



**City of Mission Viejo
Community Development Block Grant (CDBG)
Program Year 2016-2017
Public Service Grant Application**

A. GENERAL INFORMATION

1. Legal Name of Applicant Organization: Camino Health Center
2. Name of Proposed Program: Indigent Primary Healthcare
3. Application Contact Person: Janel Papadakis
4. Phone: 949-240-2030 x 166
5. Mailing Address: 30300 Camino Capistrano, San Juan Capistrano, CA 92675
6. E-Mail: jpapadakis@caminohc.org
7. Location Where Services Will Be Provided: 30300 Camino Capistrano, San Juan Capistrano, CA 92675
8. Official Authorized to Sign Contract: Debra L. Drew
9. Federal Tax I.D. #: 33-0574214 DUNS Number: 956164297
10. Provide a CD-ROM with a copy of the following documents:
 - Proof of Tax Exempt status
 - Articles of Incorporation & By-Laws
 - Most recent 990 tax return filed with the IRS
 - Most recent audit or A-133 Single Audit if applicable

**E-MAIL ELECTRONIC VERSION OF THIS FORM TO MLINARES@CITYOFMISSIONVIEJO.ORG &
MAIL PAPER COPIES OF ALL APPLICATION MATERIALS TO:**

CITY OF MISSION VIEJO
COMMUNITY DEVELOPMENT DEPT.
200 CIVIC CENTER
MISSION VIEJO, CA 92691

APPLICATION IS DUE 3 PM DECEMBER 21, 2015

B. PROGRAM INFORMATION

1. This request is for a New or Existing program. If it is an existing program, how will services be expanded in the City? (Be as specific as possible; attach additional pages if necessary.)
Funding will be used to support the costs of providing primary medical, behavioral health, and dental care services to low-income Mission Viejo residents. In 2014, Camino was the only Orange County FQHC to be awarded Behavioral Health Integration funds enabling Camino to integrate behavioral health care into its scope of work. Four full-time behavioral health specialists work closely with the medical care team to provide brief intervention assessments and schedule follow-up care. In 2015, Camino further increased access to care by expanding the medical clinic's hours of operation to Monday-Friday, 8am-8pm, and Saturday 8am-5pm, offering same-day appointments (four appointments per provider per day), and implementing a bilingual after-hours nurse advise line. In addition, in November 2015, Camino opened a second health center in the city of San Clemente and anticipates opening a third site in the city of Lake Forest by July 2016.
2. Have you previously received funding from the City of Mission Viejo CDBG Program? Yes No .
 If yes, identify the year(s), amount(s), and program(s) funded. In the 2nd table below, provide the year(s), name of agencies, program name and amount of CDBG funding received from communities other than Mission Viejo.

Previous MV Funding Information (last 5 years)

Year	MV CDBG Amount	Program Name
FY16	\$11,325.00	Indigent Primary Healthcare
FY15	\$5,340.00	Indigent Primary Healthcare
FY14	\$5,210.00	Indigent Primary Healthcare
FY13	\$4,052.00	Indigent Primary Healthcare
FY12	\$5,065.00	Indigent Primary Healthcare

Previous Non-MV Funding Information (last 3 years)

Year	Agency	Program Name	Grant Amount
FY16	City of Laguna Niguel	Indigent Primary Healthcare	\$3,000.00
FY16	City of San Clemente	Indigent Primary Healthcare	\$16,200.00
97-15	City of San Clemente	Indigent Primary Healthcare	\$316,395.00
FY16	City of Lake Forest	Indigent Primary Healthcare	\$10,000.00
97-15	City of Lake Forest	Indigent Primary Healthcare	\$135,050.00

3. Is your agency based in the City of Mission Viejo? Yes No

5. Funding is requested under which category? **(Limit one)**

- | | |
|---|---|
| <input type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Physically/Developmentally Disabled Adults | <input type="checkbox"/> Crime Awareness |
| <input type="checkbox"/> HIV/AIDS Services | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Fair Housing Services | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Mental Illness Services | <input type="checkbox"/> Childcare Services |
| <input type="checkbox"/> Other Public Services (Specify) _____ | <input checked="" type="checkbox"/> Health Services |

6. Provide the following proposed program budget information:

FY 2016-2017 CDBG funds requested from Mission Viejo:	\$ <u>15,000</u>
Total Program budget:	\$ <u>567,686</u>
Total Agency budget:	\$ <u>8,567,548</u>

7. Provide the following information regarding the number of **unduplicated** clients to be served by the proposed program between July 1, 2016 & June 30, 2017:

- Total number of unduplicated clients to be served by the proposed program **regardless of city of residence**: 12,000
- Of the number listed above in "a", what is the total number of unduplicated **Mission Viejo clients** to be served? 1,350
- Of the total Mission Viejo residents to be served listed above in "b", how **many will be assisted with CDBG funds**? 1,350

8. Can you provide documentation verifying the following:

- Program applicant/client household income? Yes No
- Program applicant/client race and ethnicity? Yes No

9. All CDBG-funded activities must meet a HUD Objective and Outcome.

Objectives: Select **one** HUD objective that best applies to the proposed program:

- Suitable Living Environment – The activity is designed to benefit community, families, or individuals by addressing issues in their living environment.
- Decent Housing – The activity is designed to cover a wide range of housing opportunities that meet an individual family or community need.
- Creating Economic Opportunities – The activity will generate economic development, commercial revitalization, or job creation.

Outcomes: Select **one** HUD outcome that best applies to the proposed program:

- Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low and moderate-income persons, including individuals with disabilities.
- Affordability – The activity provides affordability in a variety of ways for low and moderate-income persons, including creation or maintenance of affordable housing, basic infrastructure hook-ups, or services.
- Sustainability (promoting livable & viable communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low and moderate-income persons, or by removing/eliminating slums/blighted areas.

10. In any of the past three years has your agency expended more than \$750,000 in cumulative federal funds during one fiscal year? Yes No

If yes, did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes No If yes, provide a copy of most recently completed Single Audit. If no, explain why a Single Audit was not prepared. _

11. Please complete the budget proposal provided as **Attachment A** of this application.

12. **Narratives:** Please provide the following information. (**NOTE:** Your responses are limited to 1,000 characters per question. Narratives beyond this limit may be deleted during final production of your application for presentation to commissions and the City Council):
 - a) Identify the nature and extent of the community need to be addressed by the proposed program/service. Provide data that supports the unmet demand for the proposed service in Mission Viejo. In 2014, Camino Health Center conducted a needs assessment of its south Orange County service area and identified 73,425 individuals living at or below the 200% Federal Poverty Level; these individuals represent Camino's target population. Additional data from the UDS Mapper further indicates that approximately 14,489 low-income residents currently reside in the Mission Viejo zip codes of 92691 and 92692. In calendar year 2014, 1,462 unduplicated low-income Mission Viejo residents accessed services at Camino Health Center; this represents a penetration rate of 10% and further indicates that nine in ten low income Mission Viejo residents may not be receiving the care they need. Presently, Mission Viejo residents account for 12% of Camino's total patient population.

 - b) Describe the proposed program/service. Include information on how the program/service will address the specific community need. Specific activities to be undertaken, the average amount or length of service will be provided, and the expected outcome of the program/service: Camino Health Center provides comprehensive primary medical, behavior health and dental care services to low-income, underserved, and uninsured patients residing in Mission Viejo. Services include acute care, chronic disease management, well-child exams, prenatal care, immunizations, laboratory, pharmaceuticals, behavioral health counseling services, and primary dental care. Camino uses a sliding fee scale, based on family size and monthly income, to determine an uninsured patient's share of cost and no patient is ever denied services for their inability to pay. This model of care ensures that all patients receive the necessary services to address their medical, mental and dental needs and achieve a higher quality of life. By June 30, 2016, Camino Health Center will provide 3,600 medical, behavioral health, and dental visits to 1,350 unduplicated low-income and uninsured Mission Viejo residents.

 - c) Describe your organization detailing professional qualifications to carry out the proposed program. List all appropriate credentials (if applicable) and related experience. Also discuss organization resources (e.g., facilities, materials, etc.) that are available to provide services. Camino Health Center has a dedicated team of experienced board-certified physicians, mid-level providers, dentists, behavioral health professionals, nurses, and dietitians. The majority of Camino's staff is bilingual/bicultural which aids in ensuring effective patient communication and reducing cultural barriers to care. Camino contracts with a pediatric dental specialist who provides higher level restorative treatment to the health center's pediatric population. In addition, Camino has a dedicated base of ten volunteers who provide specialty care in obstetrics, gynecology, neurology, pulmonology, and psychiatry. In 2015, Camino Health Center began an expansionary period and in November 2015 opened a second site in the city of San Clemente and will open a third site in Lake Forest by July 2016. Also, Camino's mobile medical unit continues to travel to the city of Lake Forest once a week to provide primary medical care to those with limited means of transportation.

 - d) Describe the organization's capacity to implement the program and meet projected service goals. For the past 33 years, Camino has worked towards increasing access to care for the most vulnerable in our communities by providing primary medical, behavioral health, pediatric and prenatal dental, and WIC services. Most recently, Camino's Board of Directors authorized the provision of adult

dental services - a new service line available to the low-income community. The combination of Camino's programs and three locations facilitate the implementation of this program and enable Camino to meet the projected service goals. Presently, Camino has two sites and will open a third one by July 2016. The primary site has thirteen medical exam rooms, laboratory, on-site pharmacy, four dental operatories and houses the WIC program. The San Clemente clinic has six medical exam rooms and two dental operatories and the Lake Forest clinic is projected to have fourteen medical exam rooms and five dental operatories. In addition, Camino Health Center has transitioned to electronic record systems.

- e) Provide specific information on how CDBG funds awarded to the program will be used (e.g., program staff, office supplies, food costs)? Also include information regarding the percentage of agency resources utilized for fundraising and agency management. Mission Viejo Community Development Block Grant funds will be used to cover a portion of Camino Health Center's rent expenses associated with the San Juan Capistrano health center.

- f) What is the alternative plan if the City of Mission Viejo does not grant funds or if funding is provided at a lower level than requested? In the event that the City of Mission Viejo is unable to grant funds or provides a lower amount than requested, Camino's Program Director and Grants Program Coordinator will continue to actively seek additional funding opportunities. In addition, Camino Health Center is very fortunate to have the Camino Health Center Auxiliary, a dedicated group of 100+ women, who provide additional funding to Camino through fundraising activities such as their annual Golf Classic and Fashion Show to support health center operations that are not covered through traditional funding.

C. CERTIFICATION

1. I hereby certify that, if funds are granted from the City of Mission Viejo to our organization, they will be used to only benefit lower income residents of Mission Viejo. We understand that funding is provided on a reimbursable basis only, that proof of liability insurance will be required, and that our formal agreement with the City will define other reporting and programmatic requirements.

2. No federal appropriated funds have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or, cooperative agreement.

3. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

Name: Debra L. Drew

Title: Chief Executive Officer

Signature: ORIGINAL SIGNATURE ON FILE

Date: 12/18/2015

**CDBG PUBLIC SERVICES AND GRANTS APPLICATION
ATTACHMENT A**

Proposed Budget

Organization: Camino Health Center

Program: Indigent Primary Healthcare

EXPENDITURES

CATEGORY	MISSION VIEJO CDBG FUNDS	OTHER SOURCES (Specify Amount)	TOTAL BUDGET
Administration Salaries & Benefits	\$0.00	\$26,022.00	\$26,022.00
Program Salaries & Benefits	\$0.00	\$435,881.00	\$435,881.00
Program Supplies	\$0.00	\$30,697.00	\$30,697.00
Facilities (Specify)	\$0.00	\$23,678.00	\$23,678.00
Communications			
Insurance			
Utilities			
Professional Services (Specify) AUDIT & PHYSICIAN FEES	\$0.00	\$17,679.00	\$17,679.00
Other (Please specify) PHARMACY	\$0.00	\$9,554.00	\$9,554.00
Other (Please specify) RENT	\$15,000.00	\$9,175.00	\$24,175.00
Other (Please specify)			
TOTAL	\$15,000.00	\$552,686.00	\$567,686.00

REVENUES

Source (Specify)	OTHER SOURCES (Specify Amount)	Is Source Secured via Contract?
Source: County of Orange	\$24,000.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Source: Blue Shield Foundation	\$2,400.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Source: Mission Hospital	\$192,000.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Source: Health Resources and Services Admin	\$90,000.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Source:		Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$308,400.00	

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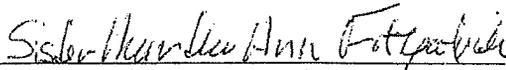
RESTATED ARTICLES OF INCORPORATION
OF
CAMINO HEALTH CENTER

MARTHA ANN FITZPATRICK and ROBIN BRADLEY certify that:

1. They are the Chairman of the Board and Secretary of Camino Health Center.
2. The Articles of Incorporation of this California nonprofit public benefit corporation are amended and restated as set forth in Exhibit A, which is attached hereto and incorporated by reference as if fully set forth herein.
3. The attached restatement of the Articles of Incorporation has been duly approved by the Board of Trustees.
4. The corporation has no members.

We each declare that we are the persons who executed this certificate, which execution is our own act and deed. We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate are true and correct of our own knowledge.

Executed this 9th day of November, 2010 in the State of California.


Martha Ann Fitzpatrick, Chairman of the Board

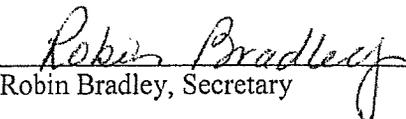

Robin Bradley, Secretary

EXHIBIT A
ARTICLES OF INCORPORATION
OF
CAMINO HEALTH CENTER

ARTICLE I

NAME

The name of this corporation is Camino Health Center (the "Corporation").

ARTICLE II

ORGANIZATION

This Corporation is a California nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit Corporation Law for public and charitable purposes.

This Corporation is also organized for such purposes as are described more fully below.

ARTICLE III

PURPOSES

The purposes for which this Corporation is formed are to operate exclusively for religious, charitable, educational, and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as may be amended from time to time, or any corresponding provision of any future United States internal revenue law (the "Code") including, but not limited to, the following:

1. To establish, own, conduct, manage, and maintain a health center (the "Health Center") to provide a system of care that ensures access to primary and preventative services and facilitates access to comprehensive health and social services. The Health Center shall be open to all regardless of nationality, race, creed, sex, age, or ability to pay and shall serve the residents of Orange County, California (the "Community").

2. To provide, furnish, supply and administer, directly or via a contractual or cooperative arrangement, a full range of basic health services which are responsive to the needs of the medically deprived and underserved members of the Community.

3. To develop an assessment of the needs of the Community and the resources available to meet those needs, to measure the effectiveness and quality of services being provided, and to implement a quality improvement system.

4. To establish and maintain collaborative relationships with other health care providers in the Community and other social service agencies in the Community and to maintain, directly or by contract, a core staff of primary care clinicians with appropriate training and experience. This shall include a medical director.

5. To comply with applicable laws, regulations, and expectations of federally-funded health centers.

6. To take any other actions in furtherance of the purposes stated herein.

Notwithstanding any other provisions of these Articles, this Corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this Corporation.

ARTICLE IV

NONPROFIT ORGANIZATION

All of the assets and earnings of the Corporation shall be used exclusively for religious, charitable, scientific, or education purposes within the meaning of Section 501(c)(3) of the Code, in the course of which operation:

1. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its members, Directors, Officers, or other persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.

2. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene (including the publishing or distribution of statements), in any political campaign on behalf of or in opposition to any candidate for public office except as authorized by the Code.

3. Notwithstanding any other provisions of the Corporation's Articles of Incorporation and Bylaws, the Corporation shall not carry on any other activities not permitted to be carried on (i) by a corporation exempt from federal income tax under Section 501(c)(3) of the Code or (ii) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

ARTICLE V

DIRECTORS

The powers of the Corporation shall be vested in a Board of Directors. The number of Directors shall be as prescribed in the Bylaws of the Corporation.

ARTICLE VI

DEDICATION AND DISSOLUTION

All the property and assets of this Corporation are irrevocably dedicated to religious, charitable, educational, and scientific purposes within the meaning of Section 501(c)(3) of the Code. Upon the dissolution, winding up, or abandonment of the Corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this Corporation shall be distributed for use in furtherance of the purposes of the Corporation as set forth in Article III of these Articles of Incorporation, to Mission Hospital Regional Medical Center, a California nonprofit public benefit corporation, if it is then in existence and being operated exclusively for religious, charitable, educational, and scientific purposes and as an exempt organization qualified under Section 501(c)(3) of the Code.

If Mission Hospital Regional Medical Center is not then in existence or being so operated, the any remaining assets shall be distributed to the St. Joseph Health System, a California nonprofit public benefit corporation, if it is then in existence and being operated exclusively for religious, charitable, educational, or scientific purposes and as an exempt organization qualified under Section 501(c)(3) of the Code.

If the St. Joseph Health System is not then in existence or being so operated, then any remaining assets shall be distributed to the Sisters of St. Joseph of Orange, a California nonprofit religious corporation, if it is then in existence and being operated exclusively for religious, charitable, educational, or scientific purposes and as an exempt organization qualified under Section 501(c)(3) of the Code.

If the Sisters of St. Joseph of Orange is not then in existence or being so operated, then any remaining assets shall be distributed to the Congregation of the Sisters of St. Joseph of Orange, if it is then in existence and being operated exclusively for religious, charitable, educational, or scientific purposes and as an exempt organization qualified under Section 501(c)(3) of the Code.

If the Congregation of the Sisters of St. Joseph of Orange is not then in existence or being so operated, then any remaining assets shall be distributed to the participating health institutions of the Sisters of St. Joseph of Orange or the Congregation of the Sisters of St. Joseph of Orange in such proportions as may be determined by the Board of Directors of this Corporation in their sole discretion, if any such health institutions are still then in existence and being operated exclusively for religious, charitable, educational, or scientific purposes and as exempt organizations qualified under Section 501(c)(3) of the Code.

If there are no such health institutions in existence or being so operated, then any remaining assets shall be distributed to the Roman Catholic Bishop of the Diocese of Orange, a corporation sole, if it is then in existence and being operated exclusively for religious, charitable, educational, or scientific purposes and as an exempt organization qualified under Section 501(c)(3) of the Code.

If the Roman Catholic Bishop of the Diocese of Orange is not then in existence or being so operated, then any remaining assets shall be distributed to another nonprofit organization

operated exclusively for religious, charitable, educational, or scientific purposes which has established its tax-exempt status under Section 501(c)(3) of the Code, as determined by the Board of Directors of this Corporation in their sole discretion. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction in Orange County, California, exclusively for such purposes and to such organization or organizations as said court shall determine, which are organized and operated exclusively for such purposes.

APPROVED AND FORWARDED:

Secretary



APPROVED:

1898526.1



I hereby certify that the foregoing transcript of 5 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

NOV 12 2010 W

Date: _____

Debra Bowen

DEBRA BOWEN, Secretary of State

**AMENDED AND RESTATED
BYLAWS
OF
CAMINO HEALTH CENTER**

ARTICLE I

PURPOSES AND GENERAL POLICY

1.1 Purposes of the Corporation. Camino Health Center (the "Corporation") is established for the purposes set forth in the Articles of Incorporation and, particularly, for the purposes of delivering health services to the underserved and vulnerable populations of Orange County, California (the "Community"). It shall establish, own, conduct, manage, and maintain a health center (the "Health Center") to provide a system of care that ensures access to primary and preventative services and facilitates access to comprehensive health and social services for such populations. Its services shall include provision of medical care at outpatient clinics, educational programs, and participation in any activity designed and carried on to promote the general health and social needs of the Community. The Corporation may affiliate with other entities to strengthen its ability to achieve these purposes, provided that such affiliation does not compromise its integrity and autonomy or otherwise threaten compliance with grant requirements and other rules and regulations governing the Health Center and Corporation.

1.2 General Policy. The Corporation shall operate in a manner sensitive to the needs of underserved and vulnerable populations of the Community. The Corporation shall design, based on its community needs assessment, culturally and linguistically appropriate health service programs for the diverse populations served by the Health Center. The Corporation's organizational behaviors, practices, attitudes, and policies must respect and respond to the cultural diversity of the Community and the patients served.

ARTICLE II

OFFICES AND SEAL

2.1 Offices. The principal office for the transaction of the business of the Corporation shall be in the County of Orange, State of California. The Corporation may also have an office or offices within or without the State of California as the Board of Directors may from time to time establish.

2.2 Seal. The Corporation may have a corporate seal, and the same shall have inscribed thereon the name of the Corporation, the date of its incorporation and the word "California."

ARTICLE III

MEMBERSHIP

The Corporation shall have no members.

ARTICLE IV

BOARD OF DIRECTORS

4.1 Powers. Except as otherwise provided by the Articles of Incorporation or these Bylaws, the powers of the Corporation shall be exercised, its property controlled, and its affairs conducted by or under the direction of the Board of Directors (the "Board").

The Board of Directors shall have the full authority to control the business and affairs of the Corporation, including full authority and oversight responsibility for the Health Center, including, but not limited to, the following:

- a. Selection of the location of the Health Center and the services to be provided by the Health Center and scheduling of the hours during which Health Center services will be provided (which shall be no less than thirty-two (32) per week);
- b. Approval of the Health Center's grant applications, annual budget, and major resource decisions;
- c. Selection, dismissal, and evaluation of the performance of the Health Center's Chief Executive Officer;
- d. Establishment of the policies of the Health Center, including policies on personnel, financial management, the scope and availability of services, quality of care audit procedures, and conflict of interest;
- e. Strategic planning and evaluation of the overall activities of the Health Center;
- f. Supervision of quality of care audits and an independent financial audit and assurance of compliance with applicable laws and regulations;
- g. Review of community need assessments to determine service priorities and establishment of such priorities, assurance of appropriate accessibility of Health Center services to Community members, and monitoring of utilization patterns, productivity, and patient satisfaction;

h. Monitoring of financial viability of Health Center through review of financial reports and projections and selection of institutions used and accountable for collection and disbursement of the Corporation's funds;

i. Establishment of a long-term plan for recruitment and retention of physicians and other practitioners; and

j. Establishment of eligibility requirements for partial payment of Health Center services.

4.2 Number and Qualification. The Board of Directors of the Corporation shall consist of not less than eleven (11) and not more than fifteen (15) as determined from time to time by Board resolution. No decrease in the number of Directors shall have the effect of shortening the term of office of any incumbent Director. A majority of the Directors (at least fifty-one percent (51%)) must be individuals who are being served by the Health Center (i.e., each shall have used the Health Center within the last two years), and who, as a group, represent the individuals being served by the Health Center in terms of demographic factors such as race, ethnicity, and gender ("Consumer Directors"). These Consumer Directors should live and/or work in the Community and should utilize the Corporation's Health Center as their principal source of primary health care. A legal guardian of a dependent child or adult consumer of the Health Center's services shall qualify as a Consumer Director. Directors shall be representative of the Community and have appropriate expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the Community. The Corporation also desires to have Directors with expertise in social services and governance.

No Director may be an employee of the Health Center or an immediate family member of an employee. No more than one-half (1/2) of the non-Consumer Directors may derive more than ten percent (10%) of their annual income from the health care industry.

The Chief Executive Officer, the Chief Financial Officer and the Secretary shall attend meetings of the Board of Directors and participate in a non-voting capacity, as provided in Article V.

4.3 Election and Term.

a. The Board of Directors, at an annual, regular, or special meeting on or before the end of each calendar year, shall elect its Directors from a slate of nominees prepared by the Nominating Committee in preparation for the election. Solely with respect to any period during which the Corporation affiliates with another health care entity to strengthen the Corporation's ability to achieve its mission, the slate of nominees shall include appointments from the affiliate if required pursuant to the affiliation agreement. Such affiliate (the "Appointing Affiliate") shall not appoint more than forty-nine percent (49%) of the Directors. Neither an affiliation agreement nor any amendment thereto shall contradict these

governance protections and at no time will the Corporation provide more than one affiliate with such Director appointment rights.

b. The term of office of the members of the Board of Directors will be for a period of three (3) years and until the election of his or her successor. Any elected Director may be re-elected for an additional term of three (3) years, but cannot serve more than two (2) consecutive terms. Any person elected to an unexpired term will be eligible for two (2) additional terms of three (3) years.

c. The Board of Directors shall be classified so that the terms of office of approximately one-third (1/3) of the elected Directors shall expire each year and approximately one-third (1/3) of the number of authorized Directors shall be elected or re-elected each year.

4.4 Resignation. Any Director may resign at any time, either by oral tender of resignation at any meeting of the Board of Directors or by giving written notice thereof to the Secretary of the Corporation. Such resignation shall take effect at the time specified therefor and, unless otherwise specified with respect thereto, the acceptance of such resignation shall not be necessary to make it effective.

4.5 Removal. A Director may be removed, with or without cause, by action of the Board, whenever in its judgment the best interests of the Corporation will be served by such action.

4.6 Vacancies. Any vacancy occurring in the Board of Directors, or any directorship to be filled by reason of an increase in the number of Directors, shall be filled by action of the remaining Board of Directors based on a slate of candidates prepared by the Nominating Committee. A vacancy caused by resignation of a Director appointed by the Appointing Affiliate shall be filled by action of the remaining Board of Directors based on receipt of Appointing Affiliate nominee(s) from the Nominating Committee. A Director elected to fill a vacancy occurring in the Board of Directors shall serve for the unexpired term of his or her predecessor in office.

4.7 Annual Meeting of the Board of Directors. As soon as reasonably practicable, and within thirty (30) days after the annual election of Directors, the Directors shall meet for the purpose of organizing the Board and the transaction of such other business as may come before the meeting. Notice of such meeting shall be given in the same manner as provided in Section 4.10 of these Bylaws.

4.8 Regular Meetings - Attendance. Regular meetings of the Board of Directors shall be held at least once each calendar month at such time and place as the Board may fix by resolution from time to time. No notice of any regular meeting of the Board need be given. Directors shall be required to attend all meetings unless specifically excused.

4.9 Special Meetings. Special meetings of the Board of Directors may be called by or at the request of three (3) Directors, the Chairperson of the Board, or the Chief

Executive Officer. Special meetings may be held at such time and place as shall be specified or fixed in the call for such meeting or notice thereof.

4.10 Notice of Special Meetings. Notice of the time and place of all special meetings shall be delivered personally or by telephone, including a voice messaging system or by electronic transmission to each Director or sent by first class mail or telegraph, charges prepaid, addressed to each Director at that Director's address as it is shown on the records of the Corporation. In case the notice is mailed, it shall be deposited in the United States mail at least seven (7) days before the time of the holding of the meeting. In case the notice is delivered personally, or by telephone or telegram, it shall be delivered personally or by telephone or to the telegraph company at least forty eight (48) hours before the time of the holding of the meeting. Any oral notice given personally or by telephone may be communicated either to the Director or to a person at the office of the Director who the person giving the notice has reason to believe will promptly communicate it to the Director. Any notice delivered by facsimile telecommunication or electronic mail must be directed to the facsimile number or electronic mail address, respectively, on record with the Corporation for that particular Director. The Director must provide a consent to the use of the particular electronic means of transmission. The Corporation must create a record of any electronic transmission, which record must be capable of retention, retrieval, and review and that may be rendered into clearly legible tangible form. The notice need not specify the purpose of the meeting nor the place if the meeting is to be held at the principal office of the Corporation. The time period for notices of the organizational meeting of the Board of Directors shall be as stated above, but extended by seven (7) days.

4.11 Quorum. A majority of the Directors shall constitute a quorum for the transaction of business at any meeting of the Board of Directors, but if less than a majority thereof is present at the meeting, a majority of the Directors present may adjourn and reconvene the meeting from time to time without further notice. The act of a majority of the Directors present at a meeting at which a quorum is present shall be the action of the Board of Directors.

4.12 Validation of Meeting. The transactions of the Board of Directors at any meeting, however called or noticed, or wherever held, shall be as valid as though had at a meeting duly held after call and notice if a quorum be present and if, either before or after the meeting, each Director not present signs a written waiver of notice or a consent to the holding of such meeting or an approval of the minutes thereof. All such waivers, consents or approvals shall be filed with the corporate records and made a part of the minutes of the meeting.

4.13 Action Without Meeting. Any action required or permitted to be taken by the Board of Directors under any provision of law, the Articles of Incorporation or these Bylaws may be taken without a meeting if all Directors (other than any Interested Directors) shall individually or collectively consent in writing to such action. With respect to a particular transaction, an "Interested Director" means a Director who has a material financial interest in the transaction. A Director is not considered to be an "Interested Director" with respect to a particular transaction if (i) the California Attorney General, or, if the Attorney General is an indispensable party to the relevant action, a court, has approved the transaction at issue, (ii) if the Corporation entered into the transaction for its own benefit, the transaction was fair and reasonable to the Corporation at the time the Corporation entered into the transaction, a majority of uninterested Directors approved the transaction in advance, and the Board determined that the Corporation could not have obtained, or the Corporation in fact could not have obtained, a more advantageous arrangement with reasonable effort under the circumstances, or (iii) a committee or authorized person approved the transaction consistent with subsection (ii), above, it was not reasonably practical to obtain Board approval, and a majority of the uninterested Directors ratified the transaction. Such written consent or consents shall be filed with the minutes of the proceedings of the Board. Such action by written consent shall have the same force and effect as unanimous vote of the Directors. Any certificate or other document filed on behalf of this Corporation relating to an action taken by the Board of Directors without a meeting shall state that the action was taken by a unanimous written consent of the Board without a meeting, and that the Bylaws of the Corporation authorize its Directors to so act.

4.14 Meeting by Conference Telephone. Members of the Board of Directors may participate in a meeting through use of a conference telephone or similar communications equipment, provided that all Directors participating in such a meeting can hear one another. Participation in a meeting pursuant to this paragraph constitutes presence in person at such meeting.

4.15 Compensation. The Directors shall receive no compensation for their services as Directors.

ARTICLE V

OFFICERS

5.1 Officers. The Officers of the Corporation shall be the Chairperson of the Board, Vice Chairperson of the Board, each of whom shall be elected from among the Directors, a Chief Executive Officer, Secretary, and Chief Financial Officer. The Chief Executive Officer and Chief Financial Officer shall attend meetings of the Board and participate on a non-voting basis. The Corporation may also have one (1) or more Assistant Secretaries and one (1) or more Assistant Financial Officers, each of whom shall attend meetings of the Board and participate on a non-voting basis. Any person may hold more than one office, except that the Chief Executive Officer may not serve concurrently as the Secretary or Chief Financial Officer.

5.2 Election and Term of Office. Officers of the Corporation other than the Chief Executive Officer and Chief Financial Officer shall be elected every other year by the

Board of Directors at its annual meeting. If the election of Officers shall not be held at such meeting, it shall be held as soon as practicable thereafter at a special meeting of the Board called for such purpose. Each Officer shall hold office for a term of two (2) years or until a successor is elected, unless the Officer shall sooner resign or be removed. The Chief Executive Officer and Chief Financial Officer shall be appointed by the Board of Directors and shall serve at the pleasure of the Board of Directors.

5.3 Resignations and Removal. Any Officer may resign at any time by giving written notice to the Chief Executive Officer or Secretary of the Corporation. Any Officer may be removed by the Board of Directors whenever in its judgment the best interests of the Corporation would be served thereby.

5.4 Vacancies. A vacancy in any office may be filled by the Board of Directors for the unexpired portion of the term.

5.5 Chairperson of the Board. The Chairperson of the Board shall preside at all meetings of the Board and have such other powers and duties as the Board may specify.

5.6 Vice Chairperson of the Board. The Vice Chairperson of the Board shall, in the absence of the Chairperson of the Board, perform the duties of the Chairperson of the Board.

5.7 Chief Executive Officer. The Chief Executive Officer shall be appointed by the Board of Directors and shall attend meetings of the Board and participate on a non-voting basis. The Chief Executive Officer shall, subject to the control of the Board of Directors, have general supervision, direction and control of the business and affairs of the Corporation, and shall attend meetings of all standing committees and participate on a non-voting basis. The Chief Executive Officer shall have the general powers and duties usually vested in the chief executive officer of a corporation and such other powers and duties as may be prescribed by the Board of Directors or these Bylaws.

5.8 Secretary. The Secretary shall keep or cause to be kept the minutes of the meetings of the Board of Directors in one or more books provided for that purpose, see that all notices are duly given in accordance with the provisions of these Bylaws, the Articles of Incorporation or as required by law, and serve as custodian of the Corporation's records. The Secretary shall ensure that minutes of the meetings of the Board of Directors are distributed to the Directors and Officers and properly stored in the Corporation's records. The Secretary shall also ensure that minutes of previous Board meetings are approved at subsequent Board meetings. The Secretary shall perform all other duties as from time to time may be prescribed by the Chairperson of the Board.

5.9 Chief Financial Officer. The Chief Financial Officer of the Corporation shall be appointed by the Board of Directors and shall attend meetings of the Board and participate on a non-voting basis. The Chief Financial Officer shall keep and maintain or cause to be kept and maintained adequate and correct accounts of the properties and business transactions of the Corporation, including accounts of its assets, liabilities, receipts, disbursements, gains and losses. The Chief Financial Officer shall deposit or cause to be

deposited all monies and other valuables in the name of the Corporation in such depositories as may be designated for that purpose by the Board of Directors. The Chief Financial Officer shall disburse or cause to be disbursed the funds of the Corporation as may be ordered by the Board of Directors, taking proper vouchers for such disbursements, shall render to the Chairperson of the Board, the Chief Executive Officer or the Board of Directors whenever they shall request it an account of all transactions as the Chief Financial Officer and of the financial condition of the Corporation, and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors or these Bylaws.

5.10 Subordinate Officers. The Chief Executive Officer, with the approval of the Board, may create subordinate officer positions as the business of the Corporation may require. Subordinate Officers shall be appointed by the Chief Executive Officer and shall hold office for such period, have such authority and perform such duties as are provided in these Bylaws or as the Chief Executive Officer from time to time may assign.

5.11 Compensation and Expenses. Officers shall serve without salary unless they are also employees of the Corporation. Expenses incurred in connection with performance of their official duties may be reimbursed to Officers upon approval of the Board of Directors.

ARTICLE VI

COMMITTEES

6.1 Committees Generally. Except as otherwise provided by these Bylaws, the Board of Directors may, by resolution or resolutions passed by a majority of the members then in office, appoint executive, standing or special committees, consisting of two (2) or more persons, for any purpose defined by these Bylaws or determined by the Board. If composed solely of Directors, the Board may delegate to the executive committee any of the powers and authority of the Board; provided, however, that no more than forty-nine percent (49%) of the executive committee shall be comprised of Directors appointed by the Appointing Affiliate. If the powers of the Board are delegated to the executive committee, it shall have power to act only in intervals between meetings of the Board and shall at all times be subject to the control of the Board. Notwithstanding the provisions of Section 6.2, no act of the executive committee to which any powers of the Board are delegated shall be valid unless approved by the vote or written consent of a majority of its members.

Unless otherwise provided in these Bylaws, the Board of Directors or the committees, if the Board does not act, shall establish rules and regulations for committee meetings, select committee chairpersons and meet at such times as are deemed necessary, provided that the provisions of Section 6.4 shall be applicable to all committee meetings. Committees shall keep regular minutes of proceedings and report the same to the Board from time to time as the Board may require. Any committee composed of persons, one or more of whom are not Directors, may act solely in an advisory capacity to the Board.

6.2 Quorum. A majority of the members of a committee shall constitute a quorum and any transaction of a committee shall require a majority vote of the quorum present at

any meeting, except that any act of the executive committee shall require majority approval of the committee members irrespective of the actual quorum number. Each member of a committee, including the person presiding at the meetings, shall be entitled to one (1) vote.

6.3 Removal of Members. The body or person that appointed the committee may remove at any time, with or without cause, a member or members of that committee.

6.4 Meetings. Members of committees shall meet not less frequently than once a year and, in any event, at the call of the Chief Executive Officer, the Chairperson of the Committee or two (2) committee members at such place as he or they shall designate. Each committee shall keep minutes of its proceedings and make a written report to the Board of Directors of its actions within a reasonable time subsequent thereto.

6.5 Expenditures. Any expenditure of corporate funds by a committee shall require prior approval of the Board of Directors.

ARTICLE VII

QUALITY OF PROFESSIONAL SERVICES

7.1 Board of Directors' Responsibility. The Board of Directors shall require: (a) that the Corporation staff and/or clinicians contracted by the Corporation prepare and maintain adequate and accurate medical records for all Health Center patients, and (b) that the person responsible for each basic and supplemental medical service cause written policies and procedures to be developed and maintained and that such policies be approved by the Board. The Board shall further require, after considering the recommendations of the Corporation, the conduct of specific review and evaluation activities to assess, preserve and improve the overall quality and efficiency of patient care at the Health Center. The Board shall provide whatever administrative assistance is reasonably necessary to support and facilitate the implementation and ongoing operation of these review and evaluation activities.

7.2 Accountability to Board of Directors. The Corporation staff shall conduct and be accountable to the Board for conducting activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided at the Health Center. These activities shall include:

a. The conduct of periodic meetings at regular intervals to review and evaluate the quality of patient care (generally on a retrospective basis) through a valid and reliable patient care audit procedure based upon a review of patient medical records;

b. Ongoing monitoring of patient care practices through the defined functions of the Corporation, the other professional services and the Corporation administration;

c. Definition of the clinical privileges which may be appropriately granted within the Corporation and assignment of patient care responsibilities to other health care professionals consistent with individual licensure, qualifications and demonstrated ability;

d. Provision of continuing professional education, shaped primarily by the needs identified through the review and evaluation activities;

e. Review of utilization of the Corporation's medical resources to provide for their allocation to meet the needs of the patients; and

f. Such other measures as the Board of Directors may, after considering the advice of the Corporation staff and other professional services and the Corporation administration, deem necessary for the preservation and improvement of the quality and efficiency of patient care.

7.3 Documentation. The Board of Directors shall require, receive, consider and act upon the findings and recommendations emanating from the activities required by Section 7.2 of this Article VII. All such findings and recommendations shall be in writing, signed by the persons responsible for conducting the review activities and supported and accompanied by appropriate documentation upon which the Board can take informed action.

ARTICLE VIII

CONTRACTS AND BANKING

8.1 Contracts. The Board of Directors may authorize any Officer or Officers, agent or agents, to enter into any contract or execute or deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to specific instances, and unless so authorized by the Board, no Officer or agent shall have any power or authority to bind the Corporation by any contract or engagement, to pledge its credit or to render it liable for any purpose or in any amount.

8.2 Deposits. All funds of the Corporation not otherwise employed shall be deposited from time to time to the credit of the Corporation in such banks, trust companies or other depositories as the Board of Directors may select.

8.3 Checks, Drafts, Etc. All checks, drafts or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the Corporation and any and all securities owned or held by the Corporation requiring signature for transfer shall be signed by such Officer or Officers, agent or agents, of the Corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors.

8.4 Loans. No loans shall be made by or to this Corporation and no evidence of indebtedness shall be issued in its name unless authorized by a resolution of the Board of Directors.

ARTICLE IX

ACCOUNTING YEAR AND TAX AUDIT

9.1 Accounting Year. The accounting year of the Corporation shall end on the last day of June of each year.

9.2 Audit. At the end of the accounting year the books of the Corporation shall be closed and audited by a certified public accountant selected by the Board of Directors. The annual audit shall be conducted in accordance with federal audit requirements. The financial report of the auditor shall be furnished to the Board of Directors.

ARTICLE X

ADJUNCT ORGANIZATIONS

From time to time the Corporation may establish adjunct organizations such as advisory boards and other supporting organizations. Each such group shall establish a constitution or bylaws and rules and regulations and present them to the Board of Directors of this Corporation for approval; and all amendments thereto shall also be subject to the approval of the Board of Directors of this Corporation. The Bylaws and Articles of Incorporation of this Corporation shall prevail and govern over the documents and actions of any such adjunct or subordinate organization, and no adjunct or subordinate organization shall remove power from the Board of Directors of this Corporation. No adjunct organization created under this Article X shall be incorporated or otherwise enjoy separate legal existence, identity and powers.

ARTICLE XI

AMENDMENTS

The Articles of Incorporation and Bylaws of the Corporation may be altered, amended or repealed and new Articles of Incorporation or Bylaws adopted only by action of the Board of Directors.

ARTICLE XII

CONFLICT OF INTEREST

12.1 Definition. A conflict of interest may exist where (i) a Director, employee, consultant, or person who provides services or furnishes goods to the Corporation (each an "Interested Party") is directly or indirectly a party to a transaction, or (ii) the Health Center or Corporation is a party to the transaction and another party to the transaction is an entity in which the Interested Party has a material financial interest or of which the Interested Party is an officer, director, or general partner.

12.2 Disclosure Conduct. Any duality of interest or possible conflict of interest on the part of any Interested Party shall be disclosed to the Board of Directors and made a matter of record when the interest becomes a matter for Board action. If the Interested Party is a Director, such Director shall not vote on the matter but may be counted in determining whether a quorum is present. All actions taken on matters which involve a duality or possible conflict of interest shall clearly reflect, in the minutes of such action, that the above requirements have been met.

ARTICLE XIII

INDEMNIFICATION

Directors and Officers of the Corporation shall be indemnified for liabilities arising out of their actions on behalf of the Corporation to the fullest extent permitted by law. Insurance may be obtained by the Corporation to protect the Directors and Officers from such liabilities.

ARTICLE XIV

SCOPE OF SERVICES

The Health Center will provide a system of care that ensures access to primary and preventative services and facilitates access to comprehensive health and social services for such populations. Basic health services will include primary care; diagnostic laboratory and radiologic services; preventive services including prenatal and perinatal services; cancer and other disease screening; well child services; immunizations against vaccine-preventable diseases; screening for elevated blood lead levels, communicable diseases and cholesterol; eye, ear and dental screening for children; family planning services and preventive dental services; emergency medical and dental services; and pharmaceutical services as appropriate. In keeping with the scope of services of a primary care safety-net provider, meeting certain funding requirements including rules and regulations governing health centers receiving certain types of federal funding, and meeting other state law requirements governing health care delivery at clinics, the Health Center's services will necessarily be limited in some respects. Specifically, the Health Center will not provide abortions, fertility treatment, sterilizations or euthanasia. It will counsel patients in methods of natural family planning and will ensure access to sites that

are able to address other family planning services. In meeting its goals as a safety-net provider, the Corporation shall operate in a manner sensitive to the needs of underserved and vulnerable populations of the Community, and deliver services that respect and respond to the cultural diversity of the Community and the patients served.

ARTICLE XV

DISSOLUTION

Upon the liquidation, dissolution, winding up or abandonment of the Corporation, the assets remaining after the payment or provision for payment of all debts and liabilities of the Corporation shall be distributed as specified in the Corporation's Articles of Incorporation.

CERTIFICATE OF SECRETARY

I certify that I am the duly elected and acting Secretary of Camino Health Center, a California nonprofit public benefit corporation; that these Bylaws, consisting of 13 pages, are the Bylaws of this Corporation as adopted by the Board of Directors on 9/20/12; and that these Bylaws have not been amended or modified since that date.

Executed on 9/25/12 at San Juan Capistrano, California.



Secretary

JAN 27 1984

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date:

JAN 24 1984

SOUTH COUNTY COMMUNITY CLINIC
33081 CALLE PERFECTO SUITE A
SAN JUAN CAPISTRANO, CA 92675

Employer Identification Number:
33-0574214
Case Number:
953333090
Contact Person:
HUGH RAMIREZ
Contact Telephone Number:
(213) 725-7002
Accounting Period Ending:
June 30
Form 990 Required:
Yes
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(w) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

Letter 947 (DO/CG)

SOUTH COUNTY COMMUNITY CLINIC

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should maintain records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under

SOUTH COUNTY COMMUNITY CLINIC

section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Richard R. Orosco". The signature is fluid and cursive, with a long horizontal stroke at the end.

Richard R. Orosco
District Director

OGDEN UT 84201-0034

In reply refer to: 0427642356
Dec. 21, 2010 LTR 252C 0
33-0574214 000000 00
00006312
BODC: TE

CAMINO HEALTH CENTER
30300 CAMINO CAPISTRANO
SAN JUAN CAPO CA 92675-1304



005715

Taxpayer Identification Number: 33-0574214

Dear Taxpayer:

Thank you for the inquiry faxed Nov. 26, 2010.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Sincerely yours,

Lauri Visser
Notice/Unpostable Program Manager

Enclosure(s):
Copy of this letter

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAMINO HEALTH CENTER		D Employer identification number 33-0574214
	Doing Business As		E Telephone number 949-240-2030
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 8,539,271.
	30300 CAMINO CAPISTRANO		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code SAN JUAN CAPISTRANO, CA 92675		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: PAUL CACERES 30300 CAMINO CAPISTRANO, SAN JUAN CAPISTRANO			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CAMINOHEALTHCENTER.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1992
M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVE HEALTH OF UNDERSERVED IN S. ORANGE CTY BY PROVIDING AFFORDABLE, QUALITY PRIMARY CARE	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 11
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 59
	6 Total number of volunteers (estimate if necessary)	6 11
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.

		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	4,300,513.
9 Program service revenue (Part VIII, line 2g)	2,521,015.	3,851,176.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	270,009.	114,513.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,091,537.	8,539,271.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,857,058.	4,664,332.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,799,216.	2,174,378.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,656,274.	6,838,710.	
19 Revenue less expenses. Subtract line 18 from line 12	1,435,263.	1,700,561.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,585,282.	End of Year 5,360,443.
	21 Total liabilities (Part X, line 26)	492,963.	695,897.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,092,319.	4,664,546.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	PAUL CACERES, CHIEF FINANCIAL OFFICER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ANTHONY P. BOZANIC, CPA		
	Firm's name ▶ PDM, LLP	Firm's EIN ▶ 33-0783700	Check if self-employed <input type="checkbox"/>
	Firm's address ▶ 3460 TORRANCE BLVD., STE 200 TORRANCE, CA 90503	Phone no. (310) 540-4118	PTIN P01314417

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 contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: TO IMPROVE THE HEALTH STATUS OF THE UNDERSERVED IN SOUTH ORANGE COUNTY BY PROVIDING AFFORDABLE, QUALITY PRIMARY CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,640,505. including grants of \$) (Revenue \$ 3,965,689.) THE ORGANIZATION PROVIDES AFFORDABLE, QUALITY PRIMARY MEDICAL AND DENTAL CARE THROUGH ITS MEDICAL CLINIC, MOBILE MEDICAL VANS, AND PEDIATRIC DENTAL CLINIC.

4b (Code:) (Expenses \$ 1,292,267. including grants of \$) (Revenue \$) THE ORGANIZATION PROVIDES EDUCATIONAL AND SOCIAL SERVICES THROUGH THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC).

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,932,772.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38	Note. All Form 990 filers are 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

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	11		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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?		X
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

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PAUL CACERES - 949-240-2030**
30300 CAMINO CAPISTRANO, SAN JUAN CAPISTRANO, CA 92675

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE B AVILA, MURP BOARD MEMBER	1.00	X					0.	0.	0.	
(2) KIMSA DUONG BOARD MEMBER	1.00	X					0.	0.	0.	
(3) PHORSHIA DILLARDGATEWOOD BOARD MEMBER	1.00	X					0.	0.	0.	
(4) SISTER MARTHA ANN FITZPATRICK, VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) MARY JANE FOLEY, BA BOARD MEMBER	1.00	X					0.	0.	0.	
(6) HELEN SMITH-GARDNER BOARD MEMBER	1.00	X					0.	0.	0.	
(7) MARY LOU NAVA HAMAKER, PHD BOARD MEMBER	1.00	X					0.	0.	0.	
(8) HANK LOBO BOARD MEMBER	1.00	X					0.	0.	0.	
(9) HORACIO HERNANDEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(10) KENNETH D MCFARLAND, CPA, MBA BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MELODY VISE CHAIR	1.00	X		X			0.	0.	0.	
(12) DEBRA DREW CEO	50.00			X			183,013.	0.	21,405.	
(13) SERGIO ULISES RODAS CMO	50.00			X			217,056.	0.	35,064.	
(14) PAUL CACERES CFO	50.00			X			89,759.	0.	15,227.	
(15) THUYTRANG NGUYEN STAFF PHYSICIAN	24.00				X		115,483.	0.	24,080.	
(16) VELVA BERGER CAMINO NURSE PRACTITIONER	40.00				X		124,136.	0.	27,591.	
(17) AUDREY ROCCO CAMINO STAFF PHYSICIAN	40.00				X		172,802.	0.	34,253.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,898,906.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,674,676.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		4,573,582.				
	Program Service Revenue	2 a	PATIENT SERVICES	Business Code 624100	3,695,730.	3,695,730.		
b		CAPITATION REVENUE	624100	155,446.	155,446.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		3,851,176.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	OTHER REVENUE	624100	114,513.	114,513.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		114,513.					
12	Total revenue. See instructions.		8,539,271.	3,965,689.	0.	0.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	522,470.	218,950.	303,520.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,603,556.	2,496,383.	107,173.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	176,739.	153,634.	23,105.	
9 Other employee benefits	1,119,575.	980,995.	138,580.	
10 Payroll taxes	241,992.	210,616.	31,376.	
11 Fees for services (non-employees):				
a Management	12,594.		12,594.	
b Legal				
c Accounting	17,700.	4,248.	13,452.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	407,179.	324,043.	83,136.	
12 Advertising and promotion	39,235.	37,053.	2,182.	
13 Office expenses	324,011.	309,284.	14,727.	
14 Information technology				
15 Royalties				
16 Occupancy	550,527.	478,032.	72,495.	
17 Travel	28,322.	24,656.	3,666.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	139,721.	139,721.		
23 Insurance	59,607.	43,074.	16,533.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REGISTRIES	195,680.	195,680.		
b WIC PROGRAM	180,883.	108,062.	72,821.	
c LAB SERVICES	154,649.	154,649.		
d				
e All other expenses	64,270.	53,692.	10,578.	
25 Total functional expenses. Add lines 1 through 24e	6,838,710.	5,932,772.	905,938.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,288,301.	1	3,203,085.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	280,529.	3	394,337.	
	4 Accounts receivable, net	849,843.	4	739,313.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	244,393.	9	103,948.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,981,247.			
	b Less: accumulated depreciation	10b 1,159,939.	10c	821,308.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	0.	15	98,452.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,585,282.	16	5,360,443.		
Liabilities	17 Accounts payable and accrued expenses	491,926.	17	615,856.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,037.	25	80,041.	
	26 Total liabilities. Add lines 17 through 25	492,963.	26	695,897.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,959,444.	27	4,660,005.	
	28 Temporarily restricted net assets	132,875.	28	4,541.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	3,092,319.	33	4,664,546.	
34 Total liabilities and net assets/fund balances	3,585,282.	34	5,360,443.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,539,271.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,838,710.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,700,561.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,092,319.
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	-128,334.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,664,546.

Part XII Financial Statements and Reporting

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

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

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **CAMINO HEALTH CENTER** Employer identification number **33-0574214**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, 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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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 type="checkbox"/>
b 33 1/3% support test - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. 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 IV 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,813,888.	4,150,925.	3,890,194.	4,300,513.	4,573,582.	20,729,102.
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	1,063,619.	1,089,610.	1,603,593.	2,521,015.	3,851,176.	10,129,013.
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	4,877,507.	5,240,535.	5,493,787.	6,821,528.	8,424,758.	30,858,115.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						30,858,115.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	4,877,507.	5,240,535.	5,493,787.	6,821,528.	8,424,758.	30,858,115.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	96,011.	106,376.	103,318.	270,009.	114,513.	690,227.
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,973,518.	5,346,911.	5,597,105.	7,091,537.	8,539,271.	31,548,342.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	97.81 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	97.15 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

OMB No. 1545-0047

2013

Name of the organization

CAMINO HEALTH CENTER

Employer identification number

33-0574214

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not 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) (2013)

Name of organization CAMINO HEALTH CENTER	Employer identification number 33-0574214
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF SAN CLEMENTE 910 CALLE NEGOCIO, SUITE 100 SAN CLEMENTE, CA 92673	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITED WAY COMMUNITY IMPACT 18012 MITCHELL AVE. SO. IRVINE, CA 92614	\$ 63,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WIC (WOMEN, INFANTS, AND CHILDREN) 3901 LENNANE DRIVE SACRAMENTO, CA 95834	\$ 1,292,267.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HRSA (HUMAN RESOURCES AND SERVICES ADMINISTRATION) 5600 FISHERS LN ROCKVILLE, MD 20852	\$ 740,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WEINGART FOUNDATION 33282 GOLDEN LANTERN DANA POINT, CA 92675	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CITY OF LAKE FOREST 25550 COMMERCENTRE DR. SUITE 100 LAKE FOREST, CA 92630	\$ 8,868.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CAMINO HEALTH CENTER	Employer identification number 33-0574214
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CITY OF MISSION VIEJO 200 CIVIC CENTER MISSION VIEJO, CA 92691	\$ 5,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ORANGE COUNTY HEALTH CARE AGENCY- TSR PRIMARY CARE 405 W. 5TH STREET, BLDG 38-E, RM 615 SANTA ANA, CA 92701	\$ 350,652.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BLUE SHIELD 50 BEALE STREET, 14 FLOOR SAN FRANCISCO, CA 94105	\$ 17,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	COALITION PROP. 10 GRANT 17701 COWAN, SUITE #220 IRVINE, CA 92614	\$ 61,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SJHS - PRESENCE 500 SOUTH MAIN STREET, 4TH FLOOR ORANGE, CA 92868	\$ 15,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CAMINO HEALTH CENTER	Employer identification number 33-0574214
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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 CAMINO HEALTH CENTER	Employer identification number 33-0574214
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Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

CAMINO HEALTH CENTER

Employer identification number

33-0574214

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

Complete if the organization answered "Yes" to 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 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? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in 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" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,020,249.	525,804.	494,445.
d Equipment		639,228.	362,866.	276,362.
e Other		321,770.	271,269.	50,501.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				821,308.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	35,682.
(3) DUE TO ST. JOSEPH HEALTH	44,359.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	80,041.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,539,271.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,539,271.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,539,271.

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

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

1	Total expenses and losses per audited financial statements	1	6,838,710.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,838,710.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,838,710.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: CAMINO RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS. CAMINO RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED JUNE 30, 2014, CAMINO DID NOT RECOGNIZE ANY AMOUNT IN POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CAMINO HEALTH CENTER

Employer identification number

33-0574214

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>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 in line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEBRA DREW CEO	(i)	183,013.	0.	0.	9,146.	12,259.	204,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SERGIO ULISES RODAS CMO	(i)	217,056.	0.	0.	10,848.	24,216.	252,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VELVA BERGER CAMINO NURSE PRACTITIONER	(i)	124,136.	0.	0.	6,202.	21,389.	151,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AUDREY ROCCO CAMINO STAFF PHYSICIAN	(i)	172,802.	0.	0.	8,635.	25,618.	207,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JUN CHAE CAMINO STAFF PHYSICIAN	(i)	169,688.	0.	0.	8,479.	18,999.	197,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

EXPLANATION: THE CHIEF EXECUTIVE OFFICER OF CAMINO HEALTH CENTER IS

ELIGIBLE TO RECEIVE AN AT-RISK PAY. THE PAY IS BASED ON ACHIEVING OR

SURPASSING SPECIFIC GOALS THAT ARE DETERMINED BY THE BOARD OF TRUSTEES.

THE GOALS INCLUDE BOTH QUALITY AND FINANCIAL METRICS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

CAMINO HEALTH CENTER

Employer identification number

33-0574214

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

EXPLANATION: A COPY OF THE TAX RETURN IS PRESENTED TO THE BOARD MEMBERS FOR APPROVAL BEFORE IT IS FILED.

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

EXPLANATION: VARIOUS FUNDERS ALSO REQUIRE REVIEW OF THE CONFLICT OF INTEREST POLICY AND MONITORING OF THE POLICY THROUGHOUT THE YEAR.

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

EXPLANATION: COMPENSATION IS REVIEWED BASED ON A COMPARISON TO THE ANNUAL SALARY SURVEY FOR CALIFORNIA COMMUNITY CLINICS AND HEALTH CENTERS PUBLISHED BY THE CALIFORNIA PRIMARY CARE ASSOCIATION.

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

EXPLANATION: THE TAX RETURN IS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON GUIDESTAR'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DECREASE IN TEMPORARILY RESTRICTED NET ASSETS -128,334.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE AUDIT COMMITTEE HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE YEAR.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. CAMINO HEALTH CENTER	Employer identification number (EIN) or 33-0574214
	Number, street, and room or suite no. If a P.O. box, see instructions. 30300 CAMINO CAPISTRANO	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JUAN CAPISTRANO, CA 92675	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

PAUL CACERES

• The books are in the care of **30300 CAMINO CAPISTRANO - SAN JUAN CAPISTRANO, CA 92675**
Telephone No. **949-240-2030** Fax No. **949-364-1581**

• 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.

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year , or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

TAXABLE YEAR
2013

**California Exempt Organization
Annual Information Return**

328941 11-14-13
FORM
199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) **07/01/2013**, and ending (mm/dd/yyyy) **06/30/2014**

Corporation/Organization Name CAMINO HEALTH CENTER			California corporation number 1825390
Address (suite, room, or PMB no.) 30300 CAMINO CAPISTRANO			FEIN 33-0574214
City SAN JUAN CAPISTRANO	State CA	ZIP Code 92675	

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.
B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)	
G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions	
H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	
I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.	
K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____	
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/>	
M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,965,689.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	4,573,582.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	8,539,271.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	8,539,271.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	6,838,710.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,700,561.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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

Sign Here	Signature of officer CFO	Title CFO	Date	Telephone 949-240-2030
	Preparer's signature		Date	PTIN P01314417
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address PDM, LLP 3460 TORRANCE BLVD., STE 200 TORRANCE, CA 90503	FEIN 33-0783700	Telephone (310) 540-4118	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

328951 11-14-13

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00	
	2	Interest	2	00	
	3	Dividends	3	00	
	4	Gross rents	4	00	
	5	Gross royalties	5	00	
	6	Gross amount received from sale of assets (See Instructions)	6	00	
	7	Other income SEE STATEMENT 2	7	3,965,689.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	3,965,689.00	
	9	Contributions, gifts, grants, and similar amounts paid	9	00	
	10	Disbursements to or for members	10	00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	489,828.00	
	12	Other salaries and wages	12	2,636,198.00	
	Expenses and Disbursements	13	Interest	13	00
		14	Taxes	14	241,992.00
		15	Rents	15	550,527.00
		16	Depreciation and depletion (See instructions)	16	139,721.00
		17	Other Expenses and Disbursements SEE STATEMENT 4	17	2,780,444.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	6,838,710.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		1,288,301.		• 3,203,085.
2 Net accounts receivable		849,843.		• 739,313.
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	1,942,434.		1,981,247.	
b Less accumulated depreciation	(1,020,218.)	922,216.	(1,159,939.)	821,308.
11 Land				•
12 Other assets STMT 5		524,922.		• 596,737.
13 Total assets		3,585,282.		5,360,443.
Liabilities and net worth				
14 Accounts payable		491,926.		• 615,856.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 6		1,037.		80,041.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		3,092,319.		• 4,664,546.
22 Total liabilities and net worth		3,585,282.		5,360,443.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 1,700,561.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	1,700,561.
6 Total. Add line 1 through line 5	1,700,561.		

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CITY OF SAN CLEMENTE	910 CALLE NEGOCIO, SUITE 100 SAN CLEMENTE, CA 92673	07/01/13	18,000.
UNITED WAY COMMUNITY IMPACT	18012 MITCHELL AVE. SO. IRVINE, CA 92614	07/01/13	63,750.
WIC (WOMEN, INFANTS, AND CHILDREN)	3901 LENNANE DRIVE SACRAMENTO, CA 95834	07/01/13	1,292,267.
HRSA (HUMAN RESOURCES AND SERVICES ADMINISTRATION)	5600 FISHERS LN ROCKVILLE, MD 20852	07/01/13	740,092.
WEINGART FOUNDATION	33282 GOLDEN LANTERN DANA POINT, CA 92675	07/01/13	100,000.
CITY OF LAKE FOREST	25550 COMMERCENTRE DR. SUITE 100 LAKE FOREST, CA 92630	07/01/13	8,868.
CITY OF MISSION VIEJO	200 CIVIC CENTER MISSION VIEJO, CA 92691	07/01/13	5,210.
ORANGE COUNTY HEALTH CARE AGENCY- TSR PRIMARY CARE	405 W. 5TH STREET, BLDG 38-E, RM 615 SANTA ANA, CA 92701	07/01/13	350,652.
BLUE SHIELD	50 BEALE STREET, 14 FLOOR SAN FRANCISCO, CA 94105	07/01/13	17,708.
COALITION PROP. 10 GRANT	17701 COWAN, SUITE #220 IRVINE, CA 92614	07/01/13	61,142.
SJHS - PRESENCE	500 SOUTH MAIN STREET, 4TH FLOOR ORANGE, CA 92868	07/01/13	15,490.
TOTAL INCLUDED ON LINE 3			<u>2,673,179.</u>

FORM 199	OTHER INCOME	STATEMENT	2
DESCRIPTION		AMOUNT	
OTHER REVENUE		114,513.	
PATIENT SERVICES		3,695,730.	
CAPITATION REVENUE		155,446.	
TOTAL TO FORM 199, PART II, LINE 7		3,965,689.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
GEORGE B AVILA, MURP 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	BOARD MEMBER 1.00	0.
KIMSA DUONG 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	BOARD MEMBER 1.00	0.
PHORSHIA DILLARDGATEWOOD 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	BOARD MEMBER 1.00	0.
SISTER MARTHA ANN FITZPATRICK, PHD 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	VICE CHAIR 1.00	0.
MARY JANE FOLEY, BA 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	BOARD MEMBER 1.00	0.
HELEN SMITH-GARDNER 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	BOARD MEMBER 1.00	0.
MARY LOU NAVA HAMAKER, PHD 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	BOARD MEMBER 1.00	0.
HANK LOBO 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	BOARD MEMBER 1.00	0.

CAMINO HEALTH CENTER

33-0574214

HORACIO HERNANDEZ 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	BOARD MEMBER 1.00	0.
KENNETH D MCFARLAND, CPA, MBA 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	BOARD MEMBER 1.00	0.
MELODY VISE 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	CHAIR 1.00	0.
DEBRA DREW 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	CEO 50.00	183,013.
SERGIO ULISES RODAS 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	CMO 50.00	217,056.
PAUL CACERES 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	CFO 50.00	89,759.
TOTAL TO FORM 199, PART II, LINE 11		<u>489,828.</u>

FORM 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
REGISTRIES	195,680.
WIC PROGRAM	180,883.
LAB SERVICES	154,649.
PENSION PLAN CONTRIBUTIONS	176,739.
OTHER EMPLOYEE BENEFITS	1,119,575.
MANAGEMENT FEES	12,594.
ACCOUNTING FEES	17,700.
OTHER PROFESSIONAL FEES	407,179.
ADVERTISING AND PROMOTION	39,235.
OFFICE EXPENSES	324,011.
TRAVEL	28,322.
INSURANCE	59,607.
ALL OTHER EXPENSES	64,270.
TOTAL TO FORM 199, PART II, LINE 17	<u>2,780,444.</u>

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	280,529.	394,337.	
PREPAID EXPENSES AND DEFERRED CHARGES	244,393.	103,948.	
DUE FROM MISSION HOSPITAL	0.	98,452.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	524,922.	596,737.	

FORM 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED RENT	1,037.	35,682.	
DUE TO ST. JOSEPH HEALTH	0.	44,359.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,037.	80,041.	

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

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

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

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

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

State Charity Registration Number: CT <u>087378</u> CAMINO HEALTH CENTER <small>Name of Organization</small> <u>30300 CAMINO CAPISTRANO</u> <small>Address (Number and Street)</small> <u>SAN JUAN CAPISTRANO, CA 92675</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>33057421</u> Federal Employer I.D. No. <u>33-0574214</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2013 ending 06/30/2014) list:
 Gross annual revenue \$ 8,539,271. Total assets \$ 5,360,443.

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

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

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

Organization's area code and telephone number 949-240-2030

Organization's e-mail address PCACERES@CAMINOHC.ORG

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

PAUL CACERES	CHIEF FINANCIAL OFFICER
<small>Signature of authorized officer</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 7

1) U.S DEPARTMENT OF AGRICULTURE
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND
CHILDREN
PO BOX 997377, MS 0500
SACRAMENTO, CA 95899-7377
(916) 558-1784

2) U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CENTER CLUSTER
200 INDEPENDENCE AVE SW WASHINGTON, DC 20201
(202) 690-7000

3) U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT
451 7TH ST SW #8141 WASHINGTON, DC 20410
(202) 708-1420