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|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                         |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Form <b>990-EZ</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Short Form</b><br><b>Return of Organization Exempt From Income Tax</b><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code</b><br><b>(except black lung benefit trust or private foundation)</b>                                                                                                                                                             | OMB No 1545-1150<br><b>2008</b>  |
|                                                                                                                                                                 | <p>▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.</p> <p>▶ <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i></p> | <b>Open to Public Inspection</b> |

| A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009                                                                                                                                                                                                         |                                                                          |                                                                                                  |            |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>Please use IRS label or print or type. See Specific Instructions.</b> | <b>C</b> Name of organization<br>CENTRAL PENINSULA HEALTH FOUNDATION                             |            | <b>D</b> Employer identification number<br>20-2778670 |
|                                                                                                                                                                                                                                                                                               |                                                                          | Number and street (or P O box, if mail is not delivered to street address)<br>250 Hospital Place | Room/suite | <b>E</b> Telephone number<br>(907) 714-4626           |
|                                                                                                                                                                                                                                                                                               |                                                                          | City or town, state or country, and ZIP + 4<br>Soldotna, AK 99669                                |            | <b>F</b> Group Exemption Number                       |

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).** 

**G** Accounting method ☐ Cash ☒ Accrual  
Other (specify) 

|                                                                                                                                                                                                      |  |                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>I Website:</b> <input type="checkbox"/> www.cpg.org/body.cfm?id=39                                                                                                                                |  | <b>H</b> Check <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| <b>J Organization type</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  |                                                                                                                                       |

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I ) |                                        |
|---------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1                                                                                                       | Revenue                                |
| 2                                                                                                       | Expenses                               |
| 3                                                                                                       | Changes in Net Assets or Fund Balances |
| 4                                                                                                       | Total                                  |

| Revenue |                                                                                                                                                                                                              | 1  | 699,586 |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 1       | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                         | 1  |         |
| 2       | Program service revenue including government fees and contracts . . . . .                                                                                                                                    | 2  | 0       |
| 3       | Membership dues and assessments . . . . .                                                                                                                                                                    | 3  | 0       |
| 4       | Investment income . . . . .                                                                                                                                                                                  | 4  | 0       |
| 5a      | Gross amount from sale of assets other than inventory . . . . .                                                                                                                                              | 5a | 0       |
| b       | Less cost or other basis and sales expenses . . . . .                                                                                                                                                        | 5b | 0       |
| c       | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)                                                                                                    | 5c | 0       |
| 6       | Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here  |    |         |
| a       | Gross revenue (not including \$ <u>63,617</u> of contributions reported on line 1)                                        | 6a | 16,600  |
| b       | Less direct expenses other than fundraising expenses . . . . .                                                                                                                                               | 6b | 16,031  |
| c       | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .                                                                                                            | 6c | 569     |
| 7a      | Gross sales of inventory, less returns and allowances . . . . .                                                                                                                                              | 7a | 0       |
| b       | Less cost of goods sold . . . . .                                                                                                                                                                            | 7b | 0       |
| c       | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                                                                                                                     | 7c | 0       |
| 8       | Other revenue (describe  _____)                                                                                           | 8  | 0       |
| 9       | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . .                                                | 9  | 700,155 |

|          |           |                                                                                                                                                 |           |         |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| Expenses | <b>10</b> | Grants and similar amounts paid (attach schedule)            | <b>10</b> | 518,241 |
|          | <b>11</b> | Benefits paid to or for members . . . . .                                                                                                       | <b>11</b> | 0       |
|          | <b>12</b> | Salaries, other compensation, and employee benefits . . . . .                                                                                   | <b>12</b> | 75,826  |
|          | <b>13</b> | Professional fees and other payments to independent contractors . . . . .                                                                       | <b>13</b> | 4,315   |
|          | <b>14</b> | Occupancy, rent, utilities, and maintenance . . . . .                                                                                           | <b>14</b> | 16,888  |
|          | <b>15</b> | Printing, publications, postage, and shipping . . . . .                                                                                         | <b>15</b> | 1,765   |
|          | <b>16</b> | Other expenses (describe  _____)                             | <b>16</b> | 19,730  |
|          | <b>17</b> | <b>Total expenses</b> (add lines 10 through 16) . . . . .  | <b>17</b> | 636,765 |

|            |           |                                                                                                                                                  |           |         |
|------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| Net Assets | <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | <b>18</b> | 63,390  |
|            | <b>19</b> | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | <b>19</b> | 273,085 |
|            | <b>20</b> | Other changes in net assets or fund balances (attach explanation)                                                                                | <b>20</b> | 10,788  |
|            | <b>21</b> | Net assets or fund balances at end of year (combine lines 18 through 20)                                                                         | <b>21</b> | 347,263 |

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

| (See the instructions for Part II ) |                                                                                                                          | (A) Beginning of year | (B) End of year   |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|
| <b>22</b>                           | Cash, savings, and investments . . . . .                                                                                 | 353,122               | <b>22</b> 277,905 |
| <b>23</b>                           | Land and buildings . . . . .                                                                                             | 0                     | <b>23</b> 0       |
| <b>24</b>                           | Other assets (describe  )             | 41,604                | <b>24</b> 94,738  |
| <b>25</b>                           | <b>Total assets</b> . . . . .                                                                                            | 394,726               | <b>25</b> 372,643 |
| <b>26</b>                           | <b>Total liabilities</b> (describe  ) | 121,641               | <b>26</b> 25,380  |
| <b>27</b>                           | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .                              | 273,085               | <b>27</b> 347,263 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                               |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|---------|
| <b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Expenses</b><br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others ) |         |
| What is the organization's primary exempt purpose?<br>To provide funding for activities, programs, and other support of Central Peninsula General Hospital Inc and other exempt organizations by seeking innovative partnerships and creating resources for the health of the community                                                                                                                                                                                                                                                                                                                       |  |                                                                                                               |         |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                               |         |
| <b>28</b> Central Peninsula Health Foundation assisted in the procurement of grants and other public support necessary to purchase a facility for Serenity House, the chemical dependency unit of Central Peninsula General Hospital. Grants and revenues in the amount of \$345,500 were collected during the current tax year, while other revenues were earned in the prior tax year. Total distributions of \$392,361 were made to Central Peninsula General Hospital for this capital purchase.<br>(Grants \$ 345,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/> |  | <b>28a</b>                                                                                                    | 392,361 |
| <b>29</b> Other program service accomplishments include direct assistance to individuals for various needs such as Cancer Treatment \$75,925, Employee emergency assistance \$9,094, and other costs for services and supplies to support Central Peninsula Hospital programs \$68,485.<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                    |  | <b>29a</b>                                                                                                    | 153,504 |
| <b>30</b><br><br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>30a</b>                                                                                                    |         |
| <b>31</b> Other program services (attach schedule) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>31a</b>                                                                                                    |         |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>32</b>                                                                                                     | 545,865 |

| <b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV.) |                                                          |                                            |                                                                     |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| (a) Name and address                                                                                                                                | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| See Additional Data Table                                                                                                                           |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                     |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                     |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                     |                                                          |                                            |                                                                     |                                          |

Part V

Other Information (Note the statement requirements in the instructions for Part VI.)

Yes

No

33

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

33

No

34

Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .

34

No

35

If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a

Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .

35a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

35b

36

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .

36

No

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions ▶

37a

0

b

Did the organization file **Form 1120-POL** for this year? . . . . .

37b

No

38a

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .

38a

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9 . . . . .

39a

b

Gross receipts, included on line 9, for public use of club facilities . . . . .

39b

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0

b

Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. . . . .

40b

No

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶

0

d

Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶

0

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .

40e

No

41

List the states with which a copy of this return is filed ▶

42a

The books are in care of ▶ Peter Brennan Telephone no ▶ (907) 714-4626

250 Hospital Place

Located at ▶ Soldotna, AK ZIP + 4 ▶ 99669

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b

Yes

No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c

No

If "Yes," enter the name of the foreign country ▶

43

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶

43

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44

Yes

No

45

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

45

No

Form 990-EZ (2008)

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

|     |                                                                                                                                                                                                                                       |     |    |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 46  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                  | Yes | No |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                                            |     | No |
| 48  | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E                                                                                                                        |     | No |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                                                             |     | No |
| 49b | If "Yes," was the related organization(s) a section 527 organization?                                                                                                                                                                 |     |    |
| 50  | Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None." |     |    |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| NONE                                                           |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
| Total number of other employees paid over \$100,000            |                                                          |                  |                                                                     |                                          |

|                                                                              |                                                                                                                                                                                            |                  |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 51                                                                           | Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None." |                  |
| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service                                                                                                                                                                        | (c) Compensation |
| NONE                                                                         |                                                                                                                                                                                            |                  |
|                                                                              |                                                                                                                                                                                            |                  |
|                                                                              |                                                                                                                                                                                            |                  |
|                                                                              |                                                                                                                                                                                            |                  |
|                                                                              |                                                                                                                                                                                            |                  |
| Total number of other independent contractors receiving over \$100,000       |                                                                                                                                                                                            |                  |

|                                                                                  |                                                                                                                                                                                                                                                                                                                       |      |                        |                                    |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------|------------------------------------|
| Please Sign Here                                                                 | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |      |                        |                                    |
|                                                                                  | Signature of officer                                                                                                                                                                                                                                                                                                  |      | 2010-02-10<br>Date     |                                    |
| Paid Preparer's Use Only                                                         | Irv Carlisle, Treasurer<br>Type or print name and title                                                                                                                                                                                                                                                               |      |                        |                                    |
|                                                                                  | Preparer's signature                                                                                                                                                                                                                                                                                                  | Date | Check if self-employed | Preparer's PTIN (See Gen. Inst. X) |
|                                                                                  | Firm's name (or yours if self-employed), address, and ZIP + 4                                                                                                                                                                                                                                                         |      |                        | EIN                                |
|                                                                                  |                                                                                                                                                                                                                                                                                                                       |      |                        | Phone no.                          |
| May the IRS discuss this return with the preparer shown above? See instructions. |                                                                                                                                                                                                                                                                                                                       |      |                        |                                    |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

|                                                                 |                                              |
|-----------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>CENTRAL PENINSULA HEALTH FOUNDATION | Employer identification number<br>20-2778670 |
|-----------------------------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

|    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2  | <input type="checkbox"/>            | A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3  | <input type="checkbox"/>            | A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H )                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state                                                                                                                                                                                                                                                                                                                                                                                                       |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                          |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 7  | <input type="checkbox"/>            | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                           |
| 8  | <input type="checkbox"/>            | A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 9  | <input checked="" type="checkbox"/> | 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 <b>Section 509(a)(2).</b> (Complete Part III )                                                                                            |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>Section 509(a)(4).</b> (See instructions )                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 11 | <input type="checkbox"/>            | 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 <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br>a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally Integrated      d <input type="checkbox"/> Type III - Other |
| e  | <input type="checkbox"/>            | 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  | <input type="checkbox"/>            | 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  | <input type="checkbox"/>            | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br>(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 the supported organization?<br>(ii) a family member of a person described in (i) above?<br>(iii) a 35% controlled entity of a person described in (i) or (ii) above?                                                                                                                           |
| h  | <input type="checkbox"/>            | Provide the following information about the organizations the organization supports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| (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 support? |
|------------------------------------|----------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|--------------------------|
|                                    |          |                                                                                              | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
| Total                              |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |

Part II

Support Schedule for Organizations Described in IRC 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.)

| Public Support                                                                                                                                                                                    |          |          |          |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                                       | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 line 1-3                                                                                                                                                                             |          |          |          |          |          |           |
| 5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support subtract line 5 from line 4                                                                                                                                                      |          |          |          |          |          |           |

| Total Support                                                                                                                                                            |          |          |          |          |          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| Calendar year (or fiscal year beginning in)                                                                                                                              | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 501(c)(3) organization, check this box and stop here |          |          |          |          |          | <input type="checkbox"/> |

| Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                                     |    |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| 14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                      | 14 |                          |
| 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f                                                                                                                                                                                                                                                                                                                        | 15 |                          |
| 16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the 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 - 2008. 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 - 2007. 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions                                                                                                                                                                                                                                                       |    | <input type="checkbox"/> |

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

| Section A. Public Support                                                                                                                                                       |          |          |          |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                     | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                              | 0        | 0        | 91,353   | 292,344  | 699,586  | 1,083,283 |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       | 0        | 0        | 0        | 0        | 0        | 0         |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                   | 0        | 0        | 0        | 0        | 0        | 0         |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                | 0        | 0        | 0        | 0        | 0        | 0         |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge                                                                        | 0        | 0        | 0        | 0        | 0        | 0         |
| 6Total Add lines 1-5                                                                                                                                                            | 0        | 0        | 91,353   | 292,344  | 699,586  | 1,083,283 |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                      | 0        | 0        | 25,000   | 5,000    | 0        | 30,000    |
| bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | 0        | 0        | 21,000   | 198,795  | 430,784  | 650,579   |
| cTotal of lines 7a and 7b                                                                                                                                                       | 0        | 0        | 46,000   | 203,795  | 430,784  | 680,579   |
| 8Public Support (Subtract line 7c from line 6)                                                                                                                                  |          |          |          |          |          | 402,704   |

| Total Support                                                                                                                                                          |                                     |          |          |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                            | (a) 2004                            | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9Amounts from line 6                                                                                                                                                   | 0                                   | 0        | 91,353   | 292,344  | 699,586  | 1,083,283 |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                      | 0                                   | 0        | 0        | -11,050  | -38,700  | -49,750   |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975                                                               | 0                                   | 0        | 0        | 0        | 0        | 0         |
| cAdd lines 10a and 10b                                                                                                                                                 | 0                                   | 0        | 0        | -11,050  | -38,700  | -49,750   |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                          | 0                                   | 0        | 0        | 0        | 0        | 0         |
| 12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                       | 0                                   | 0        | 0        | 0        | 0        | 0         |
| 13Total Support (Add lines 9, 10c, 11 and 12)                                                                                                                          |                                     |          |          |          |          | 1,033,533 |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | <input checked="" type="checkbox"/> |          |          |          |          |           |

| Computation of Public Support Percentage                                               |    |  |
|----------------------------------------------------------------------------------------|----|--|
| 15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g                  | 16 |  |

| Computation of Investment Income Percentage                                                                                                                                                                                                                 |                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|
| 17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                 | 17                                  |  |
| 18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h                                                                                                                                                                                   | 18                                  |  |
| 19a33 1/3% Tests - 2008. 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        | <input checked="" type="checkbox"/> |  |
| b33 1/3% Tests - 2007. 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 | <input checked="" type="checkbox"/> |  |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                    | <input checked="" type="checkbox"/> |  |

Part IV

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

|                              |
|------------------------------|
| Facts and Circumstances Test |
|                              |

Additional Data

Software ID:

Software Version:

EIN: 20-2778670

Name: CENTRAL PENINSULA HEALTH FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address                                          | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| Rick Abbott<br>250 Hospital Place<br>Soldotna, AK 99669       | Board Member 1                                           | 0                                          | 0                                                                   | 0                                        |
| Dr Charles Bailie<br>250 Hospital Place<br>Soldotna, AK 99669 | Board Member 1                                           | 0                                          | 0                                                                   | 0                                        |
| Charles Obendorf<br>250 Hospital Place<br>Soldotna, AK 99669  | Treasurer 2                                              | 0                                          | 0                                                                   | 0                                        |
| Sky Carver<br>250 Hospital Place<br>Soldotna, AK 99669        | Secretary 2                                              | 0                                          | 0                                                                   | 0                                        |
| Ed Krohn<br>250 Hospital Place<br>Soldotna, AK 99669          | President 2                                              | 0                                          | 0                                                                   | 0                                        |
| Dr Alex Russell<br>250 Hospital Place<br>Soldotna, AK 99669   | Board Member 1                                           | 0                                          | 0                                                                   | 0                                        |
| Dr Scott Innes<br>250 Hospital Place<br>Soldotna, AK 99669    | Board Member 1                                           | 0                                          | 0                                                                   | 0                                        |
| Janie Finley<br>250 Hospital Place<br>Soldotna, AK 99669      | Board Member 1                                           | 0                                          | 0                                                                   | 0                                        |
| Terri Davis<br>250 Hospital Place<br>Soldotna, AK 99669       | Board Member 1                                           | 0                                          | 0                                                                   | 0                                        |
| Betty Glick<br>250 Hospital Place<br>Soldotna, AK 99669       | Board member 1                                           | 0                                          | 0                                                                   | 0                                        |
| Pat Cowan<br>250 Hospital Place<br>Soldotna, AK 99669         | Vice President 2                                         | 0                                          | 0                                                                   | 0                                        |
| Peter Brennan<br>250 Hospital Place<br>Soldotna, AK 99669     | Foundation Director 40                                   | 83,303                                     | 27,405                                                              |                                          |

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
CENTRAL PENINSULA HEALTH FOUNDATION

Employer identification number  
20-2778670

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                               |               | Yes                                                            | No |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| Total                                         |               | ►                                                              |    |                                   |                                                                  |                                                   |

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue         |   |                                                                        | (a) Event #1                      | (b) Event #2                 | (c) Other Events | (d) Total Events                 |
|-----------------|---|------------------------------------------------------------------------|-----------------------------------|------------------------------|------------------|----------------------------------|
|                 |   |                                                                        | Way out women<br>snowmachine ride | 2009 Evening by the<br>river | 0                | (Add col (a) through<br>col (c)) |
|                 |   |                                                                        | (event type)                      | (event type)                 | (total number)   |                                  |
|                 | 1 | Gross receipts . . . . .                                               | 36,667                            | 43,550                       |                  | 80,217                           |
|                 | 2 | Less Charitable contributions . . . . .                                | 36,667                            | 26,950                       |                  | 63,617                           |
| Direct Expenses | 3 | Gross revenue (line 1 minus line 2) . . . . .                          | 0                                 | 16,600                       |                  | 16,600                           |
|                 | 4 | Cash Prizes . . . . .                                                  | 0                                 | 0                            |                  | 0                                |
|                 | 5 | Non-cash Prizes . . . . .                                              | 0                                 | 0                            |                  | 0                                |
|                 | 6 | Rent/Facility costs . . . . .                                          | 0                                 | 575                          |                  | 575                              |
|                 | 7 | Other direct expenses . . . . .                                        | 0                                 | 15,456                       |                  | 15,456                           |
|                 | 8 | Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶ |                                   |                              |                  | 16,031                           |
|                 | 9 | Net income summary Combine lines 3 and 8 in column (d). . . . . ▶      |                                   |                              |                  | 569                              |

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |   |                                                                           | (a) Bingo                                                           | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo                 | (c) Other gaming                                                    | (d) Total gaming (Add<br>col (a) through col (c)) |
|-----------------|---|---------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
|                 |   |                                                                           |                                                                     |                                                                     |                                                                     |                                                   |
| Direct Expenses | 1 | Gross revenue . . . . .                                                   |                                                                     |                                                                     |                                                                     |                                                   |
|                 | 2 | Cash prizes . . . . .                                                     |                                                                     |                                                                     |                                                                     |                                                   |
|                 | 3 | Non-cash prizes . . . . .                                                 |                                                                     |                                                                     |                                                                     |                                                   |
|                 | 4 | Rent/facility costs . . . . .                                             |                                                                     |                                                                     |                                                                     |                                                   |
|                 | 5 | Other direct expenses . . . . .                                           |                                                                     |                                                                     |                                                                     |                                                   |
|                 | 6 | Volunteer labor . . . . .                                                 | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                   |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |                                                                     |                                                                     |                                                                     |                                                   |
|                 | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |                                                                     |                                                                     |                                                                     |                                                   |

|     |                                                                                                                                                                 | Yes | No |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 9   | Enter the state(s) in which the organization operates gaming activities _____                                                                                   |     |    |
| a   | Is the organization licensed to operate gaming activities in each of these states? . . . . .                                                                    | 9a  |    |
| b   | If "No," Explain<br>_____<br>_____                                                                                                                              |     |    |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?                                                            | 10a |    |
| b   | If "Yes," Explain<br>_____<br>_____                                                                                                                             |     |    |
| 11  | Does the organization operate gaming activities with nonmembers? . . . . .                                                                                      | 11  |    |
| 12  | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | 12  |    |

|                                                                                                                                                                                                   | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>13</b> Indicate the percentage of gaming activity operated in                                                                                                                                  |     |    |
| <b>a</b> The organization's facility . . . . . <b>13a</b>                                                                                                                                         |     |    |
| <b>b</b> An outside facility . . . . . <b>13b</b>                                                                                                                                                 |     |    |
| <b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records                                                                      |     |    |
| Name ►                                                                                                                                                                                            |     |    |
| Address ►                                                                                                                                                                                         |     |    |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>                                                      |     |    |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____                             |     |    |
| <b>c</b> If "Yes," enter name and address                                                                                                                                                         |     |    |
| Name ►                                                                                                                                                                                            |     |    |
| Address ►                                                                                                                                                                                         |     |    |
| <b>16</b> Gaming manager information                                                                                                                                                              |     |    |
| Name ►                                                                                                                                                                                            |     |    |
| Gaming manager compensation ► \$ _____                                                                                                                                                            |     |    |
| Description of services provided ►                                                                                                                                                                |     |    |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor                                                                       |     |    |
| <b>17</b> Mandatory distributions                                                                                                                                                                 |     |    |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>                          |     |    |
| <b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ |     |    |

TY 2008 General Explanation Attachment

**Name:** CENTRAL PENINSULA HEALTH FOUNDATION

**EIN:** 20-2778670

**Software ID:** 08000095

**Software Version:** v1.00

| Identifier       | Return Reference            | Explanation |
|------------------|-----------------------------|-------------|
| F99Z_P01_S00_L06 | Form 990-EZ, Part I, Line 6 |             |

**TY 2008 Grants and Similar Amounts Paid Schedule****Name:** CENTRAL PENINSULA HEALTH FOUNDATION**EIN:** 20-2778670**Software ID:** 08000095**Software Version:** v1.00

|                                        |                                          |
|----------------------------------------|------------------------------------------|
| <b>Item No.</b>                        | 1                                        |
| <b>Class of Activity</b>               | Capital grants and other assistance      |
| <b>Donee's Name</b>                    | Central Peninsula General Hospital       |
| <b>Donee's Address</b>                 | 250 Hospital Place<br>Soldotna, AK 99669 |
| <b>Amount (FMV)</b>                    | 424,863                                  |
| <b>Purpose of Payment to Affiliate</b> | Capital grants and other assistance      |
| <b>Relationship</b>                    |                                          |
| <b>Description</b>                     |                                          |
| <b>Book Value</b>                      |                                          |
| <b>How BV Determined</b>               |                                          |
| <b>How FMV Determined</b>              |                                          |
| <b>Date of Gift</b>                    |                                          |

|                                 |                                                                                                      |
|---------------------------------|------------------------------------------------------------------------------------------------------|
| Item No.                        | 2                                                                                                    |
| Class of Activity               | Grants and assistance to individuals                                                                 |
| Donee's Name                    | Central Peninsula General Hospital                                                                   |
| Donee's Address                 | 250 Hospital Place<br>Soldotna, AK 99669                                                             |
| Amount (FMV)                    | 82,784                                                                                               |
| Purpose of Payment to Affiliate | Funding for individual assistance grants for cancer treatment, transportation, and emergency assist. |
| Relationship                    |                                                                                                      |
| Description                     |                                                                                                      |
| Book Value                      |                                                                                                      |
| How BV Determined               |                                                                                                      |
| How FMV Determined              |                                                                                                      |
| Date of Gift                    |                                                                                                      |

**TY 2008 Other Assets Schedule****Name:** CENTRAL PENINSULA HEALTH FOUNDATION**EIN:** 20-2778670**Software ID:** 08000095**Software Version:** v1.00

| Description           | Beginning of Year<br>Amount | End of Year<br>Amount |
|-----------------------|-----------------------------|-----------------------|
| Pledges receivable    | 35,893                      | 47,436                |
| Equipment             | 5,711                       | 14,304                |
| Restricted investment | 0                           | 32,998                |

# TY 2008 Other Changes in Net Assets Schedule

**Name:** CENTRAL PENINSULA HEALTH FOUNDATION

**EIN:** 20-2778670

**Software ID:** 08000095

**Software Version:** v1.00

| Description                              | Amount  |
|------------------------------------------|---------|
| Loss on investments                      | -38,700 |
| Correction made to prior year net assets | 49,488  |

**TY 2008 Other Expenses Schedule****Name:** CENTRAL PENINSULA HEALTH FOUNDATION**EIN:** 20-2778670**Software ID:** 08000095**Software Version:** v1.00

| Description              | Amount |
|--------------------------|--------|
| Conferences and meetings | 1,652  |
| Depreciation             | 2,100  |
| Fundraising expenses     | 13,664 |
| Membership dues          | 740    |
| Bank fees                | 509    |
| Organizational expenses  | 215    |
| Bad debt expense         | 850    |

**TY 2008 Other Liabilities Schedule****Name:** CENTRAL PENINSULA HEALTH FOUNDATION**EIN:** 20-2778670**Software ID:** 08000095**Software Version:** v1.00

| Description                           | Beginning of Year<br>Amount | End of Year<br>Amount |
|---------------------------------------|-----------------------------|-----------------------|
| Accounts payable and accrued expenses | 94,590                      | 14,005                |
| Custodial account for CPH             | 27,051                      | 11,375                |