

CT-2

## PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code

Failure to file this report by the 15th day of the fifth month after the close of your accounting period may result in the disallowance of your tax exemption and the assessment of a minimum tax of \$200.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 13447  
Sacramento, California 95813

For the Calendar or Fiscal Year Beginning \_\_\_\_\_, 19\_\_\_\_ and Ending \_\_\_\_\_, 19\_\_\_\_

CT No.

02375 YEAR ENDED DEC 31, 1979 L

NATIONAL HEALTH FEDERATION  
212 WEST FOOTHILL BLVD  
MONROVIA CA 91016

File the copy which has your preaddressed identification label attached.  
Correct any errors on the label.

Corporate or  
Organization No. D-0297032

Federal Employer  
Identification No. 94-1294934

If tax exempt, enter Code subsection under which  
you received exemption:

Federal 501(c)(4) State 23701 f

## For Registry Use Only

Analyzed by \_\_\_\_\_ Date \_\_\_\_\_

## Revenue and Expenditures

1 Gross revenue from all sources—complete statement at top of page 3

1,487,200

IF LINE 1 IS OVER \$10,000 SKIP TO ITEM 12 AND COMPLETE BALANCE OF REPORT.

IF LINE 1 IS \$10,000 OR LESS COMPLETE ONLY PAGES 1, 2 and 3.

2 Expenditures for your exempt purposes—complete Schedule A, page 2

3 All other expenditures and costs

4 Increase (decrease) in fund balances (line 1 less lines 2 and 3)

## Assets, Liabilities and Fund Balances

5 Cash and checking and savings accounts—itemize on page 3

6 Investments (current market value ► \$ 139 )

7 Land and buildings (current market value ► \$ Unknown )

8 Other assets—complete Schedule B, page 2, if more than 50% of line 9

9 Total assets (Sum of lines 5 through 8)

10 Total liabilities

11 Fund balances ("net worth"—line 9 less line 10)

(Line 11, beginning of year fund balances plus line 4 should equal end of year fund balances.)

12 Check the form numbers of the returns filed with the Internal Revenue Service for this year:

a ☒ 990; b ☐ Sch. A, 990; c ☐ 990-PF; d ☐ 990-AR; e ☒ 990-T; f ☐ 4720; g ☐ Others:

13 Were the schedules and statements comprising this Periodic Report Form CT-2 prepared by a person outside your organization? If "No," skip to item 16.

YES NO  
X

14 If the answer to 13 is "Yes," give name and address of preparer:

Vavrinek, Trine, Day & Co., 125 West 'F' Street, Ontario, CA 91761

15 Did the person named at 14 issue to your organization a report on your financial statements for the period covered by this Periodic Report Form CT-2?

YES NO  
X

16 Did you use a paid fund-raiser during the year? If "Yes," complete Schedule C, page 3.

YES NO  
X

17 Do you regularly solicit salvage for resale in a thrift store? If "Yes," show gross revenue on line 34.

YES NO  
X

18 Have any changes not previously reported to the Registry been made in your governing instrument (articles, bylaws, trust instrument, etc.)? If "Yes," attach a copy of the changes.

YES NO  
X

19 The books of account are in care of ► Alberta Wichmann

Telephone No. ► (213) 357-2181

Located at ► 212 W. Foothill Blvd., Monrovia, CA 91016

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

Dorothy B. Hart  
SIGNATURE OF PRINCIPAL OFFICER OR TRUSTEE  
(SEE INSTRUCTIONS)

Dorothy B. Hart  
PRINTED NAME  
President

3-24-80  
DATE

REGIONAL OFFICES  
CHARITABLE TRUSTS

**MAR 28 '88**

Schedule B—Other Assets	
Prepaid Expenses	\$ 60,218
Total	\$ 60,218

**NATIONAL HEALTH FEDERATION # D-0297032**

**Statement of progress and accomplishments during the year in carrying out your exempt (charitable) purposes. Include the various programs or services provided and the number of persons who received each service, or comparable information.**

**NATIONAL HEALTH FEDERATION is a health rights organization. To keep the public abreast of important health issues, NHF stages conventions and seminars in many cities throughout the United States each year. Through the NHF Bulletin it gives to the members unbiased, consumer-oriented views and through the NHF Newsletter the same information is sent to scores of publications and radio and TV stations.**

**List of All Checking and Savings Accounts:**

California Financial Institution and Branch Location		Type of Account	Number of Account
Dominion National Bank	Virginia	Checking	18801308
Bank of America	Monrovia, CA	Checking	230-9-05311
Security Pacific Bank	Monrovia, CA	Checking	137-015-982
Security Pacific Bank	Monrovia, CA	Checking	137-030-757
Home Savings	Arcadia, CA	Savings	07-521989-9
World Savings	Pasadena, CA	Savings	3-047482-9
Glendale Federal Savings	Monrovia, CA	Savings	20-15285-9
Crocker Bank	Monrovia, CA	Savings	6027-000159-22
Security Pacific Bank	San Rafael, CA	Savings	644-817
Dominion National Bank	Virginia	Checking	18801455
Dominion National Bank	Virginia	Checking	18801447
Crocker Bank	Monrovia, CA	Checking	602-063461

**Schedule C—Paid Fund-Raisers**

Complete questions below for each paid fund-raiser used during the year. Attach schedule if necessary.

Name and address Richard A. Viguerie, Co., Inc., 7777 Leesburg Pike, Falls Church, CA 22043

Type of event or solicitation held: Mailings

Did you receive an accounting of the gross receipts and expenses? X

Gross receipts collected in the name of your organization (Include in line 25) \$ 604,760

Deduct: Amount retained by or paid to the fund-raiser 571,674

All other expenses related to the solicitation or event 33,086

Net amount received by your organization \$ 33,086

**Gross Revenue**

25	Contributions, gifts and bequests received	794,653	25
26	Fees and grants from government agencies		26
27	Grants from foundations and trusts		27
28	Allocations from fund-raising organizations		28
29	Dues and assessments from members and affiliates	250,404	29
30	Program service fees		30
31	Interest	11,634	31
32	Dividends		32
33	Rents and royalties	6,032	33
34	Other business activities (describe nature ► )		34
35	Sales of securities—from Schedule I, page 7		35
36	Sales of other assets—from Schedule J, page 8		36
37	Other gross revenue—complete Schedule E, page 6	424,477	37
38	Total gross revenue (Sum of lines 25 through 37. Enter here and on line 1)	1,487,200	38
<b>DEDUCT:</b>			
39	Cost of goods sold in business activities reported on line 34		39
40	Cost or other basis of securities sold—from Schedule I, page 7		40
41	Adjusted cost of other assets sold—from Schedule J, page 8		41
42	Total deductions from gross revenue (Sum of lines 39 through 41)		42
43	Total available revenue (Line 38 less line 42)	1,487,200	43

**Expenditures**

		<b>ATTRIBUTABLE TO GROSS REVENUE</b>		<b>FOR-EXEMPT PURPOSES</b>	
44	Compensation of board of directors or trustees				44
45	Other salaries, wages and employee benefits		254,747		45
46	Legal fees				46
47	Accounting fees		5,135		47
48	Consulting fees (Describe ► )				48
49	Interest				49
50	Private foundation excise tax on net investment income (from federal return)				50
51	Real property taxes		2,477		51
52	Other taxes (Describe ► Payroll and other )		24,479		52
53	Rent, utilities and maintenance		36,652		53
54	Depreciation—from Schedule K, page 8		8,296		54
55	Travel		13,820		55
56	Other operating expenditures—complete Schedule A, page 2		1,112,432		56
57	Total—attributable to gross revenue (Sum of lines 44 through 56, column A)				57
58	Total—for exempt purposes (Sum of lines 44 through 56, Column B)		1,458,038		58
59	Total (Sum of lines 57 and 58. Complete statement at top of page 3.)		1,458,038		59
60	Excess of revenue (expenditures)—(Line 43 less line 59)		29,162		60
61	Contributions, grants, etc., made during year—from Schedule G, page 6				61
62	Increase (decrease) in fund balances (Line 60 less line 61)		29,162		62