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Return of Organization Exempt From Income Tax**2008**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public InspectionFor the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	CONCERN: EMPLOYEE ASSISTANCE PROGRAM 2500 GRANT RD MOUNTAIN VIEW, CA 94040-4032	D Employer Identification Number 77-0528349
			E Telephone number 650-940-7265
F Name and address of principal officer CECILE CURRIER Same As C Above		G Gross receipts \$ 15,468,785.	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (<u>4</u>) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)	
J Website: N/A		H(c) Group exemption number ▶	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation 1999	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>SEE STATEMENT 3</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	2
	5 Total number of employees (Part V, line 2a)	50
	6 Total number of volunteers (estimate if necessary)	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
7b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,151,289.
	9 Program service revenue (Part VIII, line 2g)	7,420,955.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	309,080.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	306,018.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,748,355.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	700.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,793,127.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24f)	3,419,745.
	18 Total expenses — add lines 13-17 (must equal Part IX, column (A), line 25)	3,861,113.
19 Revenue less expenses Subtract line 18 from line 12	7,774,005.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,535,383.
	21 Total liabilities (Part X, line 26)	1,536,987.
	22 Net assets or fund balances Subtract line 21 from line 20	7,282,776.
		8,753,954.

Part II Signature Block

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 <u>MATT HARRIS</u> Date <u>11/23/09</u>	
Paid Preparer's Use Only	Preparer's signature <u>[Signature]</u> Date <u>NOV 18 2009</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>RK Taylor & Associates</u> <u>2890 North Main St., Suite 305</u> <u>Walnut Creek, CA 94597</u>	Preparer's identifying number (see instructions) <u>P00009948</u>
		EIN ▶ <u>68-0422725</u>
		Phone no ▶ <u>(925) 944-7662</u>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0112L 12/22/08 Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:SEE STATEMENT 3**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: 990-0000) (Expenses \$ 3,939,856. including grants of \$) (Revenue \$ 6,853,683.)SEE STATEMENT 3**4b** (Code: 990-0000) (Expenses \$ 2,151,289. including grants of \$) (Revenue \$ 2,151,289.)SEE STATEMENT 3**4c** (Code: 990-0000) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses ► \$ 6,091,145. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	573	
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	50	
2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a 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)?		X
4 b 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.		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a Did the organization solicit any contributions that were not tax deductible?		X
6 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make any distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from other members or shareholders.	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b	

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1 a Enter the number of voting members of the governing body	4	
1 b Enter the number of voting members that are independent	2	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. See Schedule O.	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies

	Yes	No
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. See Schedule O.	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers of key employees of the organization? See Schedule O. Describe the process in Schedule O (see instructions).	X	
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed: CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► MATT HARRIS 2500 GRANT RD MT VIEW CA 94040 650-940-7265

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

[illegible]

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	2,048,915.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	102,374.			
	g Noncash contrbns included in lns 1a-1f.	\$				
	h Total. Add lines 1a-1f		2,151,289.			
PROGRAM SERVICE REVENUE	2a COUNSELING SERVICES	Business Code	6,853,685.	6,853,685.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		6,853,685.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		167,903.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less. rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	6,295,908.			
b Less. cost or other basis and sales expenses			6,157,793.			
c Gain or (loss)			138,115.			
d Net gain or (loss)			138,115.			138,115.
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b Less. direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less. direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less. cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		9,310,992.	6,853,685.	0.	306,018.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	160,076.	0.	160,076.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	2,837,859.	2,270,286.	567,573.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	673,090.	538,472.	134,618.	
10 Payroll taxes	241,867.	193,494.	48,373.	
11 Fees for services (non-employees)				
a Management	96,047.	76,838.	19,209.	
b Legal	4,669.	3,735.	934.	
c Accounting	37,200.	29,760.	7,440.	
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other	300,885.	240,708.	60,177.	
12 Advertising and promotion	49,640.	39,712.	9,928.	
13 Office expenses	123,637.	98,910.	24,727.	
14 Information technology				
15 Royalties				
16 Occupancy	184,487.	147,590.	36,897.	
17 Travel	33,147.	26,518.	6,629.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	78,186.	62,549.	15,637.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,387.	97,910.	24,477.	
23 Insurance	22,395.	17,916.	4,479.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PURCHASED SERVICES</u>	2,361,987.	1,889,590.	472,397.	
b <u>OTHER</u>	182,006.	145,605.	36,401.	
c <u>MEDICAL SUPPLIES & EXPENSES</u>	157,879.	126,303.	31,576.	
d <u>TELEPHONE</u>	61,606.	49,285.	12,321.	
e <u>Printing and Publications</u>	44,955.	35,964.	8,991.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,774,005.	6,091,145.	1,682,860.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	439,375.	1	145,528.
	2 Savings and temporary cash investments	6,268,138.	2	7,304,032.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	210,188.	4	282,941.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	17,620.	7	25,565.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,465.	9	23,133.
	10a Land, buildings, and equipment: cost basis	10a 1,156,004.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 845,723.		
		324,990.	10c	310,281.
	11 Investments — publicly-traded securities		11	635,046.
	12 Investments — other securities. See Part IV, line 11		12	27,428.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,282,776.	16	8,753,954.	
LIABILITIES	17 Accounts payable and accrued expenses	1,058,437.	17	1,213,099.
	18 Grants payable		18	
	19 Deferred revenue	449,674.	19	229,203.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,508,111.	26	1,442,302.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.		
27 Unrestricted net assets		5,724,665.	27	7,261,652.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets		50,000.	29	50,000.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, and equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances.		5,774,665.	33	7,311,652.
34 Total liabilities and net assets/fund balances		7,282,776.	34	8,753,954.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2008)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Attach to Form 990. To be completed by organizations that
answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

CONCERN: EMPLOYEE ASSISTANCE PROGRAM

Employer identification number

77-0528349

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

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

- 1 a Beginning of year balance
 b Contributions
 c Investment earnings or losses
 d Grants or scholarships
 e Other expenditures for facilities and programs
 f Administrative expenses
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a					
1 b					
1 c					
1 d					
1 e					
1 f					
1 g					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land				
1 b Buildings				
1 c Leasehold improvements				
1 d Equipment		1,156,004.	845,723.	310,281.
1 e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				310,281.

BAA

Schedule D (Form 990) 2008

Part XI: Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	9,310,992.
2	Total expenses (Form 990, Part IX, column (A), line 25)	7,774,005.
3	Excess or (deficit) for the year Subtract line 2 from line 1	1,536,987.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1,536,987.

Part XII: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,288,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,288,495.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) See Part XIV	4b	22,497.
c	Add lines 4a and 4b	4c	22,497.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,310,992.

Part XIII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,774,005.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,774,005.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,774,005.

Part XIV: Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XIV	Supplemental Information (continued)
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[illegible]

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

**Attach to Form 990. To be completed by organizations that
answered 'Yes' to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

CONCERN: EMPLOYEE ASSISTANCE PROGRAM

Employer identification number

77-0528349

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

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

3 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE M
(Form 990)

Non-Cash Contributions

OMB No 1545 0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► To be completed by organizations that answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization

CONCERN: EMPLOYEE ASSISTANCE PROGRAM

Employer identification number

77-0528349

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	22,497.	COST
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a		X
31		X
32a		X
33		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

2008

Open to Public Inspection

Open to Public Inspection

Employer identification number

77-0528349

[illegible]

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
EL CAMINO HOSPITAL 2500 GRANT RD MOUNTAIN VIEW, CA 94040 94-3167314	HOSPITAL	CA	501C(3)	509(a)(1)	N/A
EL CAMINO HOSPITAL FOUNDATION 2500 GRANT RD MOUNTAIN VIEW, CA 94040 94-2823235	CHARITABLE	CA	501(c)(3)	509(a)(1)	EL CAMINO HOSPITAL

[illegible]

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

Part V Transactions With Related Organizations**Note** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)	EL CAMINO HOSPITAL	c	1,238,275.
(2)	EL CAMINO HOSPITAL FOUNDATION	c	810,640.
(3)			
(4)			
(5)			
(6)			
BAA			Schedule R (Form 990) (2008)

Part VI

Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

[illegible]

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public
Inspection

Name of the organization

CONCERN: EMPLOYEE ASSISTANCE PROGRAM

Employer identification number

77-0528349

Form 990, Part VI, Section A, Question 7

El Camino Hospital, an organization exempt under IRC section 501(c)(3), is the sole member of Concern and has the authority to elect the Board of Directors of Concern.

Form 990, Part VI, Line 10 - Form 990 Review Process

Upon completion of Form 990, the form is presented to the board at its board meeting by the CFO for review and discussion before it is filed by the IRS and made available to the public.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Compliance Dept. distributes Conflicts of interest forms on an annual basis to managers, executives, and the Board along with Medical Directors, key consultants, and contractors who operate outsourced depts. The Compliance Officer regularly monitors the written disclosures and verbal reporting as a reference and assesses if an interest in a transaction could be deemed as a conflict to the organization. As indicated in the policy the procedure to deal with the reported conflict is reviewed based on the individual reporting. If the individual is not a Board member the proposed transaction is reviewed with key managers in charge of the transaction along with the CEO and Compliance officer. If a potential conflict of interest exists appropriate steps to mitigate or eliminate the effect of the potential conflict of interest will be taken. If the individual is a Board Member the matter is reported to the CEO and referred automatically to the Hospital's AdHoc Interest Committee for determination as to whether a potential conflict of interest exists. A Board member may recuse themselves from the matter without further action and the Board shall take such action that shall be necessary to mitigate any potential conflict of interest as described. At all times the Compliance dept. will also utilize legal counsel to help evaluate potential conflicts and provide as assessment to the organization.

Name of the organization

Employer identification number

CONCERN: EMPLOYEE ASSISTANCE PROGRAM

77-0528349

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

El Camino Hospital (the "Hospital" - an IRS 501(c) (3) organization) is the sole member of CONCERN. As the Hospital is the "parent" of CONCERN, CONCERN adopts and follows a number of policies and processes of the Hospital. As such, the processes for determining compensation of CONCERN's CEO and Other Key Employees, is overseen by the Compensation Committee of the Hospital. That process is described below:

The Compensation Committee (the "Committee") is the Board of Directors of the Hospital and is made up of the Board of Directors, and one outside, independent member selected by the Board. The outside member selected by the Board is involved in the reviewing and recommending of compensation, but does not have a vote in the decisions/actions by the Board. All members of the committee are independent directors with no conflict of interest regarding compensation and benefits for the Executives whose compensation is reviewed, recommended, and approved by the Board.

The CEO is not a member of the Committee, but may serve as staff for the Committee as long as the CEO is excused when the Committee is reviewing the CEO's compensation

The Committee has the following responsibilities:

--Develop and maintain a policy on executive compensation

--Develop and maintain an executive compensation and benefit program consistent with the policy approved by the Board

--Determine compensation, benefits, perquisites, and contract terms for the CEO.

--Determine any salary increase and any performance compensation incentive based on the Committee's evaluation of the CEO's performance

--Review, change, and approve the CEO's salary and performance incentive recommendations for the executive staff whose compensation is subject to review by

Name of the organization

CONCERN: EMPLOYEE ASSISTANCE PROGRAM

Employer identification number

77-0528349

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees (continued)

the Committee.

--Oversee and maintain administrative control of the executive performance plan(s) by setting goals for the CEO, and approving the goals recommended by the CEO for the executive staff.

--Conduct annual appraisal of the CEO's performance

--Periodically evaluate the executive compensation program, including the charter, policies, and philosophy on which it is based, to assess its effectiveness in meeting the needs for recruiting, retaining, and motivating qualified leaders.

--Periodically review the total value, cost, and reasonableness of severance and retirement benefits for CEO and executive staff

--Reviews and approves all business travel and entertain expenses of the CEO.

Process:

The Committee follows a process that meets all applicable legal requirements and which promotes effective governance of executive compensation, consist with the executive compensation policy:

--Prepare minutes for each meeting to record the Committee's decisions and the process followed in reaching those decisions and maintain records that address conflicts of interest and appropriate comparability data.

--Select, engage, and supervise any consultant hired by the Hospital to advise the Committee on executive compensation issues.

--Periodically evaluate the appropriateness of the Compensation Committee Charter and the effectiveness of the process the Committee uses in governing executive compensation and report this evaluation to the Board of Directors.

Name of the organization

CONCERN: EMPLOYEE ASSISTANCE PROGRAM

Employer identification number

77-0528349

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees (continued)

--Provide the Board of Directors with regular reports of the Committee's actions.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization makes available the Form 990 , governing documents, conflict of interest, and audited financial statements upon request by having them available during normal business hours for review, or if requested will be mailed to the requestor.

2008

Schedule D, Part XIV - Supplemental Information

Page 6

Client JMK1

CONCERN: EMPLOYEE ASSISTANCE PROGRAM

77-0528349

Schedule D, Part XII, Line 4b

Other Revenue Included On Form 990 But Not Included In F/S

Donated vehicle (capital transfer)

Total \$ 22,497.
\$ 22,497.



FORM 990, PART III
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONCERN'S exempt purpose is to provide and promote affordable health care to residents who live within California. In order to accomplish this purpose, CONCERN is licensed by the California Department of Managed Health Care and offers limited mental health care on a prepaid basis to employees of small, medium, and large employer groups.

Currently, CONCERN contracts with over 600 providers who have offices throughout California and have agreed to provide short-term counseling to clients of small, medium, and large employer groups. CONCERN intended focus is to provide mental health care services to employees in the Bay Area.

Employers have told CONCERN they have selected the services provided by the organization for the following reasons. 1) to increase productivity, enhance performance, and promote the overall quality of life of employees and their families; 2) to provide support and consultation to corporate management in resolving complex employee relation problems; and 3) to decrease employer cost by reducing absenteeism and turnover. CONCERN believes that the health care coverage it provides, strengthens the mental health care resources available to clients who desire such care

PROGRAM DESCRIPTIONS

In order to provide out-patient health care to low income families in the San Francisco Bay area, CONCERN has assumed the management and operation of six programs formerly administered by El Camino Hospital, CONCERN'S sole member. These programs are.

- 1) Health Resource Center
- 2) Roadrunners Transportation Service
- 3) RotaCare Free Clinic
- 4) Immunization Program
- 5) Medical Library
- 6) South Asian Heart Center

See page 2 for brief descriptions of the above mentioned community-based services.

TOTAL PROGRAM SERVICE EXPENSES

\$ 6,091,145

Outpatient counseling care. For the year ended June 30, 2009
Concern recorded 25,416 counseling visits and provided various
Community-based services described on the following pages.



FORM 990, PART III
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

1) Health Resource Center

The Health Resource Center established in 1986 is dedicated to helping seniors, community members, patients and their families find the resources and information they need to make informed decisions about their health. The Center is available to the community 40 hours per week, serving more than 14,621 clients annually. It provides a wide range of free programs and services including eldercare consultation services, a Speaker's Bureau, health insurance counseling, support groups, assistance completing an Advance Health Care Directive, dietitian and pharmacy consultations, health screenings and a Community Wellness Lecture series.

2) Roadrunners Transportation Service

The Road Runners Senior Transportation Service, established in 1976, fills a critical gap in northern Santa Clara County's senior services by providing personalized, door-to-door transportation to medical and other essential appointments. In FY09 fifty-five volunteer drivers provided 14,847 rides to 2,500 community seniors, helping them to stay healthy and live independently.

3) RotaCare Free Clinic

Every human being has a right to the basic essentials of food, clothing, shelter and good health. In Santa Clara County, the heart of Silicon Valley, many individuals are without medical insurance or adequate access to health care services. The RotaCare Free clinic of Mountain View was created to address the needs of these individuals and their families. Since January 1996, the RotaCare Clinic has been a medical safety net for uninsured community members. The clinic provides basic non-urgent medical services, medications, immunizations, preventive care services, patient education, children's physicals, short term counseling, chronic illness management, nutrition counseling and referrals to community resources. Over 280 dedicated community doctors, nurses, physician assistants, nurse practitioners, pharmacists, pharmacy technicians, medical assistants, and lay individuals volunteer their time and expertise to the clinic. Specialty services currently include optometry, ophthalmology, ENT, cardiology, podiatry, physical therapy, nephrology, dermatology, gynecology, orthopedics, pulmonology, endocrinology and rheumatology.

RotaCare Clinic Fills a Need

	2008	2009
Patients/unique	2,129	2,266
Patient visits	8,095	8,832

FORM 990, PART III
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

4) Immunization Program

The El Camino Hospital Immunization Program was created in 1996 to address a growing need for immunization services for the underserved population in northern Santa Clara County. Walk-in clinics are provided twice per week. Vaccines are free for children and for most adult services.

Immunization Program Fills a Need

	2008	2009
Patient	2,911	4,694
Services	7,343	10,194

5) Medical Library

The El Camino Hospital Health Library, A PlaneTree Affiliate, offers a comprehensive range of health information in its combined consumer and medical library. The library, which is free and open to the public, is dedicated to helping patients, families, physicians, employees and the community find the resources and information they need to make informed decisions about their health. Staffed by professional librarians, information requests can be conducted in person, on the phone or online. A free membership program is offered to anyone who wants to receive the *Health e-tips newsletter* and home access to medical and consumer health journals and medical textbooks online

Medical Library

	2008	2009
Patient Visits	Not started	18,622

6) South Asian Heart Center

The South Asian Heart Center, established in June 2006, is a response to the epidemic of heart disease in the South Asian Community. South Asians, or people who originate from the Indian sub-continent, and countries such as Bangladesh, India, Nepal, Pakistan and Sri-Lanka, face a four-fold increased risk of coronary artery disease, despite of being vegetarian, non-smokers, and non-obese. 55% of heart attacks in this community occur before the age of 55. The Center screens individual participants for their risk-factors, educates and counsels them on the impact of those risk factors, and customizes a plan to help mitigate these risks. The Center provides lifestyle management including nutrition counseling, and on-going heart health coaching. The South Asian Heart Center addresses an unmet need to more comprehensively and aggressively screen South Asians for this increased risk of CAD, and help prevent heart attacks in a younger population. The Center has screened over 2200 participants through FY09 since inception. In FY09, the Center educated 300 physicians, and provided education seminars that were attended by over 475 participants. Of the participants screened, 25.6% had undiagnosed hypertension, and 17% were undiagnosed pre-diabetics.

South Asian Heart Center

	2008	2009
Patient Visits	Not started	712