ROLANDO BARAHONA	CHIEF OPERATING OFFICER	285,350.
ELENA FERNANDEZ	CHIEF OF PROGRAMS	317,684.
SAM CHOODAR BDIANAT	DIRECTOR OF PHARMACY	282,376.
MATTHEW WELZENBACH	REGIONAL MEDICAL DIRECTOR	242,591.
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES		<u>3,525,407.</u>

ATTACHMENT 4PART II - OTHER EXPENSES

PENSION EXPENSE	521,164.
EMPLOYEE BENEFITS	5,315,340.
LEGAL EXPENSES	1,253,216.
ACCOUNTING EXPENSE	123,051.
PROFESSIONAL EXPENSE	376,668.
OTHER FEES FOR SVCS	5,853,372.
ADVERTISING	70,520.
OFFICE EXPENSES	1,670,798.
INFO. TECHNOLOGY	4,404,011.
TRAVEL EXPENSES	174,646.
CONFERENCES	103,261.
INSURANCE	400,310.
MEDICAL SUPPLIES & DRUGS	14,575,089.
LICENSES, DUES, SUBSCRIPTIONS	279,796.
REPAIRS & MAINTENANCE	239,135.
RECRUITING & RETENTION	115,068.
ALL OTHER EXPENSES	12,250.
TOTAL OTHER EXPENSES	<u>35,487,695.</u>

SCHEDULE L - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
EST AMT DUE FROM 3RD PARTY PAY	4,228,081.	961,723.
OTHER RECEIVABLES	855,153.	2,000,509.
INTANGIBLE ASSETS	7,265,361.	6,820,002.
PREPAID EXPENSES	1,164,958.	1,151,254.
 TOTAL OTHER ASSETS	 <u>13,513,553.</u>	 <u>10,933,488.</u>

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

TEMPORARILY RESTRICTED NET ASSETS	3,838,683.
TOTAL TAXABLE INCOME NOT RECORDED ON BOOKS THIS YEAR	<u>3,838,683.</u>

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

NET ASSETS RELEASED FROM RESTRICTION	3,716,672.
TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED	<u>3,716,672.</u>

2020 Business Income Tax Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 01/01/2020, and ending (mm/dd/yyyy) 12/31/2020

Corporation/Organization name: ST JOHN'S WELL CHILD AND FAMILY CENTER
California corporation number: 1732872
FEIN: 95-4067758
Street address: 808 W. 58TH STREET
City: LOS ANGELES
State: CA
ZIP code: 90037

A First return filed? No
B Is this an education IRA within the meaning of R&TC Section 23712? No
C Is the organization under audit by the IRS or has the IRS audited in a prior year? No
D Final return? No
E Amended return? No
F Accounting method used: Accrual
G Nature of trade or business

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? No
I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? No
J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? No
K Unrelated Business Activity (UBA) code
L Is this a hospital? No

Table with 5 columns: Description, Line Number, Amount, and Balance. Rows include Unrelated business taxable income, Tax Computation, Total Tax, Payments, and Use Tax/Overpayment.

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 <i>Kristal Acord</i>	Date 10/26/2021	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 Yes 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 6 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 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, 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

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
ATTACHMENT 8			%		
			%		
			%		
			%		
			%		
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						

ATTACHMENT 8SCHD. I, FORM 109 , COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME</u>	<u>SS#</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>	<u>EXPENSE ALLOWANCES</u>
LEONOR GUZMAN		BOARD MEMBER			
LIN TIEN		BOARD MEMBER			
ELIZABETH MEISLER		CFO		309,124.	
JAMES MANGIA		CEO AND PRESIDE		410,357.	
BILL DAWE		TREASURER			
CECILIA SIBLEY		BOARD MEMBER			
JOANNA MIMI CHOI, MD		SECRETARY			
SANDRA WEATHERSBY		BOARD MEMBER			
LILIA GARCIA		CHAIR			
MARTHA ORTIZ		BOARD MEMBER			
PATRICIA ESCAMILLA		VICE CHAIR			
SAIFEI WU		FAMILY PRACTICE		255,850.	
MOHSEN JAMEI		PHYSICIAN		272,363.	
JONATHAN OLUWARIMITAN OLUMOYA		PHYSICIAN		273,411.	
ALYSSA OGNENOVSKI		FAMILY MEDICINE		239,662.	
KATHY TRUONG		PHARMACIST IN C		237,053.	
ANITHA LAKSHMI MULLANGI		CHIEF MEDICAL O		430,049.	

ATTACHMENT 8 (CONT'D)SCHD. I, FORM 109 , COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME</u>	<u>SS#</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>	<u>EXPENSE ALLOWANCES</u>
MICHAEL BERAL		DIRECTOR OF DEN		329,720.	
TIMOTHY NEIMAN		CHIEF ADMINISTR		294,204.	
SUSHANT BANDARPALLE		REGIONAL MEDICA		282,727.	
ROLANDO BARAHONA		CHIEF OPERATING		277,784.	
ELENA FERNANDEZ		CHIEF OF PROGRA		298,406.	
SAM CHOODAR BADIANAT		DIRECTOR OF PHA		258,733.	
MATTHEW WELZENBACH		REGIONAL MEDICA		242,591.	
			TOTALS		

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

For calendar year 2020 or other tax year beginning 01/01, 2020, and ending 12/31, 2020

2020

Department of the Treasury
Internal Revenue Service

▶ 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

<input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ST JOHN'S WELL CHILD AND FAMILY CENTER	D Employer identification number 95-4067758
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A		Number, street, and room or suite no. If a P.O. box, see instructions. C/O ELIZABETH MEISLER 808 W. 58TH STREET City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90037	E Group exemption number (see instructions)
C Book value of all assets at end of year ▶ 72,019,151.		F <input type="checkbox"/> Check box if an amended return.	
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 <input type="checkbox"/> Applicable reinsurance entity	H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439		
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
L The books are in care of ▶ ELIZABETH MEISLER		Telephone number ▶ 323-541-1613	

808 W. 58TH STREET
LOS ANGELES CA 90037

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	0.
6	Deduction for net operating loss. See instructions.	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9	Trusts. Section 199A deduction. See instructions.	9	
10	Total deductions. Add lines 8 and 9	10	
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	

For Paperwork Reduction Act Notice, see instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST JOHN'S WELL CHILD AND FAMILY CENTER	Taxpayer identification number (TIN) 95-4067758
	Number, street, and room or suite no. If a P.O. box, see instructions. 808 W. 58TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90037	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ELIZABETH MEISLER

• The books are in the care of ► 808 W. 58TH STREET LOS ANGELES CA 90037

Telephone No. ► 323 541-1613 Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2020 or
► tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 1a
b Other credits (see instructions). 1b
c General business credit. Attach Form 3800 (see instructions) 1c
d Credit for prior year minimum tax (attach Form 8801 or 8827). 1d
e Total credits. Add lines 1a through 1d. 1e
2 Subtract line 1e from Part II, line 7 2
3 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
Other (attach statement) 3
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here. 4 0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5
6 a Payments: A 2019 overpayment credited to 2020 6a
b 2020 estimated tax payments. Check if section 643(g) election applies 6b
c Tax deposited with Form 8868. 6c
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d
e Backup withholding (see instructions) 6e
f Credit for small employer health insurance premiums (attach Form 8941) 6f
g Other credits, adjustments, and payments: Form 2439 Other Total 6g
7 Total payments. Add lines 6a through 6g 7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. 10
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded 11

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

1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$
4 a Did the organization change its method of accounting? (see instructions)
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

Sign Here 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 Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No
Print/Type preparer's name Preparer's signature Date
Check if self-employed PTIN
Paid Preparer Use Only Firm's name BKD, LLP Firm's EIN 44-0160260
Firm's address 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523 Phone no. 417-865-8701

SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: 1
LINE NUMBER: 1

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

GOVERNMENT AGENCY NAME	STREET ADDRESS	CITY, STATE AND ZIP CODE	CONTACT NAME	TELEPHONE
US DEPARTMENT OF HEALTH	5600 FISHERS LANE	ROCKVILLE, MD, 20852	MONA THOMPSON	301-443-3429
CA GOVERNORS OFFICE OF	3650 SCHRIEVER AVENU	MATHER, CA, 95655	MARK GHILARDUCCI	916-845-8506
CA DEPT OF PUBLIC HEALT	3600 WILSHIRE BLVD,	LOS ANGELES, CA, 90010	VINCENT TRAN	626-299-3579
CA DEPARTMENT OF DEVELO	1600 9TH STREET, ROO	SACRAMENTO, CA, 95814	NANCY BARGMAN	916-654-1690
CITY OF LOS ANGELES	201 W FIGUEROA ST. S	LOS ANGELES, CA, 90012	CATHY ROBINSON	562-908-3558
FEDERAL COMMUNICATIONS	18000 STUDEBAKER ROA	CERRITOS, CA, 90703	MARIO CLEMENTE	323-541-1600
LA COUNTY BOARD OF SUPE	500 W. TEMPLE STREET	LOS ANGELES, CA, 90010	CELIA ZAVALA	213-974-1411
OFFICE OF CITY CLERK	200 N. SPRING STREET	LOS ANGELES, CA, 90012	HOLLY WOLCOTT	213-978-1133
BOARD OF STATE AND COMM	808 W 58TH STREET	LOS ANGELES, CA, 90037	ELENA FERNANDEZ	323-541-1600
LA CARE HEALTH PLAN	555 W. 5TH ST. 18TH	LOS ANGELES, CA 90013	PENNY GRIEGO	213-694-1250

Return of Organization Exempt From Income Tax

2020

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 2020 calendar year, or tax year beginning, 2020, and ending, 20

Form 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 other identifying information.

Part I Summary

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

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 section with fields for officer signature, preparer name (KRYSTAL K CREACH), firm name (BKD, LLP), and firm address.

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 (2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST JOHN'S WELL CHILD AND FAMILY CENTER	Taxpayer identification number (TIN) 95-4067758
	Number, street, and room or suite no. If a P.O. box, see instructions. 808 W. 58TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90037	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ELIZABETH MEISLER

• The books are in the care of ► 808 W. 58TH STREET LOS ANGELES CA 90037

Telephone No. ► 323 541-1613 Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2020 or
► tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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 \$ 68,019,014. including grants of \$) (Revenue \$ 64,134,900.) ATTACHMENT 1

4b (Code:) (Expenses \$ 7,336,409. including grants of \$) (Revenue \$ 6,285,636.) 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 \$1,327,790. 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 38,272 PATIENT VISITS IN 2020.

4c (Code:) (Expenses \$ 747,927. including grants of \$) (Revenue \$ 636,356.) 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 \$1,033,996. 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 33,648 PATIENT VISITS IN 2020.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,701,455. including grants of \$ 1,550,557.) (Revenue \$ 3,094,762.)

4e Total program service expenses 79,804,805.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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 donor-restricted endowments or in 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 organizational requirements and schedules.

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)

Table with columns for question number, description, and Yes/No response. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a-8b (documentation details), 9 (unreachable officers).

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-10b (local chapters), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15a-15b (compensation review), 16a-16b (joint venture investments).

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 on 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.
- See instructions for the order in which to list the persons above.

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) JAMES MANGIA CEO AND PRESIDENT	40.00 0.			X			632,390.	0.	12,346.	
(2) ANITHA LAKSHMI MULLANGI CHIEF MEDICAL OFFICER	40.00 0.				X		430,049.	0.	21,243.	
(3) ELIZABETH MEISLER CFO	40.00 0.			X			347,472.	0.	15,125.	
(4) MICHAEL BERAL DIRECTOR OF DENTAL CLINIC	40.00 0.				X		329,720.	0.	12,346.	
(5) ELENA FERNANDEZ CHIEF OF PROGRAMS	40.00 0.				X		298,406.	0.	19,278.	
(6) TIMOTHY NEIMAN CHIEF ADMINISTRATIVE OFFICER	40.00 0.				X		294,204.	0.	7,452.	
(7) MOHSEN JAMEI PHYSICIAN	40.00 0.					X	272,363.	0.	23,317.	
(8) SUSHANT BANDARPALLE REGIONAL MEDICAL DIRECTOR	40.00 0.				X		282,727.	0.	12,332.	
(9) JONATHAN OLUWARIMITAN OLUMOYA PHYSICIAN	40.00 0.					X	273,411.	0.	20,732.	
(10) ROLANDO BARAHONA CHIEF OPERATING OFFICER	40.00 0.				X		277,784.	0.	7,566.	
(11) SAM CHOODAR BADIANT DIRECTOR OF PHARMACY	40.00 0.				X		258,733.	0.	23,643.	
(12) SAIFEI WU FAMILY PRACTICE PHYSICIAN	40.00 0.					X	255,850.	0.	21,118.	
(13) ALYSSA OGNENOVSKI FAMILY MEDICINE PHYSICIAN	40.00 0.					X	239,662.	0.	11,576.	
(14) KATHY TRUONG PHARMACIST IN CHARGE	40.00 0.					X	237,053.	0.	5,728.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(15) MATTHEW WELZENBACH REGIONAL MEDICAL DIRECTOR	40.00 0.				X			242,591.	0.	0.
(16) LEONOR GUZMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(17) LIN TIEN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(18) BILL DAWE TREASURER	1.00 0.	X		X				0.	0.	0.
(19) CECILIA SIBLEY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(20) JOANNA MIMI CHOI, MD SECRETARY	1.00 0.	X		X				0.	0.	0.
(21) SANDRA WEATHERSBY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(22) LILIA GARCIA CHAIR	1.00 0.	X		X				0.	0.	0.
(23) MARTHA ORTIZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(24) PATRICIA ESCAMILLA VICE CHAIR	1.00 0.	X		X				0.	0.	0.
1b Sub-total								4,672,415.	0.	213,802.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,672,415.	0.	213,802.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 105

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 26

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	10,000.					
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions) . .	1e	17,397,982.					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	7,292,876.					
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 2,157,878.					
	h	Total. Add lines 1a-1f ▶			24,700,858.				
	Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code	624100	54,609,887.	54,609,887.		
b		CAPITATION/PREMIUM REVENUE	624100		17,681,223.	17,681,223.			
c		OTHER REVENUE	624100		1,460,544.	1,460,544.			
d		EHR INCENTIVE REVENUE	624100		612,000.	612,000.			
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f ▶			74,363,654.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶			38,381.		38,381.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.				
	5	Royalties ▶			0.				
	6a	Gross rents	6a	(i) Real	(ii) Personal				
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6c						
	d	Net rental income or (loss) ▶				0.			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses . .	7b						
	c	Gain or (loss)	7c						
	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	8a		0.					
			8b		0.				
			c	Net income or (loss) from fundraising events. ▶		0.			
			9a	Gross income from gaming activities. See Part IV, line 19	9a		0.		
						9b		0.	
						c	Net income or (loss) from gaming activities. ▶		0.
			10a	Gross sales of inventory, less returns and allowances	10a		0.		
						10b		0.	
						c	Net income or (loss) from sales of inventory. ▶		0.
Miscellaneous Revenue	11a		Business Code						
	b								
	c								
	d	All other revenue							
	e	Total. Add lines 11a-11d ▶				0.			
12	Total revenue. See instructions ▶			99,102,893.	74,363,654.		38,381.		

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	1,550,557.	1,550,557.		
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	3,525,407.	1,931,068.	1,594,339.	
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	40,783,814.	37,744,967.	2,830,672.	208,175.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	521,164.	473,797.	44,775.	2,592.
9 Other employee benefits	5,315,340.	4,784,978.	504,877.	25,485.
10 Payroll taxes	3,362,141.	3,012,731.	333,523.	15,887.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	1,253,216.	648.	1,252,568.	
c Accounting	123,051.		123,051.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	376,668.			376,668.
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.)	5,853,372.	4,701,782.	990,613.	160,977.
12 Advertising and promotion	70,520.	1,999.	68,521.	
13 Office expenses	1,670,798.	1,247,508.	421,215.	2,075.
14 Information technology	4,404,011.	3,987,992.	416,019.	
15 Royalties	0.			
16 Occupancy	3,802,324.	3,389,119.	413,205.	
17 Travel	174,646.	154,224.	16,955.	3,467.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	103,261.	72,603.	23,921.	6,737.
20 Interest	337,289.	71,145.	266,144.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,553,805.	1,330,900.	222,905.	
23 Insurance	400,310.	371,657.	28,653.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	14,575,089.	14,575,089.		
b LICENSES, DUES, SUBSCRIPTION	279,796.	168,903.	107,361.	3,532.
c REPAIRS & MAINTENANCE	239,135.	223,431.	15,704.	
d RECRUITING & RETENTION	115,068.		115,068.	
e All other expenses	12,250.	9,707.	2,543.	
25 Total functional expenses. Add lines 1 through 24e	90,403,032.	79,804,805.	9,792,632.	805,595.
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	10,199,983.	1	13,955,411.
	2 Savings and temporary cash investments.	7,720,796.	2	11,800,909.
	3 Pledges and grants receivable, net	3,364,136.	3	3,432,033.
	4 Accounts receivable, net.	4,886,224.	4	7,586,591.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	339,151.	8	319,561.
	9 Prepaid expenses and deferred charges	1,164,958.	9	1,151,254.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,113,653.		
	b Less: accumulated depreciation.	10b 13,122,495.		
		19,669,193.	10c	23,991,158.
	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	7,265,361.	14	6,820,002.
15 Other assets. See Part IV, line 11	5,083,234.	15	2,962,232.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	59,693,036.	16	72,019,151.	
Liabilities	17 Accounts payable and accrued expenses.	10,381,803.	17	13,495,184.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	785,244.	19	1,023,208.
	20 Tax-exempt bond liabilities.	4,768,330.	20	4,638,318.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	9,830,106.	23	10,504,448.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	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	2,406,089.	25	4,081,900.
	26 Total liabilities. Add lines 17 through 25.	28,171,572.	26	33,743,058.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	29,501,829.	27	36,134,447.
	28 Net assets with donor restrictions.	2,019,635.	28	2,141,646.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	31,521,464.	32	38,276,093.
33 Total liabilities and net assets/fund balances.	59,693,036.	33	72,019,151.	

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	99,102,893.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,403,032.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,699,861.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,521,464.
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	-1,945,232.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,276,093.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,054,847.	14,737,189.	15,435,195.	20,928,543.	24,700,858.	89,856,632.
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.	14,054,847.	14,737,189.	15,435,195.	20,928,543.	24,700,858.	89,856,632.
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).						48,362.
6 Public support. Subtract line 5 from line 4						89,808,270.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	14,054,847.	14,737,189.	15,435,195.	20,928,543.	24,700,858.	89,856,632.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		27,266.	103,683.	190,955.	38,381.	360,285.
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.						90,216,917.
12 Gross receipts from related activities, etc. (see instructions)					12	283,331,286.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	99.55%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.58%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
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>		

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>		

Section D. All Type III Supporting Organizations

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

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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>			
b Did the activities described in line 2a, above, 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No," provide details in Part VI.</i>			
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>			

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 (<i>explain in detail in Part VI</i>):	1e	
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

2020

▶ **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	CALIFORNIA COMMUNITY FOUNDATION 445 S. FIGUEROA ST. SUITE 3400 LOS ANGELES, CA 90071	\$ 1,801,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH 3600 WILSHIRE BLVD. SUITE 600 LOS ANGELES, CA 90010	\$ 1,792,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	CALIFORNIA GOVERNOR'S OFFICE OF EMERGENC 3650 SCHRIEVER AVENUE MATHER, CA 95655	\$ 707,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CHILDREN'S INSTITUTE, INC. 2121 W. TEMPLE ST. LOS ANGELES, CA 90026	\$ 965,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	US DEPT OF HEALTH AND HUMAN SERVICES 5600 FISHERS LANE ROCKVILLE, MD 20857	\$ 11,634,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LA CARE HEALTH PLAN 555 W. 5TH ST. 18TH FLOOR LOS ANGELES, CA 90013	\$ 550,000.	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	LA COUNTY DHS 313 N. FIGUEROA ST. SUITE 912 LOS ANGELES, CA 90010	\$ 1,887,092.	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.)
		\$ _____	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
2	VACCINES	\$ 1,730,150.	VAR

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

2020

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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
--	--

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) 2020

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 (grassroots 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" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2017	(b) 2018	(c) 2019	(d) 2020	(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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

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

DIRECT CONTACT WITH LEGISLATORS:

THE CEO ENGAGED REMOTELY WITH LAC DPH AND STATE GOVERNMENT REGARDING
COVID PROGRESS UPDATES AND COVID-RELATED PATIENT ADVOCACY.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2020

JSA OE1268 1.000

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 make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,948,376.		2,948,376.
b Buildings		21,635,464.	7,231,191.	14,404,273.
c Leasehold improvements		1,127,550.	600,344.	527,206.
d Equipment		6,315,507.	5,290,960.	1,024,547.
e Other		5,086,756.		5,086,756.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,991,158.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EST AMT DUE TO 3RD PARTY PAYERS	3,707,523.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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:

\$ 3,716,672 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:

\$ 3,838,683 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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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))
Revenue	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).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) FRIENDS OUTSIDE IN LOS ANGELES COUNTY, INC 261 E COLORADO BLVD #217 PASADENA, CA 91101	95-3557032	501(C)(3)	10,000.				SUPPORT
(2) KINGDOM CAUSES BELLFLOWER 16429 BELLFLOWER BLVD BELLFLOWER, CA 90706	95-4849998	501(C)(3)	10,000.				SUPPORT
(3) SUNRISE COMMUNITY OUTREACH CENTER, INC 2105 BEVERLY BLVD LOS ANGELES, CA 90057	20-8444001	501(C)(3)	34,337.				SUPPORT
(4) INSTITUTE FOR MAXIMUM HUMAN POTENTIAL PO BOX 72059 LOS ANGELES, CA 90002	95-4439557	501(C)(3)	10,752.				SUPPORT
(5) HOMIES UNIDOS, INC 2105 BEVERLY BLVD LOS ANGELES, CA 90057	95-4740768	501(C)(3)	59,515.				SUPPORT
(6) ESPERANZA COMMUNITY HOUSING CORPORATION 3655 S GRAND AVE STE 280	95-4230345	501(C)(3)	57,340.				SUPPORT
(7) PROGRAM FOR TORTURE VICTIMS 3550 WILSHIRE BLVD STE 1906	95-4492477	501(C)(3)	82,381.				SUPPORT
(8) STRATEGIC ACTIONS FOR A JUST ECONOMY 152 WEST 32ND ST LOS ANGELES, CA 90007	93-1226092	501(C)(3)	181,423.				SUPPORT
(9) CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST LOS ANGELES, CA 90012	95-3510055	501(C)(3)	801,725.				SUPPORT
(10) BLACK AIDS INSTITUTE 1833 WEST 8TH ST, STE 200	95-4742741	501(C)(3)	55,833.				SUPPORT
(11) THE ANTI-RECIDIVISM COALITION (ARC) 1320 E 7TH ST, STE 260	46-2140915	501(C)(3)	196,079.				SUPPORT
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 11.

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

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

Schedule I (Form 990) 2020

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 PRIMARY AND PREVENTIVE CARE AND ENABLING SERVICES. GRANTS WERE MADE TO THESE ORGANIZATIONS FOR THE FOLLOWING PURPOSES:

-SUBSTANCE ABUSE & COUNSELING FOR TRANSGENDER INDIVIDUALS

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 CONJUNCTION 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

2020

**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 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
1a		
1b		
2		
3		
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) 2020

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)	309,124.	38,348.	0.	4,892.	10,233.	362,597.
		(ii)	0.	0.	0.	0.	0.	0.
2	JAMES MANGIA CEO AND PRESIDENT	(i)	410,357.	222,033.	0.	4,894.	7,452.	644,736.
		(ii)	0.	0.	0.	0.	0.	0.
3	SAIFEI WU FAMILY PRACTICE PHYSICIAN	(i)	255,850.	0.	0.	4,817.	16,301.	276,968.
		(ii)	0.	0.	0.	0.	0.	0.
4	MOHSEN JAMEI PHYSICIAN	(i)	272,363.	0.	0.	4,517.	18,800.	295,680.
		(ii)	0.	0.	0.	0.	0.	0.
5	JONATHAN OLUWARIMITAN O PHYSICIAN	(i)	273,411.	0.	0.	4,180.	16,552.	294,143.
		(ii)	0.	0.	0.	0.	0.	0.
6	ALYSSA OGNENOVSKI FAMILY MEDICINE PHYSICIAN	(i)	239,662.	0.	0.	5,157.	6,419.	251,238.
		(ii)	0.	0.	0.	0.	0.	0.
7	KATHY TRUONG PHARMACIST IN CHARGE	(i)	237,053.	0.	0.	0.	5,728.	242,781.
		(ii)	0.	0.	0.	0.	0.	0.
8	ANITHA LAKSHMI MULLANGI CHIEF MEDICAL OFFICER	(i)	430,049.	0.	0.	4,894.	16,349.	451,292.
		(ii)	0.	0.	0.	0.	0.	0.
9	MICHAEL BERAL DIRECTOR OF DENTAL CLINIC	(i)	329,720.	0.	0.	4,894.	7,452.	342,066.
		(ii)	0.	0.	0.	0.	0.	0.
10	TIMOTHY NEIMAN CHIEF ADMINISTRATIVE OFFICER	(i)	294,204.	0.	0.	0.	7,452.	301,656.
		(ii)	0.	0.	0.	0.	0.	0.
11	SUSHANT BANDARPALLE REGIONAL MEDICAL DIRECTOR	(i)	282,727.	0.	0.	4,847.	7,485.	295,059.
		(ii)	0.	0.	0.	0.	0.	0.
12	ROLANDO BARAHONA CHIEF OPERATING OFFICER	(i)	277,784.	0.	0.	0.	7,566.	285,350.
		(ii)	0.	0.	0.	0.	0.	0.
13	ELENA FERNANDEZ CHIEF OF PROGRAMS	(i)	298,406.	0.	0.	4,415.	14,863.	317,684.
		(ii)	0.	0.	0.	0.	0.	0.
14	SAM CHOODAR BADIANAT DIRECTOR OF PHARMACY	(i)	258,733.	0.	0.	0.	23,643.	282,376.
		(ii)	0.	0.	0.	0.	0.	0.
15	MATTHEW WELZENBACH REGIONAL MEDICAL DIRECTOR	(i)	242,591.	0.	0.	0.	0.	242,591.
		(ii)	0.	0.	0.	0.	0.	0.
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 \$190,000 AND INCLUDED IN TAXABLE COMPENSATION.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

**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	445,000.			
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) 2020

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?		X						
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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ 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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	7.	2,157,878.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2020

JSA

OE1298 1.000

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 20, COLUMN (B)

NUMBER OF CONTRIBUTORS:

THE ORGANIZATION RECEIVED VACCINES FROM ONE CONTRIBUTOR AND PERSONAL PROTECTIVE EQUIPMENT FROM SIX CONTRIBUTORS.

**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

2020

**Open to Public
Inspection**

Employer identification number

95-4067758

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.

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

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

LOS ANGELES.

ST. JOHN'S WELL CHILD AND FAMILY CENTER (ST. JOHN'S) IS AN INDEPENDENT 501(C)(3) ORGANIZATION THAT WAS AS A SMALL, VOLUNTEER-OPERATED 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, PROVIDING CARE TO ALL LIFECYCLES. OUR NETWORK NOW INCLUDES TWENTY FEDERALLY QUALIFIED HEALTH CENTERS 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; OB/GYN CARE; STD, HIV AND HEPATITIS C SCREENING AND TREATMENT; PEP AND PREP SERVICES; HEALTH CARE PROGRAMMING FOR SPECIAL POPULATIONS THAT INCLUDE UNACCOMPANIED MINORS, TRANSGENDER ADULTS, REENTRY, RESIDENTS OF PUBLIC HOUSING, CHILDREN WITH SPECIAL NEEDS, AND CHILDREN AND ADULTS EXPERIENCING HOMELESSNESS; HEALTH EDUCATION; OUTREACH; AND CASE MANAGEMENT FOR MORE THAN 450,000 PATIENT VISITS EACH YEAR. IN PARTNERSHIP WITH LOCAL COMMUNITY-BASED ORGANIZATIONS, ST. JOHN'S DELIVERS A WIDE RANGE OF SERVICES THAT ARE RESPONSIVE TO COMMUNITY NEEDS.

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 \$8,807,804. IN SUPPORT OF OUR PRIMARY AND PREVENTIVE MEDICAL, DENTAL, AND BEHAVIORAL HEALTH SERVICES,

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

ST. JOHN'S OFFERS THE FOLLOWING ANCILLARY SERVICES: INSURANCE BENEFITS
COUNSELING AND ENROLLMENT, CASE MANAGEMENT, HEALTH EDUCATION, YOUTH
DEVELOPMENT PROGRAMS, PARENTING WORKSHOPS, COMMUNITY RESOURCE SERVICES,
AND REENTRY SERVICES FOR FORMERLY INCARCERATED, FUNDED BY LA COUNTY DHS.
THESE ANCILLARY SERVICES WERE PROVIDED TO 64,240 PATIENT VISITS IN 2020.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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 \$11,373,392.
MEDICAL SERVICES INCLUDE PRIMARY AND PREVENTIVE MEDICAL CARE FOR
CHILDREN AND ADULTS: WELL BABY AND CHILD EXAMS; IMMUNIZATIONS;
ASTHMA CARE; SCREENING, 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;
DIABETIC CARE; ACUPUNCTURE; PODIATRY; DIAGNOSTIC AND LAB
PROCEDURES; AND PHARMACY. MEDICAL SERVICES HAD 321,816 PATIENT
VISITS IN 2020.

ATTACHMENT 2

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	1,867,717.
ECLINICAL WORKS LLC PO BOX 847950	EMR, PM PACKAGE; MGR	1,201,261.

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

ATTACHMENT 2 (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>
BOSTON, MA 02284-7950		
KADIMA SECURITY SERVICES, INC. PO BOX 262056 ENCINO, CA 91426	SECURITY SVCS	673,214.
HARBOR BUILDING MAINTENANCE, INC. 5011 ARGOSY AVE., SUITE 11 HUNTINGTON BEACH, CA 92646	JANITORIAL SERVICES	670,667.
PARKER BROWN INC 6727 VARIEL AVE CANOGA PARK, CA 91303	CONSTR CONTRACTOR	2,925,931.