

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization LOS ANGELES CHRISTIAN HEALTH CENTERS Employer identification number 95-4315734

Name and title of officer
LISA B ABDISHOO MD
PRESIDENT & CEO

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>16,817,276.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ARMANINO LLP to enter my PIN 12667
ERO firm same Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 3/6/19

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.

95309112667

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

Return of Organization Exempt From Income Tax

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

2017

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01/01/2017 and ending 12/31/2017

Header section containing organization name (LOS ANGELES CHRISTIAN HEALTH CENTERS), EIN (05-4315732), and address (202 WEST 18TH STREET, LOS ANGELES, CA 90012).

Section J: Website (WWW.LACHC.ORG) and Section K: Form of organization (Checked: Corporation).

Part I: Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership, revenue (Total: 16,817,276), and expenses (Total: 14,182,402).

Part II: Signature Block

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

Signature line for the officer: Lisa B. Robinson, MD, President & CEO.

Preparer information fields: Print/Type preparer's name, Preparer's signature, Date, and Preparer's EIN.

Preparer information fields: Firm's name, Firm's EIN, and Phone no.

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

Part III: Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE LOS ANGELES CHRISTIAN HEALTH CENTERS IS FIRMLY COMMITTED TO INCREASING ACCESS TO HEALTHCARE TO ALL HOMELESS AND LOW INCOME RESIDENTS OF LOS ANGELES BY PROVIDING RESPONSIBLE, QUALITY, CHRIST-CENTERED, COMPREHENSIVE HEALTHCARE SERVICES.

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)(29) 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:) (Expense: 7,355,492, including grants) (Revenue: 1,116,065,)
A. MEDICAL PROGRAM SERVICES - LACHC IS THE ONLY PROVIDER OF COMPREHENSIVE HEALTH SERVICES EXCLUSIVELY PROVIDED TO HOMELESS AND HOMELESS HOUSING POPULATIONS IN LOS ANGELES COUNTY, DURING THE YEAR, LACHC SERVED APPROXIMATELY 10,752 PATIENTS THROUGH 57,455 VISITS, OF WHICH 45,197 WERE PRIMARY MEDICAL VISITS. LACHC'S COMPREHENSIVE PRIMARY CARE AND PREVENTION SERVICES INCLUDE: EPIDEMIOLOGY, CHRONIC DISEASE MANAGEMENT, HIV PRIMARY CARE, HEALTH SCREENING, ROUTINE PHYSICALS, PHARMACY, RADIOLOGY AND LABORATORY SERVICES. LACHC USES A BRANCH OFFICE NETWORK DESIGNED TO BE ACCESSIBLE TO HOMELESS PATIENTS, WITH 2 FULL-TIME SITES AND 13 PART-TIME SITES THAT ARE INTEGRATED AT HOMELESS SHELTERS, REHABILITATION PROGRAMS, DROP IN CENTERS, AND MENTAL HEALTH FACILITIES. SPECIALTY CARE IS PROVIDED THROUGH BRANCH/SITE

4b (Code:) (Expense: 1,822,266, including grants) (Revenue: 1,281,850,)
DENTAL SERVICES - LACHC PROVIDED DENTAL SERVICES TO OVER 2,700 PATIENTS THROUGH APPROXIMATELY 8,926 VISITS DURING THE YEAR. ORAL HEALTH SERVICES ARE PROVIDED TO PATIENTS AT THE COSMIA HOUSE AND PLUS ALSO CLINIC SITES AND OFFER PATRIOTISM SITES. SERVICES PROVIDED INCLUDE DENTAL EXAMINATIONS, X-RAYS, CLEANINGS, GUM CLEANINGS, FILLINGS, EXTRACTIONS, AND DENTURES.

4c (Code:) (Expense: 1,509,619, including grants) (Revenue: 1,078,159,)
MENTAL HEALTH - LACHC PROVIDED MENTAL HEALTH SERVICES TO 2,567 PATIENTS THROUGH APPROXIMATELY 7,516 ENCOUNTERS DURING THE YEAR. MENTAL HEALTH PROVIDERS ARE LOCATED AT OUR 3 FIXED-SITE CLINICS AS WELL AS SEVERAL PART-TIME SATELLITE LOCATIONS. INTEGRATED SERVICES WITH WARM HANDOFFS BETWEEN PRIMARY CARE AND MENTAL HEALTH PROVIDERS ALLOW LANGUAGE AND SPIRIT, AND IMPROVE OUR RATE OF SUCCESSFUL LINKAGES. FOR INDIVIDUALS NEEDING PSYCHIATRIC TREATMENT FOR SERIOUS MENTAL ILLNESSES SUCH AS SCHIZOPHRENIA OR BIPOLAR DISORDER, REFERRALS ARE FACILITATED THROUGH AGREEMENTS WITH MENTAL HEALTH AGENCIES.

4d Other program services (Describe in Schedule O) (Expense: 1,495,641, including grants) (Revenue: 730,193,)

4e Total program service expenses 12,278,018

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4847(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule E, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations: Did the organization engage in lobbying activities, or have a section 501(c)(3) election in effect during the tax year? If "Yes," complete Schedule G, Part II		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 05-10? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule G, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open spaces, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule G, Part IV		X
10 Did the organization directly or through a related organization hold assets in temporary restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule G, Part V		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 13? If "Yes," complete Schedule D, Part VI	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 18? If "Yes," complete Schedule D, Part VII		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 18? If "Yes," complete Schedule D, Part VIII		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 13? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part XI		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(C)(iii)? If "Yes," complete Schedule F		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? If "Yes," complete Schedule F, Parts I and II		X
15 Did the organization report on Part IX, column (A), line 5, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts III and IV		X
16 Did the organization report on Part IX, column (A), line 5, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 8a-c, 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VII, lines 1c and 5a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VII, line 1a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization, or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part V, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account or other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an agent for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 12 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee trustee, a grant select or committee member, or to a 50% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director or indirect owner? If "Yes," complete Schedule I, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical resources, or other special assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-5? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 35% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part V, lines 11b and 13? Note. A Form 990 filer is required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 996. Enter 0 if not applicable	1a	11		
b	Enter the number of Forms W-23 included in line 1a. Enter 0 if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reported payments to vendors and responsible gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employers 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	194		
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 file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8878?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(p).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution or partly for goods or services provided to the payer?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8222?	7c			X
d	If "Yes," indicate the number of Forms 8222 filed during the year	7d		X	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C?	7h			
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?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 1706?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part V-I, line 12	10a			
b	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserve 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 reserve 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 in Schedule O	14b			

Part VII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 9a, 8b, or 10c below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a. Enter the number of voting members of the governing body at the end of the tax year... 2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees... 4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5. Did the organization become aware during the year of a significant diversion of the organization's assets? 6. Did the organization have members or stockholders? 7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8. Did the organization enter into precisely described the meetings held or written actions undertaken during the year by the following: a. The governing body? b. Each committee with authority to act on behalf of the governing body? 9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? * If "Yes," provide the name and address in Schedule O.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17. List the state with which a copy of this Form 990 is required to be filed. CA, OR 18. Section 170(f) requires an organization to make its Form 1023 (or 1024, if applicable), 990, and 990-E (Section 501(c)(2)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O). 19. Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20. State the name, address, and telephone number of the person who possesses the organization's books and records. ALBERT COARDO - 213-393-1950 200 W 4TH ST, 2ND FLOOR, LOS ANGELES, CA 90012

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, also check section of Form 990 if applicable)						(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) STEPHEN A. KROHNE, MBA, M.D. BOARD CHAIR	8.00	X		X			0.	0.	0.	
(2) BETH TUCKER BOARD VICECHAIR	8.00	X		X			0.	0.	0.	
(3) BARBARA HOVE BONDRO BOARD SECRETARY	8.00	X		X			0.	0.	0.	
(4) CLIBB L. LINDA, MD, MBA BOARD TREASURER	8.00	X		X			0.	0.	0.	
(5) V. SUZUKI M.D. DIRECTOR	8.00	X					0.	0.	0.	
(6) HERMAN GONZALEZ DIRECTOR	8.00	X					0.	0.	0.	
(7) EDUARDO LEE, MD, MPH DIRECTOR	8.00	X					0.	0.	0.	
(8) LINDA VALLER DIRECTOR	8.00	X					0.	0.	0.	
(9) STACEY V. BOLLEN-DOWNS, MD DIRECTOR	8.00	X					0.	0.	0.	
(10) SCOTT REID MEMBER	8.00	X					0.	0.	0.	
(11) PIERRE JONIS MEMBER	8.00	X					0.	0.	0.	
(12) STEA B. MEDISHOV, MD PRESIDENT & CEO	40.00			X			177,090.	0.	10,725.	
(13) KATHERIN C. WHITE, MD CHIEF MEDICAL OFFICER	40.00			X			176,040.	0.	10,572.	
(14) ALBERT COARTO CEO	40.00			X			147,387.	0.	7,732.	
(15) BRADENA DE-FARO TWITE COO	40.00			X			107,147.	0.	6,874.	
(16) JASON MARQUEZ EXECUTIVE	40.00					X	105,817.	0.	6,392.	
(17) YOUNG LAM TEAM DIRECTOR	40.00					X	101,067.	0.	11,892.	

Part VIII Statement of Revenue

Check if Schedule C 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 section 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	4,274				
	d	Raised organizations					
	e	Government grants (contributions)	5,190,834				
	f	All other contributors, gifts, grants, and similar amounts (include details)	3,240,057				
	g	Vendor contributions (see instructions)	124,094				
	h	Total. Add lines 1a-1g		8,574,845	4,274		
Program Service Revenue	2 a	FAMILY SERVICE CENTER	621400	8,293,155	8,293,155		
	b	MANAGED CARE CENTER	621400	1,548,115	1,548,115		
	c	CLINIC DEVELOPMENT LLC	216000	75,000	75,000		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-f		8,116,271	10,416,385	10,416,385	
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		124,159		124,159
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real				
			(ii) Personal				
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
8 a		Gross income from fundraising events (not including \$ 6,215 of contributions reported on line 1c). See Part IV, line 18	a	30,485			
			b	30,480			
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b					
10 a	Gross sales of inventory, less returns and allowances	a					
		b					
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		16,817,276	9,323,271	0	124,159	

Part IX: Statement of Functional Expenses

Section 501(c)(3) and 501(c)(29) 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, 7a, 24, 26, 26a, and 10b of Part VIII.	(A) Total expenses	(B) Program services 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	492,516.	492,516.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 14 and 15				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	558,352.	276,335.	453,672.	65,354.
6 Compensation not included above, to disqualified persons (as defined under section 1361(c)(1)) and persons described in section 4059(c)(2)(E)				
7 Officer salaries and wages	5,210,609.	6,443,225.	458,815.	2,431,919.
8 Personnel benefits and contributions (include section 401(k) and 408(a) employer contributions)	142,384.	134,230.	5,399.	3,475.
9 Other employee benefits	445,225.	308,402.	39,258.	13,465.
10 Payroll taxes	601,295.	688,410.	79,494.	42,359.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	118,516.		118,516.	
d Lobbying				
e Professional fundraising fees. See Part IV, line 17	34,469.			34,469.
f Investment management fees				
g Other. If line 11g amount exceeds 15% of line 25, column (A) amount, list the 11g expenses on Schedule O.	762,620.	610,366.	50,371.	102,692.
12 Advertising and promotion				
13 Office expenses	154,395.	124,324.	15,733.	14,338.
14 Information technology	277,430.	273,925.	44,399.	4,426.
15 Postage				
16 Occupancy	613,733.	585,472.	102,734.	5,068.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public official's				
19 Conferences, conventions, and meetings	81,906.	48,476.	37,273.	6,157.
20 Interest	399,604.	399,639.	45.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	242,972.	242,972.		
23 Insurance	96,026.	77,324.	16,700.	
24 Other expenses (include expenses not covered above. List miscellaneous expenses in line 24a. If line 24a amount exceeds 10% of line 25, column (A) amount, list the 24a expenses on Schedule O.)				
a MEDICATION & MEDICAL SUPPLIES	859,823.	859,823.		
b DONATED MEDICINES AND SUPPLIES	320,573.	320,573.		
c LABORATORY TESTING	153,690.	153,690.		
d REPAIRS AND MAINTENANCE	131,520.	117,791.	13,657.	507.
e All other expenses	109,151.	141,464.	19,894.	7,953.
25 Total functional expenses. Add lines 1 through 24e	12,153,408.	12,218,118.	1,462,600.	472,474.
26 Joint costs. Complete this line only if the organization reported in column (E) joint costs from a combined occupational course, national fundraising solicitation, or other joint activity.				

Part X Balance Sheet

Check if Schedule C contains a response or note to any line in Part X.

		(A) Beginning of year		(B) End of year
Assets	1	Cash (non-interest-bearing)	1	2,171,901
	2	Savings and temporary cash investments	2	1,049,323
	3	Fledges and grants receivable, net	3	500,399
	4	Accounts receivable, net	4	594,479
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(a)(5)(E), and contributing employers and sponsoring organizations of section 501(c)(29) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Form L	6	
	7	Notes and loans receivable, net	7	17,243,272
	8	Inventories for sale or use	8	20,135
	9	Prepaid expenses and deferred charges	9	40,287
	10a	Land, buildings, and equipment (cost or other basis). Complete Part VI of Schedule D	10a	2,359,405
	b	Less: accumulated depreciation	10b	2,951,957
	11	Investments - publicly traded securities	11	2,997,751
	12	Investments - other securities. See Part V, line 11	12	
	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets. See Part IV, line 11	15	253,077
16	Total assets. Add lines 1 through 15 (must equal line 34)	16	7,704,937	24,181,002
Liabilities	17	Accounts payable and accrued expenses	17	2,051,475
	18	Grants payable	18	
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	
	21	Reserve or custodial account liability. Complete Part IV of Schedule D	21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part I of Schedule L	22	
	23	Secured mortgages and notes payable to unrelated third parties	23	55,000
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax payables to related third parties and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	22,003
	26	Total liabilities. Add lines 17 through 25	26	2,128,478
Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27	Unrestricted net assets	27	4,283,022
	28	Temporarily restricted net assets	28	2,270,449
	29	Permanently restricted net assets	29	
	30	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30	Capital stock or trust principal, or parent funds	30	
	31	Paid-in or capital surplus or endowment, building, or equipment fund	31	
	32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	33	5,553,471	6,421,942
34	Total liabilities and net assets/fund balances	34	7,704,937	24,181,002

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 VII, column (A), line 12)	1	15,817,776.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,151,492.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,559,872.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,559,471.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year (Combine lines 3 through 9 (must equal Part X, line 33, column (B)))	10	9,227,345.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	† Yes† to line 2a or 2b: does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of the financial statements and selection of an independent accountant? † If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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 I. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,198,354.	4,554,176.	6,064,070.	7,153,214.	8,404,772.	31,374,486.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,198,354.	4,554,176.	6,064,070.	7,153,214.	8,404,772.	31,374,486.
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)						1,341,045.
6 Public support. Subtract line 5 from line 4	5,198,354.	4,554,176.	6,064,070.	7,153,214.	8,404,772.	30,473,441.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	5,198,354.	4,994,170.	6,064,070.	7,153,214.	8,404,772.	31,814,480.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	107.	1,906.	2,943.	3,060.	124,159.	236,382.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10	5,198,461.	4,996,076.	6,067,013.	7,156,274.	8,528,931.	31,851,845.
12 Gross receipts from related activities, etc. (see instructions)					12	28,942,902.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	95.27	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	95.50	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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 III.

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 1 and 2 received from other disqualified persons that would be prohibited under section 513(b) if not for the year						
8 Add lines 7a and 7b						
9 Public support (line 6 minus line 8)	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	6,000,000

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 gross income (less section 511 taxes) from business 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 VII.)						
13 Total support (see back for instructions)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶						

Section C. Computation of Public Support Percentage

16 Public support percentage for 2017 (line 9, column (e) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a **53 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 53 1/3%, and line 17 is not more than 53 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- 19b **53 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 15 is more than 53 1/3%, and line 18 is not more than 53 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or program, describe the designation. If historic and continuing relationship, explain.	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	<input type="checkbox"/>	<input type="checkbox"/>
3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<input type="checkbox"/>	<input type="checkbox"/>
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 502(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(F) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	<input type="checkbox"/>	<input type="checkbox"/>
4a. Was any supported organization not organized in the United States (foreign supported organization)? If "Yes," and if you checked 12a or 12c in Part I, answer (b) and (c) below.	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or governed by or in connection with its supported organizations.	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 521(a)(2) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(F) purposes.	<input type="checkbox"/>	<input type="checkbox"/>
5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c. Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4953(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the organization make a loan to a disqualified person (as defined in section 4946) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<input type="checkbox"/>	<input type="checkbox"/>
9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
b. Did one or more disqualified persons (as described in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
10a. Was the organization subject to the excess business holdings rules of section 4948 because of section 4943(f) (regarding certain Type II supporting organizations and all Type I non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4946, to determine whether the organization had excess business holdings.)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV: Supporting Organizations (see instructions)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box that best describes how 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 (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) in which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) comprise the activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1990 (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 brokerage or other factors (explain in detail in Part VI):		
2	Acquisition, if depreciable applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1c	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (or 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 .15	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to alternate supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 5	
10 Line 9 amount divided by line 11 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Undistributed Income 2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 9			
2 Undistributions, if any, for years prior to 2017 (reasonable cause required; explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a From 2012			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to undistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7			
a Applied to undistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining undistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining undistributions for 2017. Subtract lines 3c and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2012			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

LOS ANGELES CIRCUTAN HEALTH CENTERS

95-4315734

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 foundationCheck 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 508(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ) Part II, line 12, 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 1b, 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, 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 contributor's totaled more than \$1,000. If the 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 1 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

LOS ANGELES CHRISTIAN HEALTH CENTER

95-4315434

Part I Contributors (see instructions). Use duplicate copies of Form 990 if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE LARRY AND JEANETTE WATKINS FOUNDATION, INC. 7 PARK CENTER COURT CHINO HILLS, CA 91117	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GM TRUCK FOUNDATION 551 S FORD ST., 5TH FLOOR LOS ANGELES, CA 90071 2517	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE RALPH X. PARSONS FOUNDATION 606 W. 6TH STREET, 5TH FLOOR LOS ANGELES, CA 90015	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE BUSBY HILLS FOUNDATION 225 BOULD LANE AVENUE, SUITE 1250 PASADENA, CA 91101	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNIVERSITY FOUNDATION 500 WILSHIRE BLVD STE 1200 LOS ANGELES, CA 90017-2665	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HEALTH PROMOTERS SERVICES ADMINISTRATION 5500 BISHOP LANE ROCKVILLE, MD 20852	\$ 1,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LOS ANGELES CHRISTIAN HEALTH CENTERS

95-4315734

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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

LOS ANGELES CHRISTIAN HEALTH CENTERS

95-1515934

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 (d) and the following line only. For organizations completing Part III, enter a total of exclusive religious, charitable, etc., contributions of \$1,000 or less for the year. Attach to this return a duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table for transfer of gift: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table for transfer of gift: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table for transfer of gift: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table for transfer of gift: (e) Transfer of gift, Transferee's name, address, and ZIP + 4, Relationship of transferor to transferee.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization: **LOS ANGELES CHRISTIAN HEALTH CENTERS** Employer identification number: **95 4215734**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part V, line 11.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value or combinations (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private inurement? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

- Preservation of land for public use (e.g., recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of a historically important land area
- Preservation of a certified historic structure

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

	Hold at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/00 and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year: ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year: ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(e)(4)(B)(i) and section 170(h)(4)(B)(v)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

- (i) Revenue included on Form 990, Part VIII, line 1: ▶ \$
- (ii) Assets included in Form 990, Part X: ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

- a Revenue included on Form 990, Part VII, line 1: ▶ \$
- b Assets included in Form 990, Part X: ▶ \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 6 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be added 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 accountability? 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) Ten years back	(d) Twenty 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 Funds designated or quasi endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule I? Yes No

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			20,000,000	
b Buildings				
c Leasehold improvements		2,000,000	900,000	1,100,000
d Equipment		700,000	600,000	100,000
e Other				
Total. Add lines 1a through 1e. Do not include Form 990, Part X, column (d), line 10c.				220,000

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

Total (Col. (b) plus Col. (c)) Form 990, Part X, col. (b) line 12a

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows 1 through 8.

Total (Col. (b) plus Col. (c)) Form 990, Part X, col. (b) line 13a

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows 1 through 8.

Total (Col. (b)) Form 990, Part X, col. (b) line 15a

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes 'Accounts held for others' with a value of 22,000. Total is 22,000.

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 F.R.D. 1311(a)(4). Check here if the text of the footnote has been provided in Part XIII.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	19,042,182.
2	Amounts included on line 1 but not on Form 990, Part VI, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	219,251.	
c	Recovery of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	30,654.	
e	Add lines 2a through 2d	2e		298,908.
3	Subtract line 2e from line 1	3		16,742,276.
4	Amounts included on Form 990, Part VI, line 12, but not on line 3:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	75,000.	
c	Add lines 4a and 4b	4c		75,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		16,817,276.

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

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

1	Total expenses and losses per audited financial statements		1	16,902,487.
2	Amounts included on line 1 but not on Form 990, Part X, line 25:			
a	Donated services and use of facilities	2a	219,251.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	175,733.	
e	Add lines 2a through 2d	2e		394,984.
3	Subtract line 2e from line 1	3		17,658,152.
4	Amounts included on Form 990, Part IX, line 25, but not on line 3:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	495,249.	
c	Add lines 4a and 4b	4c		495,249.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		18,153,401.

Part XIII Supplemental Information.

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

PART XI, LINE 2d - OTHER ADJUSTMENTS:

FOUNDATION EVENT EXPENSES	80,486.
CHRC REVENUE	168.
TOTAL TO SCHEDULE D, PART XI, LINE 2d	80,654.

PART XII, LINE 4b - OTHER ADJUSTMENTS:

CLINIC DEVELOPMENT FEE	75,000.
------------------------	---------

PART XIII, LINE 2d - OTHER ADJUSTMENTS:

FOUNDATION EVENT EXPENSES	80,486.
CHRC EXPENSES	24,081.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 21 105,383.

PART XII, LINE 49 OTHER STATEMENTS:

GRANT EXPENSE TO JDDC 492,544.

TRF & MAIL EXPENSES 2,905.

TOTAL TO SCHEDULE D, PART XII, LINE 49 495,449.

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 7 and 8b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(total events)	(total events)	(total number)	
Revenue	1	Gross receipts	84,761.		84,761.
	2	Less: Contributions	4,215.		4,215.
	3	Gross income (line 1 minus line 2)	80,546.		80,546.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	107.		107.
	7	Food and beverages	50,453.		50,453.
	8	Entertainment			
	9	Other direct expenses	24,925.		24,925.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			75,485.
11	Net income summary. Subtract line 10 from line 3, column (d)			5,061.	

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 tab machines or gaming progressive bingo	(c) Other gaming	(d) Total gaming
		(add col. (a) through col. (c))	(add col. (a) through col. (c))	(add col. (a) through col. (c))	(add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash 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 partner 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 ▶ _____

- 15a 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 explanations required by Part III line 2b, columns (iii) and (v); and Part III lines 5, 9, 10b, 10c, 10d, 15a, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART IV, LINE 2B, LIST OF GRANTOR/GRANT ASSOCIATES:

() NAME OF FOUNDER: HENRY GREGG ASSOCIATES

() ADDRESS OF FOUNDER: PO BOX 5122, COLVER CITY, CA 95231

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

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

PART IV, LINE 2:

LACRC HAS MADE A GRANT TO A BELIEVED ORGANIZATION, JOSHUA SCORE BELIEVED

GRANTEE, DESCRIBED ON SCHEDULE B 2.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2017

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

LOS ANGELES CHRISTIAN HEALTH CENTERS

Employer identification number

98 4318734

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:

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

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

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

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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)(2), 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 lines 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 55.1368-1(a)(5)? 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 55.1368-6(a)?

	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		

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 15-5007

2017

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 the latest information.

Name of the organization: **LOS ANGELES CHRISTIAN HEALTH CENTERS** Employer identification number: **95-4315714**

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 VII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical artifacts				
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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other	<input checked="" type="checkbox"/>	75	224,614	FAIR VALUE
26 Other	<input type="checkbox"/>			
27 Other	<input type="checkbox"/>			
28 Other	<input type="checkbox"/>			

29 Number of Forms 990 received by the organization during the tax year for contributions for which the organization completed Form 3283, Part V, Donee Acknowledgement: **29**

	Yes	No
30a During the year, did the organization receive or contribute 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?		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part III.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	<input checked="" type="checkbox"/>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<input checked="" type="checkbox"/>
b If "Yes," describe in Part III.		
33 Did the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part III.		

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.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LOS ANGELES CHRISTIAN HEALTH CENTER

Employer identification number

35-4315734

FORM 990, PART III, LINE 1A, PROGRAM SERVICE ACCOMPLISHMENTS:

REFERRAL RELATIONSHIPS TO INSURE CONTINUITY OF CARE.

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

SOCIAL WORK - SOCIAL SERVICES PROVIDED CASE MANAGEMENT AND CARE

COORDINATION TO VULNERABLE 800 PATIENTS OF LACHC, IN 2,782 ENCOUNTERS.

CASE MANAGEMENT IS FOCUSED ON HOUSING FOR THE HOMELESS, ACQUIRING

PUBLIC BENEFITS, ADDRESSING IMMEDIATE NEEDS SUCH AS FOOD AND

TRANSCRIPTION, AND REFERRING PATIENTS TO APPROPRIATE RESOURCES IN THE

COMMUNITY. CARE COORDINATION IS DESIGNED TO ASSIST PATIENTS TO

NAVIGATE THE COMPLICATED HEALTHCARE DELIVERY SYSTEM AS EFFICIENTLY AS

POSSIBLE IN ORDER TO IMPROVE PATIENT ENGAGEMENT IN CARE AND HEALTH

OUTCOMES.

EXPENSES \$ 1,188,884. INCLUDING GRANTS OF \$ 0. REVENUE \$ 399,934.

OPHTHALMOLOGY OPHTHALMOLOGY SERVICES ARE PROVIDED AT ONE JOSHUA HODOR

LOCATION. DURING THE YEAR, 1,284 PATIENTS RECEIVED OPHTHALMOLOGY CARE IN

1,579 ENCOUNTERS. SERVICES INCLUDE EXAMINATIONS AND PROVISION OF

DIAGNOSTIC LENSES, SCREENING FOR RETINAL DISEASES, AND SCREENING AND

TREATMENT OF GLAUCOMA.

EXPENSES \$ 322,151. INCLUDING GRANTS OF \$ 0. REVENUE \$ 226,505.

PHARMACY SERVICES - LACHC PROVIDES A VARIETY OF LIFE-SAVING

MEDICATIONS, RANGING FROM ANTIBIOTICS, DIABETES MEDICATIONS AND

HYPERTENSION MEDICATIONS, TO PREVENTIVE CARE VITAMINS, IN THEIR

FULLY LICENSED PHARMACY, WITH A PHARMACEUT PRESENT TO ANSWER ANY

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization: LOS ANGELES CHRISTIAN HEALTH CENTER Employer identification number: 95 4318734

MEDICATION-RELATED QUESTIONS AT ITS PICO ALISO CLINIC. ANJOSIA HENDER

AND OTHER CLINICAL STAFF IN THE CITY, LACHC PROVIDES PATIENTS WITH THE

EARLY FORMULARY MEDICATIONS THROUGH A "CENTRAL FILL" PROCESS, UTILIZING

A COURSE FOR MEDICATION DELIVERIES. A MIXTURE OF 25,000 PRESCRIPTIONS

ARE FILLED BY LACHC ANNUALLY. PATIENTS ARE ASSISTED IN OVERCOMING

SOCIAL, CULTURAL, AND MEDICAL BARRIERS TO TAKING MEDICATIONS AS WELL AS

REACHING THEIR CLINICAL GOALS THROUGH PHARMACY SERVICES.

EXPENSES \$ 112,022. INCLUDING GRANTS OF \$ 0. REVENUE \$ 70,915.

LOS ANGELES CHRISTIAN HEALTH CENTERS MADE A GRANT TO JOSHUA HENDER

HEALTH CENTER TO INITIATE THE PURCHASE AND CONSTRUCTION OF A NEW

COMMUNITY HEALTH CENTER IN LOS ANGELES. LOS ANGELES CHRISTIAN HEALTH

CENTERS HAS ALSO BARRED A PORTION OF ITS CLINIC DEVELOPMENT FEE DURING

THE FIVE YEAR PERIOD.

EXPENSES \$ 702,544. INCLUDING GRANTS OF \$ 452,544. REVENUE \$ 25,000.

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

LINE 11A EXPLANATION - FORM 990 IS REVIEWED AND APPROVED BY OUTSIDE

CONSULTANT AND MANAGEMENT, REVIEWED AND APPROVED BY THE AUDIT COMMITTEE AND

THEN PRESENTED TO THE FULL BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE

IRS.

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

A CONFLICT OF INTEREST POLICY HAS BEEN APPROVED BY THE BOARD OF DIRECTORS.

A CONFLICT OF INTEREST DISCLOSURE FORM ASKS FOR A LIST OF OTHER COMPANIES/

ORGANIZATIONS OF WHICH THE BOARD OR EXECUTIVE TEAM MEMBER IS AN OFFICER OR

BOARD MEMBER AND IS FURNISHED ANNUALLY TO EACH DIRECTOR, OFFICER, AND

MEMBER OF THE EXECUTIVE STAFF OF THE ORGANIZATION. THE FORMS ARE REVIEWED.

Name of the organization

LOS ANGELES GREEK-SPAN HEALTH CENTERS

Employer identification number

95-4315734

AND SIGNED BY EACH MEMBER WITH ANY CONFLICTS NOTED AND RETURNED TO THE

STAFF MEMBER WHO HANDLES BOARD AFFAIRS. THE BOARD THEN MONITORS THAT ANY

POTENTIAL CONFLICT AS NOTED DOES NOT RESULT IN DECISIONS BEING INFLUENCED

BY INTERESTED PARTIES.

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

IT IS THE POLICY OF LAGHC TO REVIEW ALL SALARIES ANNUALLY. THIS REVIEW IS

BASED UPON SEVERAL FACTORS INCLUDING COMPARING SALARY STRUCTURE BY POSITION

TO SALARY STRUCTURE OF OTHER COMMUNITY CLINICS IN CALIFORNIA OF SIMILAR SIZE

(REVENUES & EMPLOYEES) USING SALARY SURVEYS PROVIDED BY THE CALIFORNIA

PRIVATE CARE ASSOCIATION (COPCA), THE CALIFORNIA ASSOCIATION OF NON-PROFIT

AND OTHER AS APPLICABLE. THE ANNUAL CICA SURVEY PROVIDES SALARY &

RATIOS FOR OVER 100 CRITICAL COMMUNITY CLINIC POSITIONS, INCLUDING ALL

CEO, CFO & CHIEF MEDICAL OFFICER. THE SURVEY RESULTS ARE VIEWED BY SIZE OF

CLINIC & BY LOCATION. BASED ON THIS INFORMATION, LAGHC'S FINANCIAL STATUS

AND INDIVIDUAL PERFORMANCE, THE EXECUTIVE COMMITTEE RECOMMENDS ANY ANNUAL

SALARY ADJUSTMENTS TO THE FULL BOARD FOR APPROVAL.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO EXECUTIVE STAFF AND THE BOARD OF DIRECTORS,

UPON REQUEST FROM THE GENERAL PUBLIC. THE ORGANIZATION WILL PROVIDE ACCESS

TO THESE DOCUMENTS AS REQUIRED BY LAW.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 24, 35h, or 36.

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

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

	Yes	No
a Receipts of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-e)	(c) Amount involved	(d) Method of determining amount involved
11				
12				
13				
14				
15				
16				

Part VII Supplemental information.

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

PART II. IDENTIFICATION OF RELATED TAX EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND CITY OF RELATED ORGANIZATION:

JORDAN HOUSE HEALTH CENTER

MIN: 62-7202958

311 WILSON ST

LOS ANGELES, CA 90013

PRIMARY ACTIVITY: CONSUMER HEALTH CENTER FOR LADIES

DIRECT CONTROLLING ENTITY: LOS ANGELES CHRISTIAN HEALTH CENTERS

Form **990-W**

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

OMB No. 1545-0045

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-W

2018

Use in combination with the 2018 Form 990-W

▶ Go to www.irs.gov/990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for the calculation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total from lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on profits. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
10b	Enter the tax shown on the 2017 return. See instructions. Caution: If you or the taxpayer was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
10c	2018 Estimated Tax. Enter the smaller of line 10a or 10b. If the organization is on the 1042-B file 10b, enter the amount from line 10a on line 10c	10c	10,000.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11	12/15/18	03/15/19	06/15/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d), but see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a large organization.	12	9,950.	4,975.	4,975.
13	2017 Overpayment. See instructions	13	155.		
14	Payment due (Subtract line 13 from line 12)	14	9,795.	4,975.	4,975.

1-84 For Paperwork Reduction Act Notice, see instructions.

Form 990-W (2018)

ESTIMATED TAX 10,000.
OVERPAYMENT APPLIED 155.
AMOUNT DUE 9,845.

Exempt Organization Business Income Tax Return
(and proxy tax under section 5033(e))

OMB No. 15-5007

2017

For calendar year 2017 or other tax year beginning 01/01/17, 2017, and ending 12/31/17, 2017

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).

Form 990-T (2017) Instructions for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed	Part I or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employer must see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 509(a) <input type="checkbox"/> 509(b) <input type="checkbox"/> 509(c) <input type="checkbox"/> 529(a)		LOS ANGELES CHRISTIAN HEALTH CENTERS	95-4315734
		Number, street, and room or suite no. If a P.O. box, see instructions.	E If not in U.S., address and city, state or country, and ZIP or foreign postal code (See instructions.)
		217 WEST 105 STREET, BOX 4 0433	
		City or town, state or province, country, and ZIP or foreign postal code	
		LOS ANGELES, CA 90012	
C Book value of assets at end of year 24,191,000.		F Check exemption number (See instructions.)	
		G Check organization type: <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(c) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity: **PRINCE BENEFITS DISALLOWED UNDER IRC SECTION 514 (A) (1)**

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

J The books are in care of: **ADAM BUCANEC** (telephone number **213-993-1960**)

Part I: Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less: returns and allowances 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1a			
4a Capital gain net income (attach Schedule D)			
b Other gain (loss) from 4757, Part I, line 17 (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach schedule)			
6 Rent income (Schedule C)			
7 Unrelated debt-finance income (Schedule F)			
8 Interest, annuity, royalties, and rents from controlled organizations (Sch. F)			
9 Income from a section 501(c)(7), (13), or (17) organization (Schedule G)			
10 Exploited easement income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule) ADAM BUCANEC 1	47,882.	0.	47,882.
13 Total. Sum of lines 1a through 12	47,882.	0.	47,882.

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

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (see instructions for limitations)		20	
21 Depreciation (attach Form 4562)		21	
22 Loss due to fire, theft, or other casualty (attach Form 4782)		22a	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess unemployment expenses (Schedule I)		26	
27 Excess membership dues (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total Deductions. Add lines 14 through 28		29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	47,882.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before special deduction. Subtract line 31 from line 30		32	47,882.
33 Special deduction (Section 513(b), but see line 33 instructions for exceptions)		33	0.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 32 is greater than line 33, enter the smaller of line 32 or line 33		34	47,882.

Part III Tax Computation

Table with 3 columns: Description, Amount, and Total. Rows include: Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Property tax, Alternative minimum tax, Tax on Non-Compliant Facility Income, and Total (lines 37, 38, and 39).

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Total. Rows include: Foreign tax credit, Other credits, Total credits, Other taxes, Total tax, Payments (A-Z), Total payments, Estimated tax, Tax due, Overpayment, and Refund.

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

Table with 3 columns: Question, Yes, No. Rows include: Foreign bank accounts, Foreign trusts, and Tax-exempt interest.

Sign Here section with signature lines for President & CEO, Preparer's name, Preparer's signature, Date, Check, and PIN. Includes a box for 'Use the IRS e-file return with this prepared document'.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **W/A**

1	Inventory at beginning of year	1		8	Inventory at end of year	8	
2	Purchases	2		9	Cost of goods sold. Subtract line 6 from line 8, enter here and in Part I, line 7	9	
3	Cost of labor	3		10		10	
4a	Additional section 263A costs (attach schedule)	4a		11		11	
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Do the rules of section 263A (with respect to property produced or acquired for sale) apply to the organization? Yes No

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

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

2. Total income or amount		3(a) Deductible real estate taxes (with the exception of section 213 and 213(c) of such schedule)
(a) From personal property (if the percentage of value of personal property is more than 10% do not enter here - 50%)	(b) From real and personal property (if the percentage of real or personal property is more than 90% of the net is based on public or economic)	
(1)		
(2)		
(3)		
(4)		
Total		0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line C, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line D, column (B) **0.**

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

1. Description of debt-financed assets	2. Gross investment or amount of debt (if not applicable)	3. Deductions of tax you are allowed to claim as follows for the debt-financed property:		
		(a) Depreciation deductions (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt you are not allowed to deduct (attach schedule)	5. Average adjusted basis of the depreciable debt (if not 100% of 4, attach schedule)	6. Of line 4, 5 less 10% of line 5	7. Greater of line 3(a) or line 6	8. Multiply line 7 by line 2 (attach schedule)
(1)				
(2)				
(3)				
(4)				
Totals		0.	0.	0.

Total dividends-received deductions. **103 DEC 3 2017 11 06**

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

Exempt Controlled Organizations					
1. Name of controlled organization	2. EIN (prop. or business number)	3. Net or stated income (loss) (see instructions)	4. Total of specified payments (see instructions)	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly attributable to interest
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Gross income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments (see instructions)	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly attributable to interest (see instructions)
(1)				
(2)				
(3)				
(4)				
Totals			0.	0.

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

1. Dividend income	2. Amount of annuity	3. Deductions directly attributable to each (see instructions)	4. Stock or other property	5. Total deductions and tax on tax (see instructions)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule H - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from activity (see instructions)	3. Expenses directly attributable to the activity (see instructions)	4. Net profit (loss) (add to the net unrelated business income in column 2, or subtract from net unrelated business income in column 3)	5. Gross income from activity that is included in gross income (see instructions)	6. Expenses for activity (see instructions)	7. Excess exempt activity income (add to net profit in column 4, or subtract from net profit in column 5)
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of the outlet	2. Gross advertising income	3. Other advertising costs	4. Advertising gain or (loss) (if more than 10 outlets, some by line 4 through 7)	5. Deduction for income	6. Excess advertising income	7. Gross unrelated business income from activity (see instructions)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part I, line (5))		0.	0.			0.

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

1. Name of periodical	2. Gross advertising income	3. State or country of origin	4. Advertising rate for 2017 and 2018 (or 2016 and 2017 if the rate remains the same through 2017)	5. Title letter or number	6. Headline code	7. Federal identification number (if any) or EIN (if any)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.		0.			0.
Totals, Part II (lines 1-5)	0.		0.			0.

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

1. Name	2. Title	3. Part of time spent on business	4. Compensation attributable to related business
(1)			\$0
(2)			\$0
(3)			\$0
(4)			\$0
Total. Enter here and on page 1, Part III, line 14			0.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name		Employer identification number	
LOS ANGELES CHRISTIAN PRAYER CENTERS		93-4315724	
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 5503.			
1	Taxable income or (loss) before ratable loss deduction	1	46,887.
2	Adjustments and preferences:		
a	Depreciation or cost depletion property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Acquired gain or loss	2e	
f	Long-term contracts	2f	
g	Mechanical marine facility construction losses	2g	
h	Section 528(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax-exempt interest (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	46,887.
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	46,887.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter 0. If there is a negative amount, see instructions	4b	0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMT from prior year ACE adjustments over its total reductions in AMT from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c. • If line 4b is less than zero, enter the smaller of line 4b or line 4d as a negative amount.	4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	46,887.
6	Alternative tax on operating loss deduction. See instructions	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation had a residual interest in a PFMIC, see instructions	7	46,887.
8	Exemption phase-out (if line 7 is \$50,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a	0.
b	Multiply line 8a by 25% (0.25)	8b	0.
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c	40,000.
9	Subtract line 8c from line 7. If zero or less, enter 0	9	6,887.
10	Multiply line 9 by 85% (0.85)	10	1,294.
11	Alternative minimum tax before tax credit (AMTTC). See instructions	11	
12	Taxable minimum tax. Subtract line 11 from line 10	12	694.
13	Regular tax liability before special credits except the foreign tax credit	13	9,845.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter the smaller from line 12, Schedule C, line 8, of the corporation's or the corporation's spouse's income tax return.	14	0.

For Paperwork Reduction Act Notice, see separate instructions.

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

FRINGE BENEFITS DISALLOWED UNDER IRC SECTION 512(A)(7)

47,892.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

47,892.

TENTATIVE MINIMUM TAX (TMT) PRORATION

STATEMENT 2

TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . . 1,376.

TMT IN EFFECT BEFORE 01/01/2018 1,376.

TMT IN EFFECT AFTER 12/31/2017 0.

DAYS

TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . . 184 654.

TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . . 182 0.

TMT PRORATED 654.

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

GMB No. 1545-1709

What is the filing date of this return?

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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 9570, 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/efile, click on Charities & Non-Profits, and click on 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-C (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer (see instructions)	Employer identification number (EIN) or
	LOS ANGELES CHRISTIAN HEALTH CENTERS	SS-43-5734
File by the due date of your return (see instructions)	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	202 WEST 187 STREET, NO. 4 0433	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOS ANGELES, CA 90012	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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 991-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 992-T	10
Form 990-T (sec. 431(a) or 400(a) trust)	05	Form 990-B	11
Form 990-T (trust other than above)	06	Form 9970	12

ATTENTION: CONTACT

• The books are in the care of ▶ **CVS PHARM, 232 WEST 139 ST #6-0435 - LOS ANGELES, CA 90012**

Telephone No. ▶ 213 493 1350

Fax No. ▶ 213 442 2808

• 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2019 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 2018 or

tax year beginning 01-1, 2017 and ending 12-31, 2017

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

2a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 990-B, enter the tentative tax, less any nonrefundable credits. See instructions.	2a	\$	
b If this application is for Forms 990-PF, 990-T, 4720, or 990-B, enter any refundable credits and estimated tax payments made, include any prior year overpayment allowed as a credit.	2b	\$	
c Balance due. Subtract line 2b from line 2a. Include your payments with this form, if required, by using <input type="checkbox"/> EFTPS (Electronic Federal Tax Payment System). See instructions.	2c	\$	

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.

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

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
COLUMBIA, MO 64202-0046