

FORM CT-2

PERIODIC REPORT

MAIL TO:
Registry of Charitable Trusts
P.O. Box 13447
Sacramento, CA 95813-4447

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 assess-
ment of a minimum tax of \$200.

ACCOUNTING PERIOD — For the Year Beginning 1/1, 19 81 and Ending 12/31, 19 81

State registration number CT <u>02375</u>	If address changed check here <input type="checkbox"/> and show the changes below	Corporate or Organization No. <u>D-0297032</u>				
Name of organization 02375 YEAR ENDED DEC 31, 1981 NATIONAL HEALTH FEDERATION 212 WEST FOOTHILL BLVD MONROVIA CA 91016		Is the organization exempt from federal income tax? <table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td>X</td><td></td></tr></table> If "no", attach explanation. See instructions.	Yes	No	X	
Yes	No					
X						
E "GENERAL INSTRUCTIONS"						

- A If the organization is not a private foundation, complete Part II below and attach a copy of IRS Form 990, Schedule A (Form 990) and related attachments prepared according to Form CT-2 Specific Instruction-Uniform Reporting.
- B If the organization is a private foundation, complete Parts II and III below, and attach a copy of IRS Form 990-PF and related attachments prepared according to Form CT-2 Specific Instruction-Uniform Reporting.

PART II STATEMENTS REGARDING THIS ORGANIZATION DURING THE PERIOD OF THIS REPORT

	Yes	No
1 Was 50% or more of your total revenue from government grants? 1		X
If "yes", attach a schedule showing the agency(s) name, address, purpose of the grant and the amount. List only the four different government agencies that provide the largest amounts.		
2 Were you audited by any government agency? 2		X
If "yes", provide: Name of agency and unit _____ Address _____ Contact Person _____ Telephone () _____ Year(s) audited _____ (If audited by more than one agency, attach schedule)		
3 Did an independent public accountant issue a report on your financial statements? 3	X	
If "yes", provide: Name of accountant <u>Friedman & Rheingold CPA's</u> Address <u>4640 Admiralty Way</u> <u>Marina Del Rey, CA</u> Telephone (213) <u>822-3030</u>		
4 Is any of your property held in the name of or commingled with the property of any other organization or person? 4		X
If "yes", attach explanation.		
5 Did you answer "yes" to any part of Form 990, Schedule A, Part III, Question 2 or Form 990-PF, Part V, Question 10(a)? . . . 5		X
(a) If "yes", have you given prior written notice to the California Attorney General of the self-dealing acts? 5a		
(See section 5233 of the California Corporations Code)		
6 Did you make any donations (cash or non-cash) to other than a charitable, tax-exempt organization? 6		X
If "yes", attach explanation and enter here the fair market value of the donation 6a _____		
7 Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10. 7		X
8 Were you or any of your officers, directors or trustees a party to any court action in which there was an alleged breach of trust? If "yes", attach explanation. 8		X
9 Did you pay or incur income tax, or any tax-related penalty, fine or judgment? 9		X
If "yes", attach an explanation and specify amounts involved.		
10 Did you receive \$10,000 or more in direct public support (Form 990, line 1 (a) or included in Form 990-PF, line 1)? 10	X	
If "yes", enter the following amounts:		
(a) Direct support from the general public 10a		153,076
(b) Foundation and trust grants 10b		0
(c) Corporate and other business grants 10c		0
(d) Bequests 10d		0
(e) Total direct public support (add lines a through d) 10e		153,076
11 Did you contract with or use the services of an independent professional fund raiser? If "yes", complete Part IV (Form CT-2). 11		X
12 Did your invested assets total \$50,000 or more? If "yes", complete Part V (Form CT-2). 12		X
(13-19 not currently in use)		

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

Kurt W. Donsbach **KURT W. DONSBACH** **CHAIRMAN** 6-22-82
Signature of authorized officer (See instructions) Printed Name Title Date

PART III PRIVATE FOUNDATIONS - ADDITIONAL INFORMATION

OCT 4 9 46 AM '82

Revenue Items:

20 Net rental income (after deducting rental expenses from line 6, 990-PF, Part I) 20
 21 Income from investments reported on Form 990-PF, Part III, lines 12 and 13 21

Expense Items:

22 Professional fund-raising fees 22
 23 Accounting fees 23
 24 Legal fees 24
 25 Travel expenses 25
 26 Conference, convention and meeting expenses 26

Functional Expense Summary:

27 Total program services including grants 27
 28 Total management and general 28
 29 Total fund raising 29
 30 Total functional expenses (Sum of 27, 28 and 29) 30

Statement:

31 Did you file a Form 4720 with the Internal Revenue Service? 31
 If "yes", attach a copy of Form 4720 and enter here the amount of total taxes paid with that return 31a
 (32-39 not currently in use)

Yes	No

PART IV PROFESSIONAL FUND-RAISERS (PFR)

	EVENT # 1	EVENT # 2	EVENT # 3	TOTAL
40 Brief Description of Campaign, Drive or Event				
41 Date or Period Covered				
42 Name of PFR				
43 Address of PFR				
44 Total Public Donations*			44	
45 All Payments to PFR			45	
46 All Other Fund-Raising Expenses			46	
47 Net Proceeds (Line 44 Less 45 and 46)			47	

(48-59 not currently in use) * On line 44, do not deduct any costs from gross donations.

NOTE: If more than three events, attach a schedule using the same format and include amounts in Part IV totals.

PART V SUMMARY OF INVESTMENTS TOTALING \$50,000 OR MORE

60 Securities, beginning of year at cost 60
 61 Securities acquired, at cost or original basis 61
 62 Securities sold, at cost or original basis (may include sales expenses) 62
 63 Securities, end of year at cost 63
 64 Securities, end of year at market value 64
 65 Sum of all gains on sales during the year 65
 66 Sum of all losses on sales during the year 66
 67 Dividends and interest from securities 67
 68 Total return realized (line 65 less line 66, plus line 67) 68
 69 Less investment counsel fees 69
 70 Net return realized from investments in securities (line 68 less line 69) 70

Has this organization engaged in, purchased, sold or held during the year:

71 Investments (any type) which produce no current income? 71
 72 Investments (any type) worth one half or less of original basis? 72
 73 Securities on margin? 73
 74 Warrants, puts, calls, options, commodity futures, or short sales? 74
 75 Stocks rated "Speculative Grade" by Moody's, or ranked "B-" or lower by Standard & Poor's? 75
 76 Securities not publicly traded? 76
 77 Tax exempt securities? 77
 78 Stock in which an officer, director or trustee owns 10% or more of the outstanding shares? 78

Yes	No

If "yes" on any line from 71 through 78, attach a full explanation.

Return of Organization Exempt from Income Tax

Under section 501(c) (except black lung benefit trust or private foundation), 501(e) or (f) of the Internal Revenue Code

1981
1980

For the calendar year 1980, or fiscal year beginning , 1980, and ending , 19

Use IRS label. Other- wise, please print or type.	Name of organization National Health Federation	A Employer identification number (see instructions) 94 : 1294934
	Address (number and street) 212 W. Foothill Blvd.	B If exemption application is pending, check here ▶
	City or town, State, and ZIP code Monrovia, CA 91016	C If address changed check here . . . ▶

D Check applicable box—Exempt under section ▶ ☒ 501(c) (4) (insert number), ☐ 501(e) OR ☐ 501(f).

E Is this a group return (see instruction I) filed for affiliates? . . . ☐ Yes ☒ No If "Yes" to either, give four-digit group exemption number (GEN) ▶

Is this a separate return filed by a group affiliate? . . . ☐ Yes ☒ No

☐ Check here if gross receipts are normally not more than \$10,000 and do not complete the rest of this return (see instruction B(11)).

☐ Check here if gross receipts are normally more than \$10,000 and line 12 is \$25,000 or less. Complete Parts I, II, IV, and VI and only the indicated items in Parts III and V (see instruction H). If line 12 is more than \$25,000, complete the entire return.

All section 501(c)(3) organizations must also complete Schedule A (Form 990) and attach it to this return.

Part I Analysis of Revenue, Expenses, and Fund Balances				(A) Total	These columns are optional— see instructions	
					(B) Restricted/ Nonexpendable	(C) Unrestricted/ Expendable
Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	(a) Directly from the public	153,076				
	(b) Through professional fundraisers	0				
	(c) As allotments from fundraising organizations	0				
	(d) As government grants	0				
	(e) Other	0				
	(f) Total (add lines 1(a) through 1(e)) (attach schedule—see instructions)	153,076				
	2 Membership dues and assessments	137,619				
	3 Interest	2,625				
	4 Dividends	22				
Revenue	5 (a) Gross rents			0		
	(b) Minus: Rental expenses	0				
	(c) Net rental income (loss)	0				
	6 Royalties	0				
	7 (a) Gross amount received from sale of assets other than inventory			662		
	(b) Minus: Cost or other basis and sales expenses	0				
	(c) Net gain (loss) (attach schedule)	662				
	8 Special fundraising events and activities (itemize):					
	Type of event	Receipts	Expenses			
	(a) Total receipts	0	0			
Expenses	(b) Total expenses			0		
	(c) Net income (line 8(a) minus line 8(b))			0		
	9 (a) Gross sales minus returns and allowances					
	(b) Minus: Cost of goods sold (attach schedule)					
	(c) Gross profit (loss)					
	10 Program service revenue (from Part II, line (f))					
	11 Other revenue (from Part II, line (g))			430,116		
	12 Total revenue (add lines 1(f), 2, 3, 4, 5(c), 6, 7(c), 8(c), 9(c), 10, and 11)			724,120		
	13 Fundraising (from line 40(B))			0		
	14 Program services (from line 40(C))			737,506		
Fund Balances	15 Management and general (from line 40(D))			9,384		
	16 Total expenses (from line 40(A))			746,890		
	17 Excess (deficit) for the year (subtract line 16 from line 12)			(22,770)		
	18 Fund balances or net worth at beginning of year (from line 65(A))			42,552		
19 Other changes in fund balances or net worth (attach explanation)			0			
20 Fund balances or net worth at end of year (add lines 17, 18, and 19)			19,782			

Part II Program Service Revenue and Other Revenue (State Nature)

	Program service revenue	Other revenue
(a)
(b)
(c)
(d)
(e)
(f) Total program service revenue (Enter here and on line 10)		
(g) Total other revenue (Enter here and on line 11) schedule		430,116

Part III Allocation of Expenses by Function

If line 12, Part I is \$25,000 or less, you should complete only the line items for columns (A) and (B), Part III. If line 12 is more than \$25,000, complete columns (A), (B), (C), and (D).

Do not include amounts reported on line 5(b), 7(b), 8(b), or 9(b) of Part I.	(A) Total	(B) Fundraising	(C) Program services	(D) Management and general
21 Contributions, gifts, grants, and similar amounts awarded (attach schedule)				
22 Benefits paid to or for members				
23 Compensation of officers, directors, and trustees				
24 Other salaries and wages				
25 Pension plan contributions				
26 Other employee benefits				
27 Payroll taxes				
28 Fees for fundraising				
29 Other professional services				
30 Interest				
31 Occupancy				
32 Rental and maintenance of equipment				
33 Printing and postage				
34 Telephone				
35 Supplies				
36 Travel				
37 Other expenses (itemize):				
38 Total expenses before depreciation (add lines 21 through 37)	737,506	0	737,506	0
39 Depreciation, depletion, etc.	9,384	0	0	9,384
40 Total (add lines 38 and 39). Enter here and on lines 13 through 16	746,890	0	737,506	9,384

Part IV List of Officers, Directors, and Trustees (See Instructions)

(A) Name and address	(B) Title and time spent on position	(C) Compensation	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Robert S. Mendelsohn P.O. Box 982, Evanston, ILL 60204	President as req.	None	None	None
Dorothy B. Hart 211 Newport Dr., Palm Springs 92264	Secretary as req.	None	None	None
Betty Lee Morales 22155 W. Eden, Topanga, CA 90290	Vice Pres. as req.	None	None	None
Paul J. Virgin 6375 Hambleton, City Industry, CA	Treasurer as req.	None	None	None
Kurt W. Donsbach P.O. Box 5050, Huntington Beach, CA	Chairman as req.	None	None	None