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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public

							Inspection
	the 2009		r, or tax year beginning 0 C Name of organization	1-01-2009 and ending 12-3	1-2009	D Employer ide	entification number
_	ck if applica ess change	i icasc	COMMUNITY HOSPITAL OF T	THE MONTEREY PENINSULA			
_	_	label or	Doing Business As			94-076019 E Telephone nu	
_	ie change	print or type. See				(831) 624-	5311
_	al return ninated	Specific Instruc- tions.	Number and street (or P O PO BOX HH	box if mail is not delivered to street	t address) Room/sui	G Gross receipts	
_	nded returr	n	City or town, state or count MONTEREY, CA 93942	ry, and ZIP + 4			
Appl	ication pend						
			me and address of principa EN PACKER	al officer		this a group return	n for □ Yes 🔽 No
		РО ВО	хнн		аπ	iliates?	j Yes JV No
		MONT	EREY,CA 93942		' '	e all affiliates includ	·
Tax	-exempt sta	atus 🔽 501(c) (3) ◀ (insert no)	7(a)(1) or 527		no, attach a list roup exemption nu	(see instructions) mber ►
We	bsite: 🟲	WWW CHOMP	ORG				
			tion Trust Association	Other ►	L Year of	f formation 1928	State of legal domicile C
Par		ummary					
aovemance		•	e organization's mission (ALTHCARE SERVICES T	or most significant activities O THE COMMUNITY			
፭							
<u> </u>	2 Che	ck this box 🛏	ıf the organization disco	ontinued its operations or disp	oosed of more the	an 25% of its net a	assets
	3 Nun	nber of voting i	members of the governing		. 3	1	
Acumus a	4 Nun	nber of indeper	ndent voting members of t	he governing body (Part VI, I	ıne 1 b)		1
	5 Tota	al number of er	mployees (Part V , line 2a)			5	2,37
	6 Tota	al number of vo	olunteers (estimate if nec	essary)		6	
ן ו	7a Tota	al gross unrela	ted business revenue from	12	7a	3,526,73	
	b Net	unrelated bus	iness taxable income fron	n Form 990-T, line 34		7t	-636,20
				P	rior Year	Current Year	
a.	8 Co	ntributions and	d grants (Part VIII, line 1	h)		11,415,739	6,986,021
를	9 Pro	ogram service	revenue (Part VIII, line 2	2g)		435,804,349	462,766,477
Revenu			, , , , , , , , , , , , , , , , , , , ,), lines 3, 4, and 7d)		334,277	221,527
-		•	, , , , ,	s 5, 6d, 8c, 9c, 10c, and 11e		-1,767,125	5,690,426
				ust equal Part VIII, column (A		445,787,240	475,664,451
				column (A), lines 1-3)		6,332,074	27,462,202
				olumn (A), line 4)			
ي ا	15 Sa	laries, other co		enefits (Part IX, column (A), l		238,371,233	242,206,513
Expenses 	10 16a Pro	•	Iraısıng fees (Part IX, colu	umn (A), line 11e)		230,371,233	242,200,313
ੜੇ	b Tot	tal fundraising exp	penses (Part IX, column (D), line	e 25) 📭 0			
_	17 Ot	her expenses	(Part IX, column (A), lines	s 11a-11d, 11f-24f)		168,423,656	179,350,502
	18 To	tal expenses ,	Add lines 13-17 (must e	qual Part IX, column (A), line	25)	413,126,963	449,019,217
	19 Re	venue less exp	penses Subtract line 18 f	rom line 12		32,660,277	26,645,234
net Assets or Fund Balances					Beginn	ning of Current Year	End of Year
# #	20 To	tal assets (Pa	rt X, lıne 16)			495,662,794	501,169,405
<u> </u>	21 To	tal liabilities (f	Part X, line 26)			397,613,511	336,046,298
				21 from line 20		98,049,283	165,123,107
Par		ignature Bl					
				mined this return, including accomp ion of preparer (other than officer)			
Sign		*****	or			10-11-11	
lere		Signature of office	ei		Da	ıe	
		LAURA ZEHM VP /					
	- r			D-4-	Charles of	Description 1	frung number
		parer's nature		Date	Check if self-	Preparer's identif	
اہ: ۵	1 ~	7		empolyed 🕨	· — ! `		
Paid Prena	rer'e	a's nama (====	a L DELOTTE TAVILA	L			
Prepa	nlv lifse	n's name (or your elf-employed),	-	1		EIN Þ	
	nlv lifse		P	<u>'</u>		Phone no ▶ (4	1E) 792 4000

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO PROVIDE HEALTHCARE SERVICES TO THE COMMUNITY

2			program services during the year	which were not listed on	Yes ▼ No
		these new services on Sche			
3		ion cease conducting, or mak	e significant changes in how it co	nducts, any program	Yes ✓ No
	If "Yes," describe	these changes on Schedule	0		
4	Section 501(c)(3	3) and 501(c)(4) organization:	r each of the organization's three s and section 4947(a)(1) trusts a evenue, if any, for each program s	re required to report the amoun	•
	(Code) (Expenses \$	335,072,357 including grants of \$	27,462,202) (Revenue \$	459,239,739)
	PROVIDE HEALTHCA		808 ADMISSIONS, 54,188 ADULT PATIENT		•
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s	services (Describe in Schedu	le O)		
	(Expenses \$	ıncludı	ng grants of \$) (Revenue \$)
4e	Total program s	ervice expenses►\$ 3	35,072,357		

	•			
Part IV	Che	cklist of	f 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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			ĺ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		j No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Complia

			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable						
	1a 535						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes				
2a	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						
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)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes				
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes				
4a _	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)?	4a	Yes				
Ь	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c					
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No			
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
	If "Yes," indicate the number of Forms 8282 filed during the year						
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f _		No			
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g					
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	-					
а	Did the organization make any taxable distributions under section 4966?	9a					
Ь	b Did the organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter						
а	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						
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear						

23845 WR HOLMAN HWY SUITE 105 MONTEREY, CA 939405902

(831) 624-5311

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

Se	ction A. Governing Body and Management						
			Yes	No			
	Enterate construction of colors are settle accommon to de-						
1a b	Enter the number of voting members of the governing body 1a 16 Enter the number of voting members that are independent 1b 13						
р 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any						
2	other officer, director, trustee, or key employee?	2		Νo			
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?	3		No			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο			
6	Does the organization have members or stockholders?	6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а							
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	_		Νο			
	venue Code.)						
			Yes	No			
	a Does the organization have local chapters, branches, or affiliates?						
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?						
11							
11A	LIA Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	Yes				
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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	5a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?						
b	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?						
	16b	Yes					
	Lection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed CA						
18	Section 6104 requires an organization to make its Form 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. 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 Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨			
	CHOMP FINANCIAL SERVICES						

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 i	ffice	r, dırector, trustee	or key employee							
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- org 2/1099-MISC) (W	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

	i age c
50,000	376,690

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶387

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MONTEREY PENINSULA RADIOLOG MED GRP IN	DADIOLOGICTO	0.700.614
PO BOX HH MONTEREY, CA 93942	RADIOLOGISTS	8,700,614
MONTEREY BAY EMERG PHYSICIANS MED GRP		
	E R PHYSICIANS	5,993,651
MONTEREY, CA 93942		
EMERGENCY ACUTE CARE MEDICAL CORP		
PO BOX HH MONTEREY, CA 93942	E R PHYS BACK-UP	2,194,647
·		
PENINSULA RADIATION ONCOLOGY SPECIALISTS PO BOX HH	ONCOLOGISTS	1,535,328
MONTEREY, CA 93942	one of other states	1,333,320
ORIGIN INC		
	CONTRACTED NURSING	1,070,746
PORTLAND, OR 97201		
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	
\$100,000 in compensation from the organization ► 60		

Form 9		•						Page 9
	/1111	Statement of	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
nts nts	1a	Federated cam						
Contributions, gifts, grants and other similar amounts	Ь		ies 1b					
क्रुं च	C	Fundraising eve						
<u> </u>	d		zations 1d	6,986,021				
S E	e	Government grant						
美	*	sımılar amounts no						
きま	g	Noncash contri lines 1a-1f \$ _	ıbutıons ıncluded ın 07,450					
SE SE	h	Total. Add lines	s 1a-1f	▶	6,986,021			
				Business Code				
an Lie	2a	SEE SCHEDULE O		900,099	354,979,482	351,452,744	3,526,738	
95 87	ь	MEDICARE/MEDIC	AID PYMT	900,099	107,786,995	107,786,995		
	c							
≥	d							
Program Serwce Revenue	e							
<u>z</u>	f	All other progra	am service revenue					
ř	g	Total. Add lines	s 2a-2f		462,766,477			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	-	221,527			221,527
	4		stment of tax-exempt bond	proceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Keal	(II) I elsolial				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses Gain or (loss)						
	c d		ss)					
	8a		from fundraising					
Other Revenue			luding s reported on line 1c) ne 18					
the.	ь	Less direct ex	penses b					
Õ	С		(loss) from fundraising	events 🕨				
	9a		from gaming activities ne 19 a					
	b		penses b					
	10a	Gross sales of returns and allo		vities				
	b c		a oods sold b (loss) from sales of inve	entory •				
		Miscellaneous		Business Code				
	11a	INTEREST RA	TESWAP	900,099	3,692,343			3,692,343
	ь	OTHER OPER/	NONOPER INC	900,099	1,998,083			1,998,083
	С							
	d	All other reven						
	е	Total. Add lines	s 11a-11d		5,690,426			
	12	Total revenue.	See Instructions .	▶	475,664,451	459,239,739	3,526,738	5,911,953
								orm 990 (2009)

	990 (2009)				Page 10
Par	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations m	ust complete all s	olumno		
А	section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	27,462,202	27,462,202		·
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	2,568,429	1,874,183	694,246	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	142,993,596	104,342,427	38,651,169	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	96,644,488	70,521,483	26,123,005	
10	Payroll taxes	, , , , , , , , , , , , , , , , , , , ,			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
u	Professional fundraising See Part IV, line 17				
•					
f 	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,190,809	3,058,033	1,132,776	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,340,834	24,328,807	9,012,027	
23	Insurance				
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)				
а	SUPPLIES	86,080,855	62,813,200	23,267,655	
	BAD DEBTS	23,108,824	16,862,509	6,246,315	
c	PURCHASED SERVICES	19,343,457	14,114,921		
	MEDICAL FEES	13,285,723	9,694,592		
e		15,205,725	2,03 1,032	5,552,151	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	449,019,217	335,072,357	113,946,860	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	449,019,217	333,072,337	113,340,000	0
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A)		(B)
	Τ.				Beginning of year		End of year
	1	Cash—non-interest-bearing			0.004.000	1	10.007.007
	2	Savings and temporary cash investments	•		8,861,308		19,367,227
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net			75,224,262	4	85,985,424
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
ø	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II (n 4958(f)(1)) and			
		Schedule L				6	
eţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,183,617	8	2,119,168
	9	Prepaid expenses and deferred charges			3,665,894	9	3,940,394
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	629,462,430			
	ь	Less accumulated depreciation	10b	288,150,262	332,565,776	10c	341,312,168
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			73,161,937	15	48,445,024
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	495,662,794	16	501,169,405		
	17	Accounts payable and accrued expenses .			61,778,767	17	72,849,696
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	102,218,470	20	99,846,695		
es G	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•				
<u>-</u> =		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	·		2,360,085	23	3,845,220
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			231,256,189	25	159,504,687
	26	Total liabilities. Add lines 17 through 25			397,613,511	26	336,046,298
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
Ð		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			98,049,283	27	165,123,107
Fund Balance	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
₫		Organizations that do not follow SFAS 117, check here ► ┌ ar	nd con	ıplet e			
9		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for			32		
Net	33	Total net assets or fund balances			98,049,283	33	165,123,107
	34	Total liabilities and net assets/fund balances	495,662,794	34	501,169,405		

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A Public Charity Status and Public Support

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection Employer identification number

COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA 94-0760193 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN		(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 US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493316005430

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA 94-0760193 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ No Was a correction made? **4a** If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments

were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768 ((election
1	Check If the filing organization belongs to a	n affiliated group		
3	Check I if the filing organization checked box	A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisla	173,625		
c	Total lobbying expenditures (add lines 1a and 1b	173,625		
d	Other exempt purpose expenditures		448,845,592	
e	Total exempt purpose expenditures (add lines 1c	449,019,217		
f	Lobbying nontaxable amount Enter the amount fo	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ente	er -0-	0	
i	Subtract line 1 f from line 1 c If zero or less ente	r - 0 -	0	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
c	Total lobbying expenditures	152,038	160,979	166,181	173,625	652,823				
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f	Grassroots lobbying expenditures									

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316005430

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

СО	MMUNITY HOSPITAL OF THE MONTEREY PENINSULA		94-1	0760193		
Pā	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 99				Comple	te ıf the
		(a) Donor advised funds	(b) Funds and otl	ner accou	nts
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 adv funds are the organization's property, subject to the		nor advi	sed	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit	nefit of the donor or donor advisor, or for a	ny othe	r purpose	┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV,	lıne 7.	
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a gual	ion or pleasure)	certifie	d historic structi		a
_	easement on the last day of the tax year			Held at the E	nd of the	Year
а	Total number of conservation easements		2a			1
b	Total acreage restricted by conservation easements	3	2b			2 76
c	Number of conservation easements on a certified his	storic structure included in (a)	2c			0
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			1
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminat	ed by th	ie organization d	uring	
	the taxable year 🛌 0					
4	Number of states where property subject to conserv	ation easement is located ►1				
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		dling of	violations, and	☐ Yes	√ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	nents d	uring the year 🛌	0 0	0
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durınç	g the year ► \$ _	0	
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction		☐ Yes	ן No
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	•	•		
Pa	TIII Organizations Maintaining Collection Complete if the organization answered		or Otl	her Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS		ent and	balance sheet w	orks of	

art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service,

If the organization elected, as permitted under SFAS 116, 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,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

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

provide, in Part XIV, the text of the footnote to its financial statements that describes these items

 ▶ \$

 Cat No 52283D
 Schedule D (Form 990) 2009

2,239,862

Par	444 Organizations Maintaining Co	ollections of Art	, His	torical Tr	eas	sures, or C	<u>)the</u>	<u>er Similar</u>	Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e following t	hata	are a signific	ant u	use of its co	lectio	n	
а	Public exhibition		d	┌ Loan	orex	change prog	rams	5			
b	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın how	they furthe	rthe	organızatıor	ı's e	xempt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	Г	Yes	√ No
Par	t IV Escrow and Custodial Arrang					on answere	d "Y	es" to For	m 990),	
	Part IV, line 9, or reported an ar										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				tions	or other ass	ets	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		Г		T	_		
_						-			A mou	ınt	
c	Beginning balance						1c				
d	Additions during the year						1d	1			
e	Distributions during the year					}	1e				
f	Ending balance					L	1f	<u> </u>			
2a	Did the organization include an amount on F		21?						Г	Yes	No
	If "Yes," explain the arrangement in Part XIV			1 113 4							
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		<u>wered "Ye</u>)Prior Year) Form 990 _/ :)Two Years Bac				•\Four Ye	ears Back
1a	Beginning of year balance	103,891,764	(5	167,622,78		yrrro rears bac		Tyrince rears	Jack (C	., . ou	Sara Back
ь	Contributions	884,235		696,32	3						
c	Investment earnings or losses	16,500,441		-57,735,46	7						
d	Grants or scholarships	434,917		591,50	0						
e	Other expenditures for facilities	3,063,403		5,396,15	4						
f	and programs	624,124		704,22	5						
_	End of year balance	117,153,996		103,891,76	_						
g 2	Provide the estimated percentage of the year	, ,			<u> </u>						
		1 000 %	15								
a	Board designated or quasi-endowment Permanent endowment 33 000 % %	70									
b	Termanent endowment P)									
c 3a	Term endowment ► 66 000 % % Are there endowment funds not in the posse	ssion of the organiz	ation t	hat are held	l and	administoro	d for	tho			
Ja	organization by	331011 Of the organize	2011	.iiat are iieit	anu	aummistere	u ioi	tile		Yes	No
	(i) unrelated organizations							[3a(i)	Yes	
	(ii) related organizations							[3a(ii)	Yes	
b	If "Yes" to 3a(II), are the related organization	•			•			[3b	Yes	
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Building	s, and Equipme	nt. S								
	Description of investment			(a) Cost or o basis (investn		(b) Cost or ot basis (othe		(c) Accumula depreciatio		(d) Boo	k value
1a	and					5,520	,450			į	5,520,450
b I	Buildings		.			357,654	,074	103,202	2,862	254	1,451,212
c I	easehold improvements		.								
d I	Equipment		. [244,683	,562	179,610	0,058	65	5,073,504
e	Other		. [21,604	,344	5,33	7,342	16	5,267,002

341,312,168

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
		Cost of end-o	i-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
(a) bescription or investment type	(2) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Iir			
(a) Descrip			(b) Book value
PROGRAM RELATED LOANS			271,529
OTHER INVESTMENTS			
			6,149,019
DEFERRED FINANCING			3,782,597
DUE FROM RELATED PARTIES			36,742,242
PENSION INTANGIBLE ASSET			360,821
CURRENT PORTION OF ASSETS LIMITED AS TO USE			1,138,816
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		48,445,024
Part X Other Liabilities. See Form 990, Part X			10,113,821
() 5			
	(b) A mount		
Federal Income Taxes			
ACCRUED PROFESSIONAL LIABILITY	4,277,816		
ACCRUED PENSION LIABILITY	105,253,505		
POST-RETIREMENT HEALTH BENEFIT LIABILITY	37,858,410		
WORKERS' COMPENSATION LIABILITY	8,752,800		
INTEREST RATE SWAP	3,362,156		
INTEREST RATE SWAF	3,302,150		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			
	159,504,687		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)]	
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	
Par	t 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. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part II, Line 9	Description of How Organization Reports Conservation Easements	REPORTED ON BALANCE SHEET AS PART OF PROPERTY, PLANT AND EQUIPMENT
Part III, Line 4		ART COLLECTIONS PROMOTE THE HEALING ENVIRONMENT OF THE HOSPITAL
Part V, Line 4	Description of Intended Use of Endowment Funds	IMPROVEMENT OF PATIENT CARE, SPONSORED CARE UNDER CIRCUMSTANCES, OTHER COSTS TO IMPROVE THE AESTHETIC ENVIRONMENT, HOSPICE CARE, SCHOLARSHIPS, COMMUNITY BENEFIT GRANTS, AND EMPLOYEE WELLNESS AND INCENTIVE PROGRAMS

OMB No 1545-0047

2009

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990.

Hospitals

► See separate instructions.

COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Employer identification number

94-0760193

Pa	art I Charity Care and	l Certain O	ther Comr	nunity Benefits at		0/60193			
								Yes	No
1a	Does the organization have a	charity care	policy? If "N	o," skip to question 6a			1a	Yes	
Ь	If "Yes," is it a written policy	?					1b	Yes	
2	If the organization has multip	ole hospitals,	ındıcate whic	h of the following best o	describes application o	of the charity			
	care policy to the various ho	spitals							
	Applied uniformly to all ho			Applied uniformly	to most hospitals				
	Generally tailored to indiv	vidual hospita	ls						
3	Answer the following based o organization's patients	n the charity	care eligibilit	y criteria that applies t	o the largest number o	fthe			
а	Does the organization use Fe	deral Poverty	Guidelines (FPG) to determine eligi	bility for providing <i>free</i>	care to low			
	income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care								
		_		25000 0000	000000				
	Γ 100% Γ 150%	Г 20	00% \	O ther	<u>%</u>			l I 	
b	Does the organization use FP	G to determin	ne eligibility f	or providing <i>discounted</i>	care to low income in	dıvıduals? If			
	"Yes," indicate which of the f	ollowing is the	e family incor	ne limit for eligibility fo	r discounted care .		3b	Yes	
	Г 200% Г 250%	□ 30	00% F	350% Г 40	0% F Other				
					_				
С	If the organization does not a determining eligibility for free		_	• *					
	test or other threshold, regar								
4	Does the organization's polic	y provide free	or discounte	ed care to the "medical	ly indigent"?		4	Yes	
5a	Does the organization budget	t amounts for	free or discoi	unted care provided un	der its charity care pol	ıcy?	5a	Yes	
b	b If "Yes," did the organization's charity care expenses exceed the budgeted amount?								Νo
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?									
6a	6a Does the organization prepare an annual community benefit report?							Yes	
6b	6b If "Yes," does the organization make it available to the public?							Yes	
	Complete the following table	-	ksheets prov	ided in the Schedule H	instructions Do not s	ubmıt these			
	worksheets with the Schedule								
7	Charity Care and Certain C	(a) Number of	i I						
	Charity Care and Means-Tested Government Programs	activities or	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero total ex	
а	Charity care at cost (from Worksheets 1 and 2)			9,822,978	0	9,82	2,978	2	310 %
b	Unreimbursed Medicaid (from Worksheet 3, column a)			38,998,535	8,413,537	30,58	4,998	7	180 %
С	Unreimbursed costs—other means-tested government programs (from Worksheet 3,								
d	column b) Total Charity Care and Means-Tested Government Programs			48,821,513	8,413,537	40,40	7.976	q	490 %
	Other Benefits			10,021,010	5,113,337	13,10	,,,,,		
е	Community health improvement services and community								
	benefit operations (from (Worksheet 4)			6,739,287	2,644,015	4.09	5,272	0	960 %
f	Health professions education								
g	(from Worksheet 5) Subsidized health services			545,367	0	54	5,367	0	130 %
_	(from Worksheet 6)			34,169,051	18,095,091	16,07	3,960	3	770 %
h i	Research (from Worksheet 7) Cash and in-kind contributions								
	to community groups (from Worksheet 8)			449,177	0		9,177		110 %
-	Total Other Benefits			41,902,882	20,739,106	21,16	_	4	970 %
K	Total. Add lines 7d and 7j		1	90,724,395	29,152,643	61,57	1,/52		0

	activities.	(a) Number of activities or	(b) Persons served (optional)	(c) Total community building expense		rect offs revenue		(e) Net communit building expense		(f) Pero	
		programs (optional)									
1	Physical improvements and housing										
2	Economic development										
3	Community support			18,58	1		0	18,	584		0
ļ	Environmental improvements			1,168,36	5		0	1,168,	.366	C	270
5	Leadership development and training for community members			, ,							
5	Coalition building Community health improvement										
	advocacy										
3	Workforce development			5,619,47	1		0	5,619,	474	1	320
} 	Other Total			5.005.40					42.4		
	t IIII Bad Debt, Medicar	e. & Collec	l lion Practice	6,806,42 [,]	1			6,806,	424	1	590
		<u> </u>									
	ion A. Bad Debt Expense							(Yes	N
	Does the organization report b Statement No 15?	•		ce with Heathcare F	ınancıal 	Manag 	ement A	Association	1	Yes	
	Enter the amount of the organi			cost)		2		9,354,452			
	Enter the estimated amount of					3		1,870,890			
	attributable to patients eligible Provide in Part VI the text of t In addition, describe the costi	he footnote to	the organizatio	n's financial statem		t desc		ıd debt expense			
ct	rationale for including other ba	_		-	reporte	a on m	ies Z ai	ia 3, ana			
	Enter total revenue received fr	rom Medicare	(ıncludına DSH	and IME)		5		99,133,991			
	Enter Medicare allowable cost					6		161,519,988			
	Subtract line 6 from line 5 Th	ıs ıs the surpli	us or (shortfall)			7		-62,385,997			
	Describe in Part VI the extent Also describe in Part VI the co Check the box that describes	osting method	ology or source	used to determine	the amo						
	Cost accounting system	Г с	st to charge rat	:io 🔽	Other						
ct	ion C. Collection Practices										
a	Does the organization have a v								9a	Yes	
b	If "Yes," does the organization patients who are known to qua								9b	Yes	
aı	rt IV Management Com				1100 1111	411.71					
	(a) Name of entity	(L	Description of pri activity of entity	mary	(c) Organı profit % o ownersh	r stock	er) Officers, directors, trustees, or key nployees' profit % stock ownership%	pro	Physi ofit % or ownersh	stoc
_							1				
									+		
		 									
		<u> </u>									
)											
1											
3											
_											
				ı							

Tare Taciney Information	Part V Facility Informatio	on						
ER-other ER-24 hours Research facility Critical access hospital Children's hospital Ceneral medical & surgical Licensed hospital		hospital	medical & sui	(D)	access ho	Research facility	24	

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III,

line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 7g STAFF SUPPORT TIME AND START UP COSTS WERE INCLUDED FOR A NEW PRIMARY CARE CLINIC FACILITY

Part I, Line 7f INCLUDED ON FORM 990, PART IX LINE 25 IS BAD DEBT EXPENSE TOTALING 23,108,824 THIS AMOUNT WAS EXCLUDED BEFORE CALCULATING THE PERCENTAGES FOUND IN COLUMN (F)

Part I, Line 7 A RATIO OF COST TO CHARGES FROM WORKSHEET 2 WAS USED ON LINE (A) ALL OTHER LINES IN THIS SECTION EITHER USE DIRECTLY ATTRIBUTABLE EXPENSES FROM THE GENERAL LEDGER OR RELY ON ESTIMATES FROM OUR COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS

Part III, Line 4 BAD DEBT EXPENSE IS CALCULATED AT BILLED CHARGES THE ADJUSTMENT TO COST IS BASED ON THE RATIO OF COST TO CHARGES AS DEVELOPED IN WORKSHEET 2 THE AMOUNT ATTRIBUTABLE TO INDIVIDUALS WHO MAY QUALIFY FOR CHARITY CARE IS BASED ON AN INTERNAL ESTIMATE

Part III, Line 8 COSTS ASSIGNED TO MEDICARE PATIENTS ARE BASED ON THE REPORTED AMOUNTS FOUND IN THE 2009 HOSPITAL COST REPORT THOSE COSTS ARE ALLOCATED TO MEDICARE PATIENTS BASED ON THE RATIOS DEVELOPED WITHIN THAT COST REPORT THE MEDICARE SHORTFALL AT THE HOSPITAL IS A SUBSTANTIAL FIGURE OUR COMMUNITY HAS A SIGNIFICANT MEDICARE POPULATION AND WE EXIST TO SERVE THAT COMMUNITY IN OUR OPINION, 100% OF THE MEDICARE SHORTFALL MEETS COMMUNITY BENEFIT CRITERIA BASED ON THE DEFINITION OF "COMMUNITY HEALTH IMPROVEMENT SERVICES" AS DEFINED IN THE 990 INSTRUCTIONS THAT IS, "ACTIVITIES OR PROGRAMS CARRIED OUT OR SUPPORTED FOR THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH THAT ARE SUBSIDIZED BY THE HEALTH CARE ORGANIZATION"

Part III, Line 9b EXCERPTS FROM HOSPITAL COLLECTION POLICY ARE BELOW PATIENT BUSINESS SERVICES SHALL ADHERE TO THE FOLLOWING GUIDELINES IN THE COLLECTION OF ANY PATIENT DEBT TO THE HOSPITAL STEMMING FROM MEDICAL SERVICES RENDERED AT ANY SITE OR IN ANY DEPARTMENT EVERY PATIENT WILL BE ACCORDED RESPECT AND TREATED WITH DIGNITY AT ALL TIMES THESE COLLECTION GUIDELINES ARE ESTABLISHED UNDER THE AUTHORITY OF THE PATIENT BUSINESS SERVICES DEPARTMENT, AND DEBTS WILL NOT BE ADVANCED FOR COLLECTION WITHOUT REVIEW BASED ON THE AUTHORIZATION PROCESS BY DOLLAR THRESHOLD THE DECISION TO ADVANCE A DEBT FOR COLLECTION WILL BE MADE ON A CASE BY CASE BASIS, FOLLOWING THE POLICY AND PROCESSES SET FORTH BELOW THE DECISION TO ADVANCE A DEBT FOR COLLECTION WILL BE BASED ON SUCH FACTORS AS LACK OF PAYMENT, FAILURE TO APPLY FOR AVAILABLE PROGRAMS, FAILURE TO RESPOND TO HOSPITAL REQUESTS, OR FAILURE TO CONTACT THE HOSPITAL IN RESPONSE TO A BILL AT THE DISCRETION OF THE PATIENT BUSINESS SERVICES AND FOLLOWING THE AUTHORIZATION PROCESS BY DOLLAR THRESHOLD BELOW, A DEBT MAY BE ADVANCED FOR COLLECTION IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS OF THE INITIAL BILL REGARDLESS OF THE AGE OF A BILL, THE HOSPITAL WILL ALWAYS BE OPEN TO REASONABLE COMPROMISE REGARDING A DEBT COLLECTION IS INITIALLY CONDUCTED BY THE HOSPITAL BUT MAY BE ADVANCED FOR COLLECTION BY AN EXTERNAL COLLECTION AGENCY OR LEGAL ACTION AS SET FORTH BELOW THIS COLLECTION POLICY GOVERNS ALL COMMUNICATIONS WITH A PATIENT CONCERNING COLLECTION OF AMOUNTS OWED TO THE HOSPITAL WHENEVER POSSIBLE ALL PATIENTS WILL BE PRE-REGISTERED FOR SERVICES COLLECTION PROCEDURES WILL VARY DEPENDING ON THE TYPE OF VISIT, AS FOLLOWS 1 PATIENT HAS APPLIED OR QUALIFIED FOR THE HOSPITAL'S SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM PATIENTS WHO MEET INCOME AND/OR ASSET REQUIREMENTS MAY QUALIFY FOR THE HOSPITAL'S SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM ALL EFFORTS SHOULD BE MADE TO DETERMINE ELIGIBILITY FOR THESE PROGRAMS PRE-SERVICE IF POSSIBLE, OR AS SOON AS PRACTICABLE AFTER SERVICES ARE PROVIDED THE HOSPITAL'S SOCIAL SERVICES DEPARTMENT OR THE PATIENT BUSINESS SERVICES DEPARTMENT WILL REVIEW APPLICATIONS FOR SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM ELIGIBILITY IN ACCORDANCE WITH HOSPITAL POLICY WHILE THE PATIENT'S APPLICATION IS PENDING, THE HOSPITAL MAY SEND BILLING STATEMENTS, BUT WILL NOT COMMENCE ANY COLLECTION ACTIVITY 2 COLLECTING A VISIT FROM A PATIENT WHO IS ELIGIBLE FOR THE HOSPITAL'S SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM UPON REACHING A DETERMINATION THAT THE PATIENT IS ELIGIBLE FOR THE SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM, THE HOSPITAL WILL DETERMINE THE AMOUNT OWED BY THE PATIENT IN ACCORDANCE WITH THE HOSPITAL'S SPONSORED CARE & DISCOUNT PAYMENT PROGRAM POLICY IF THE PATIENT IS NOT ABLE TO PAY THE AMOUNT DUE IN A LUMP SUM, THE PATIENT WILL BE OFFERED THE OPPORTUNITY TO NEGOTIATE AND AGREE TO A REPAYMENT PLAN THE PATIENT WILL BE ADVISED, VERBALLY AND IN WRITING, THAT THE PAYMENTS WILL BE INTEREST FREE PROVIDED THEY ARE TIMELY MADE, BUT IF THE PATIENT FAILS TO MAKE ALL SCHEDULED PAYMENTS DURING ANY 90 DAY PERIOD, THE HOSPITAL MAY TERMINATE THE EXTENDED PAYMENT PLAN AND THE ENTIRE OUTSTANDING BALANCE WILL BE DUE, TO GETHER WITH INTEREST ON THE REMAINING BALANCE AT THE MAXIMUM LEGAL RATE IF THE PATIENT CHOOSES TO ENTER INTO A REPAYMENT PLAN, THE SPONSORED CARE & DISCOUNT PAYMENT PROGRAM REPAYMENT PLAN SHOULD BE COMPLETED AND THE PATIENT SHOULD SIGN THAT PLAN IF THE PATIENT HAS SIGNED A SPONSORED CARE & DISCOUNT PAYMENT PROGRAM REPAYMENT PLAN, AND THE PATIENT FAILS TO TIMELY MAKE ALL SCHEDULED PAYMENTS DURING ANY 90 DAY PERIOD, THE HOSPITAL MAY TERMINATE THE REPAYMENT PLAN BEFORE TERMINATING THE REPAYMENT PLAN, THE HOSPITAL WILL CONTACT THE PATIENT BY TELEPHONE AND IN WRITING AND INFORM THE PATIENT THAT THE REPAYMENT PLAN MAY BE TERMINATED DUE TO DEFAULT IN SCHEDULED PAYMENTS IF THE PATIENT REQUESTS, THE HOSPITAL WILL RENEGOTIATE THE REPAYMENT PLAN, AND THE

Part V ONE SKILLED NURSING FACILITY, ONE DIAGNOSTIC CENTER, 5 SATELLITE LABORATORIES, ONE BREAST CARE CENTER,

COMMUNITY'S UNMET HEALTHCARE NEEDS PROFESSIONAL RESEARCH CONSULTANTS (PRC) WAS RETAINED TO CONDUCT A STATISTICALLY VALID TELEPHONE SURVEY OF 1,000 RANDOMLY SELECTED LOCAL ADULTS THE SURVEY WAS BASED LARGELY

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

PATIENT WILL SIGN A NEW SPONSORED CARE & DISCOUNT PROGRAM REPAYMENT PLAN

AND TWO OUTPATIENT FACILITIES PROVIDING A MYRIAD OF CLINICAL SERVICES

ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM IN ADDITION, WE COLLECTED AND ANALYZED SECONDARY DATA FROM NATIONAL, STATE, AND LOCAL SOURCES SUCH AS INCIDENCE RATES OF DISEASE, CAUSES OF DEATH, ETC. ALL OF THE DATA WAS THEN COMPILED AND BENCHMARKED AGAINST THE GOALS OF THE NATIONAL HEALTHY PEOPLE 2010 INITIATIVE SPONSORED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's shortly care policy.

Part VI, Line 2 IN 2007, COMMUNITY HOSPITAL COMPLETED AN UPDATED AND COMPREHENSIVE ASSESSMENT OF OUR

- Part VI, Line 3 PATIENT BUSINESS SERVICES AND THE SOCIAL SERVICES DEPARTMENT SCREEN APPLICANTS FOR THE SPONSORED CARE AND DISCOUNT PROGRAMS COMPLETED APPLICATIONS, INCLUDING REQUIRED DOCUMENTATION, ARE SUBMITTED TO PATIENT BUSINESS SERVICES OR SOCIAL SERVICES FOR INITIAL REVIEW AND FOLLOW UP THE PATIENT/RESPONSIBLE PARTY, AND/OR SERVICE DEPARTMENT ARE NOTIFIED OF THE FINAL ELIGIBILITY DECISION IN
- WRITING SHOULD THERE BE ANY DISPUTE AS TO THE DECISION MADE BY THE HOSPITAL ON THE ELIGIBILITY OR LEVEL OF ELIGIBILITY OF THE PATIENT FOR EITHER THE SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM, AN APPEAL OF THE DECISION MAY BE MADE TO THE DIRECTOR OF PATIENT BUSINESS SERVICES FOR PATIENTS IN THE OUTPATIENT IMMUNOLOGY SERVICES CLINIC, A NURSE CASE MANAGER MAY PROVIDE INITIAL FINANCIAL SCREENING EACH PATIENT RECEIVES "A GUIDE FOR PATIENTS AND VISITORS" WHILE IN THE HOSPITAL THIS GUIDE DESCRIBES THE SPONSORED CARE AND DISCOUNT PROGRAMS AND THE APPLICATION PROCEDURES IN ADDITION, COMMUNITY HOSPITAL PUBLICLY DISPLAYS INFORMATION ON THE GENERAL PROGRAM IN KEY SERVICE LOCATIONS AND PROVIDES INFORMATION TO EVERY PATIENT AT THE TIME OF REGISTRATION FOR SERVICES AND ENCLOSED WITH BILLING STATEMENTS INFORMATION ON SPECIALTY PROGRAMS (E.G., FREE BASELINE MAMMOGRAPHY THROUGH THE SHERRY COCKLE FUND AND REHABILITATION SERVICES THROUGH THE THOMAS A WORK, JR, FUND) ARE PROVIDED TO PATIENTS WHO REGISTER FOR THESE SPECIFIC SERVICES THROUGH ITS PUBLIC WEB SITE, COMMUNITY HOSPITAL ALSO PUBLICIZES THE SPONSORED CARE AND DISCOUNT PROGRAMS AND ILLUSTRATES THE BENEFITS OF THE PROGRAM A FORMAL PRESENTATION ABOUT HOSPITAL BILLING PRACTICES AND SPONSORED CARE REQUIREMENTS IS PROVIDED TO COMMUNITY GROUPS ON REQUEST BY OUR PATIENT BUSINESS SERVICES DEPARTMENT IN ADDITION, THE HOSPITAL PUBLICIZES SPONSORED CARE FOR HIV/AIDS PATIENTS THROUGH REGULAR REPORTS TO COLLABORATING COMMUNITY ORGANIZATIONS ON THE PROGRAM USAGE AND THE POPULATION SERVED FINANCIAL COUNSELORS GUIDE UNINSURED PATIENTS THROUGH THE PROCESS OF OBTAINING AVAILABLE GOVERNMENT BENEFITS, SUCH AS MEDI-CAL OR OTHER STATE PROGRAMS THESE COUNSELORS ALSO ASSIST THOSE PATIENTS THROUGH THE QUALIFICATION PROCESS 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves Part VI, Line 4 COMMUNITY HOSPITAL'S PRIMARY SERVICE AREA IS THE MONTEREY PENINSULA, HEALTH FACILITY PLANNING AREA (HFPA) #707 THE MONTEREY PENINSULA INCLUDES CARMEL, CARMEL VALLEY, DEL REY OAKS, MARINA, MONTEREY,
- PACIFIC GROVE, PEBBLE BEACH, SAND CITY, SEASIDE, BIG SUR, AND UNINCORPORATED AREAS OF MONTEREY COUNTY APPROXIMATELY 140,000 RESIDENTS EXIST IN THE PRIMARY SERVICE AREA FACTORS USED IN DEFINING THE COMMUNITY FOR COMMUNITY BENEFIT PLANNING PURPOSES INCLUDE 1 COMMUNITY RELIANCE ON COMMUNITY HOSPITAL'S SERVICES
- THE HOSPITAL'S MARKET SHARE OF PENINSULA RESIDENT DISCHARGES WAS APPROXIMATELY 78 PERCENT IN 2009 2 HOSPITAL RELIANCE ON THE COMMUNITY RESIDENTS OF THE PENINSULA ACCOUNTED FOR APPROXIMATELY 79 PERCENT OF THE HOSPITAL'S PATIENTS IN 2009 3 COMMUNITY BENEFIT HISTORY AND COLLABORATIVE RELATIONSHIPS WITH COMMUNITY ORGANIZATIONS 4 DESIRES AND PERSPECTIVES OF COMMUNITY GROUPS WITH WHICH THE HOSPITAL COLLABORATES THE SOCIOECONOMIC CHARACTERISTICS OF THE MONTEREY PENINSULA SPAN A BROAD SPECTRUM CARMEL AND PEBBLE BEACH ARE RELATIVELY AFFLUENT COMMUNITIES WITH SUBSTANTIAL RETIRED AND SENIOR POPULATIONS BIG SUR AND OTHER UNINCORPORATED PARTS OF THE COUNTY ARE LARGELY RURAL IN CHARACTER THE COMMUNITIES SURROUNDING THE FORMER FORT ORD ARMY BASE (SEASIDE, MARINA, AND SAND CITY) ARE LESS AFFLUENT AND CONTINUING TO GROW, WITH A YOUNGER POPULATION, MORE CHILDREN, AND SIGNIFICANT RACIAL AND ETHNIC DIVERSITY IN SPITE OF THE SOCIOECONOMIC VARIATIONS, THE MONTEREY PENINSULA IS A DISTINCT SUB-REGION OF MONTEREY COUNTY WITH A WELL-DEFINED SENSE OF COMMUNITY NO FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves Part VI, Line 5 THE HOSPITAL GOES ABOVE AND BEYOND REQUIREMENTS AS IT RELATES TO DISASTER PLANNING INCLUDED ON PART II LINE 3 ARE A BASE HOSPITAL COORDINATOR AND EMERGENCY PREPAREDNESS EXPENSES THE HOSPITAL SERVES AS THE KEY RESOURCE IN AREA DISASTER SUPPORT THE HOSPITAL PROVIDES NUMEROUS INCENTIVES TO REDUCE TRAFFIC ON THE PENINSULA, AS FOUND ON LINE 4 IN PART II FULL EMPLOYEE SHUTTLE SERVICE TO SURROUNDING COMMUNITIES AS
- WELL AS CARPOOL INCENTIVES COMPRISE A KEY BENEFIT TO THE LOCAL COMMUNITY PART II, LINE 5 INCLUDES THE HOSPITAL'S PHYSICIAN RECRUITMENT PROGRAM WHICH IS FURTHER DESCRIBED BELOW SINCE 1999, COMMUNITY HOSPITAL HAS ENGAGED IN PERIODIC ASSESSMENT OF THE ADEQUACY OF PHYSICIAN RESOURCES NEEDED TO MEET COMMUNITY HEALTHCARE NEEDS THE FIRST STUDY DEMONSTRATED THAT THERE WERE UNMET NEEDS IN CERTAIN PHYSICIAN SPECIALTIES, AND THAT THE PROBLEM WOULD LIKELY WORSEN OVER THE NEXT SEVERAL YEARS BECAUSE THE SHORTAGES DID, IN FACT, WORSEN IN THE INTERVENING YEARS, THE BOARD OF TRUSTEES ESTABLISHED A FORMAL PHYSICIAN RECRUITMENT PROGRAM IN 2001 TO PROVIDE SIGNIFICANT FINANCIAL SUPPORT AND A MORE AGGRESSIVE ORGANIZATIONAL COMMITMENT TO MEETING THESE COMMUNITY NEEDS AND IMPROVING ACCESS TO CARE FOR LOCAL RESIDENTS THE PHYSICIAN RECRUITMENT PROGRAM INCLUDES ONGOING ASSESSMENT OF THE CHANGING NEEDS AND DEMOGRAPHICS OF THE HOSPITAL'S SERVICE AREA, CHANGING MARKET CONDITIONS, AND ACTIVE MEDICAL STAFF DEMOGRAPHICS AND PRACTICE PATTERNS THE PROGRAM IS REGULARLY UPDATED TO REFLECT THIS ASSESSMENT DATA (AS WELL AS CHANGES IN APPLICABLE LAWS GOVERNING SUCH PROGRAMS), AND RECRUITMENT PRIORITIES ARE ESTABLISHED ANNUALLY BY HOSPITAL ADMINISTRATION AND MEDICAL STAFF LEADERSHIP THE PROGRAM IS DESIGNED TO PROVIDE THE ASSISTANCE NECESSARY TO BRING PHYSICIANS IN SPECIALTIES WITH DEMONSTRATED LOCAL SHORTAGES TO THE HOSPITAL'S PRIMARY SERVICE AREA THROUGH 2009, THE HOSPITAL HAD SUCCESSFULLY RECRUITED 52 PHYSICIANS TO THE MONTEREY PENINSULA UNDER THE PROGRAM ALL ARE REQUIRED TO PARTICIPATE IN THE MEDICARE, MEDI-CAL, AND CHAMPUS/TRICARE PROGRAMS, BECAUSE THE SHORTAGE OF PHYSICIANS ON THE MONTEREY PENINSULA WILLING TO DO SO IS PARTICULARLY ACUTE CURRENT RECRUITMENT PRIORITIES INCLUDE ADULT PRIMARY CARE (FAMILY AND INTERNAL MEDICINE), PEDIATRICS, ENDOCRINOLOGY, NEUROLOGY, PULMONARY MEDICINE/CRITICAL CARE, GENERAL AND VASCULAR SURGERY AS WELL AS OBSTETRICS BECAUSE THE SHORTAGE OF PRIMARY CARE PHYSICIANS IS THE MOST ACUTE PHYSICIAN MANPOWER ISSUE AND UNMET HEALTHCARE NEED FACING THE HOSPITAL'S COMMUNITY, IN 2008 THE BOARD OF TRUSTEES TOOK OFFICIAL ACTION TO CREATE PENINSULA PRIMARY CARE, A NEW NONPROFIT SUBSIDIARY OF COMMUNITY HOSPITAL FOUNDATION PENINSULA PRIMARY CARE (PPC) OPENED ITS INITIAL SITE AT THE CROSSROADS IN CARMEL IN SEPTEMBER 2009 THIS SITE WAS SELECTED TO HELP ADDRESS A SIGNIFICANT UNMET NEED AMONG THE MEDICARE POPULATION IN THAT COMMUNITY A SECOND SITE IS PLANNED FOR 2011 IN MARINA NOT ONLY IS THIS COMMUNITY UNDERSERVED IN PRIMARY CARE, BUT MARINA RESIDENTS ALSO VISIT AN EMERGENCY ROOM AT A MUCH HIGHER RATE THAN RESIDENTS OF OTHER LOCAL COMMUNITIES AS A RESULT, THE SITE WILL INCLUDE AN URGENT CARE CENTER AS WELL AS X-RAY AND LABORATORY SERVICES THE GOAL IS TO RECRUIT ADDITIONAL PHYSICIANS TO PRACTICE IN OUR COMMUNITY, AS WELL AS PROVIDE A STABLE PRACTICE ENVIRONMENT FOR SOME EXISTING PHYSICIANS TO PREVENT THEIR LEAVING THE COMMUNITY WE ANTICIPATE THAT EACH PPC WILL REQUIRE AN ANNUAL SUBSIDY FROM COMMUNITY HOSPITAL OF APPROXIMATELY \$1 MILLION WHEN FULLY OPERATIONAL
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

 Part VI, Line 6. A MAJORITY OF THE HOSPITAL'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA AND ARE INDEPENDENT THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY THE ORGANIZATION INVESTS ALL SURPLUS FUNDS THAT ARE NOT PRESERVED FOR THE FUTURE INTO PHYSICAL PLANT UPGRADES, SERVICE AND FACILITY EXPANSION AND ENHANCED MEDICAL TECHNOLOGIES, ALL OF WHICH ARE INTENDED TO FURTHER BENEFIT THE COMMUNITY NOT INCLUDED ANYWHERE ARE THE NEARLY 24,000 UNPAID HOURS CONTRIBUTED TO COMMUNITY BENEFIT ACTIVITIES KEY CONTRIBUTORS INCLUDE AUXILIARY VOLUNTEERS, BOARD MEMBERS, PHYSICIANS AND HOSPITAL STAFF
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Grants and Other Assistance to Organizations,

Attach to Form 990

Inspection

Name of the organization COMMUNITY HOSPITAL OF THE M	ame of the organization OMMUNITY HOSPITAL OF THE MONTEREY PENINSULA								
Part I General Informati	on on Grants and	d Assistance							
Does the organization maintain the selection criteria used to aDescribe in Part IV the organization	ward the grants or as	sıstance?					✓ Yes		
Form 990, Part IV, li	ne 21 for any recip	ient that received n	rganizations in the nore than \$5,000. Choneeded	eck this box if no one	recipient receive	ed more than \$5,000.	. Use		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance		
See Additional Data Table									

Schedule I (Form 990) 2009									
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22								
	Use Schedule I-1 (Form 990) if additional space is needed.								

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Informa	ation. Complete this part	to provide the information	n required in Part I. line 2.	and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grant amounts are reviewed and approved by an executive For Community Hospital Foundation, actual expenditures are reviewed and approved before transferring the grant proceeds

Software ID:

Software Version:

EIN: 94-0760193

Name: COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A merican Cancer Society 945 South Main Street Suite 201 Salinas, CA 93901	94-1170350	501(c)(3)	10,000				Excalibur Club Donation
American Heart Association 1514 Moffett Street Suite J Salinas, CA 93905	13-5613797	501(c)(3)	30,000				Go Red for Women Luncheon, Heart Walk
Big Sur International MarathonPO Box 222620 Carmel,CA 93922	77-0048388	501(c)(3)	25,000				International, Half, and Just Run Marathons
Boys and Girls Clubs of Monterey CountyPO Box 97 Seaside,CA 93955	94-1702753	501(c)(3)	10,000				Wellness Initiative
Cabrillo College Foundation 6500 Soquel Drive Aptos,CA 95003	94-6121953	501(c)(3)	25,000				Radiologic Tech Lab
HELP2600 Garden Rd E Bldg Ste 123 Monterey,CA 93940	20-2683931	501(c)(3)	38,000				Fruits & Veggies 101 Class
Juvenile Diabetes Foundation 121 Second Street 2nd Floor San Francisco, CA 94105	23-1907729	501(c)(3)	15,000				Walk to Cure Diabetes
MEALS ON WHEELS OF THE MONTEREY PENINSULA 700 JEWELL AVENUE PACIFIC GROVE, CA 93950	94-2157521	501(c)(3)	5,000				CULINARY CLASSIQUE
Monterey County Health DepartmentClinic Services Division 1615 Bunker Hill Way Suite 101 Salinas, CA 93906	94-6000524	Government	110,000				Seaside and Marina Clinics
Monterey Heart Symposium c/o CHOMP PO Box HH Monterey, CA 93942		501(c)(3)	10,000				Heart Symposium

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) Description

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Monterey Peninsula Unified School DistrictPO Box 1031 Monterey, CA 93942	77-0320712	115	57,500				Part-Time School Nurse
Multiple Sclerosis Quality of Life Project519-B Hartnell Street Monterey, CA 93940	32-0035866	501(c)(3)	10,000				HouseCalls Program
Panetta Institute100 Campus Center Bldg 86E CSU Monterey Bay Seasi,CA 93955	77-0495799	501(c)(3)	7,000				Jefferson-Lincoln A wards
Community Hospital FoundationPO Box HH Monterey, CA 93942	94-2789696	501(c)(3)	26,297,912				General Operations
COMMUNITY HOSPITAL PROPERTIESPO Box HH MONTErey,CA 93942	94-2795922	501(c)(3)		750,000	APPRAISAL	REAL ESTATE	TRANSFER TO A RELATED ORGANIZATION
BIG SUR HEALTH CENTER 46896 HIGHWAY ONE BIG SUR,CA 93920	77-0077112	501(c)(3)	10,000				PRACTICE MANAGEMENT/MEDICAL RECORD SYSTEM
COMPASSIONATE CARE ALLIANCEPO BOX 1785 MONterey,CA 93942	14-1844129	501(c)(3)	5,000				WEB SITE AND ONGOING RESOURCE SUPPORT
COMMUNITY PARTNERSHIP FOR YOUTH PO BOX 42 MONTerey, CA 93942	77-0310237	501(c)(3)	7,500				HONORING THOSE WHO HONOR YOUTH DINNER
GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST10550 MERRITT STREET CASTROVILLE,CA 95012	94-1567162	501(c)(3)	5,000				HEALTHY LIFESTYLES PROGRAM
HEALTHY MOTHERS HEALTHY BABIES1120 FOREST AVENUE SUITE 129 PACIFIC GROVE, CA 93950	75-3214705	501(c)(3)	5,000				BREASTFEEDING PROMOTION

<u>Form 990,Schedule I, Pa</u>	<u>rt II, Grants an</u>	<u>ıd Other Assistance</u>	to Governments	<u>and Organization</u>	<u>s in the United Sta</u>	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Monterey Rape Crisis Center PO Box 2630 MONterey,CA 93942	94-2389889	501(c)(3)	5,000				Title Sponsorship Together with Love 2009
RotacarePO Box 173 Monterey,CA 93942	77-0328723	501(c)(3)	5,000				Clinic Golf Tournament Fundraiser
Sea Otter Classic215 West Franklin Street Suite 214 MONterey, CA 93940	36-4599494	CORPORATION	14,290				COMMUNITY OUTREACH SPONSOR
The Carmel FoundationPO Box 3424 CArmel, CA 93923	94-1225368	509(a)(1)	5,000				Health related programs

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA Employer identificati						nber	
CO	MINIONITY HOSETTAL OF THE PIONIERLY PENINSOLA			94-0760193			
Pa	Tt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropiate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t						
	First-class or charter travel	~	Housing allowance or residence for	personal use			
	▼ Travel for companions	\sqcap	Payments for business use of perso	nal residence			
	▼ Tax idemnification and gross-up payments	~	Health or social club dues or initiati	on fees			
	Discretionary spending account	Г	Personal services (e g , maid, chaut	feur, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement orprovision of all the expenses describ				1b	Yes	
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D				2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations	t app	ly Written employment contract Compensation survey or study				
4	During the year, did any person listed in Form 990, Pa or a related organization	rt V I	I, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control pa	yme	nt?		4a	Yes	
b	Participate in, or receive payment from, a supplement	al nor	nqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed co	ompensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde t	he applicable amounts for each item i	n Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, list compensation contingent on the revenues of			ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
6	If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	a, did the organization pay or accrue a	ny			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F in Part III				8		No
9	If "Yes" to line 8, did the organization also follow the r section 53 4958-6(c)?	ebutt	table presumption procedure describe	d in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
STEVEN PACKER MD	(I) (II)	533,665 0	91,716 0	17,119 0	89,056 0	0	731,556 0	
LAURA ZEHM	(ı) (ıı)	324,658 0	51,382 0	201,407 0	50,026 0	0	627,473 0	
ANTHONY CHAVIS MD	(ı) (ıı)	336,794 0	8,652 0	10,242 0	27,584 0	0	383,272 0	
TERRIL LOWE	(I) (II)	239,571 0	24,342 0	19,962 0	21,447 0	0	305,322 0	
CYNTHIA PECK	(ı) (ıı)	280,624 0	42,255 0	9,810 0	21,798 0	0	354,487 0	
TIM NYLEN	(ı) (ıı)	257,984 0	23,355 0	9,540 0	29,022 0	0	319,901 0	
JARED STIVER	(ı) (ıı)	277,710 0	0 0	0	8,444 0	0 0	286,154 0	
MARK PETTIT	(I) (II)	214,051 0	0	12,880 0	42,023 0	0 0	268,954 0	
MARIANN NOVARINA	(I) (II)	194,524 0	24,151 0	258 0	28,218 0	0 0	247,151 0	
MARIE STEWART HELMS	(ı) (ıı)	117,861 0	18,569 0	101,402 0	26,702 0	0	264,534 0	
WILLIAM JUNG	(I) (II)	221,885	0 0	12,666 0	32,370 0	0	266,921 0	
_								

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

Ident if ier	Return Reference	Explanation
	,	TRAVEL FOR COMPANIONS - EXECUTIVES ARE REIMBURSED FOR COMPANION TRAVEL WHEN APPLICABLE COACH AIRFARE AND MEALS ARE REIMBURSABLE THE VALUE IS REPORTED AS TAXABLE INCOME ON THE EMPLOYEE'S W-2 TAX INDEMNIFICATION AND GROSS UP PAYMENTS - CERTAIN EXECUTIVE FRINGE BENEFITS ARE GROSSED UP THE VALUE IS REPORTED AS TAXABLE INCOME ON THE EMPLOYEE'S W-2 HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - CERTAIN EXECUTIVES ARE OFFERED AN EQUITY HOME SHARE OPTION WHEREBY THE HOSPITAL OWNS HALF OF THE EXECUTIVE'S RESIDENCE THE PURPOSE OF THIS IS TO ASSIST THE EXECUTIVE WITH BUYING A HOME IN THIS EXPENSIVE AREA THE COST OF REAL ESTATE IS OFTEN A BARRIER TO RECRUITMENT IN MONTEREY THE VALUE IS REPORTED AS TAXABLE INCOME ON THE EMPLOYEE'S W-2 HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - CERTAIN CLUB DUES ARE PAID ON BEHALF OF CERTAIN EXECUTIVES THE VALUE IS REPORTED AS TAXABLE INCOME ON THE EMPLOYEE'S W-2
	Part I, Line 4a	MARIE STEWART HELMS - \$81,475
Supplemental Information	Part III	PART II, COLUMN (B)(III) INCLUDES OTHER REPORTABLE COMPENSATION RELATED TO BENEFIT CASH OUTS AND SEVERANCE PAY

Schedule J (Form 990) 2009

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

DLN: 93493316005430

Schedule K (Form 990)

Department of the Treasury

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Schedule K (Form 990) 2009

Internal Revenue Service Employer identification number Name of the organization COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA 94-0760193 **Bond Issues** Part I (h) O n Behalf of (a) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT SOUTH PAVILION 103,353,228 Х Х 52-1598225 130911QP8 07-10-2003 AUTHORITY Part II Proceeds В D Ε Total proceeds of issue 106,363,474 Gross proceeds in reserve funds Proceeds in refunding or defeasance escrows 3 Other unspent proceeds 5,172 Issuance costs from proceeds 4,458,382 Working capital expenditures from proceeds Capital expenditures from proceeds 83,588,197 Year of substantial completion 8 2006 Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Χ 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? Part IIII Private Business Use C D Ε Α В Yes No No Yes No Yes Yes Yes No Was the organization a partner in a partnership, or a member of an LLC, Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Χ which may result in private business use?

Cat No 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			А			В			C		D		E
			Yes	No	Yes	r	No	Yes	No	Ye	s No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?			X									
3b	A re there any research agreements with respect to the financed property which may result in private business use?			X									
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			0 %									
6	Total of lines 4 and 5			0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X										
Par	t IV Arbitrage												
		Α			В			С			D	E	
1	Yes Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		No X	Yes	No		Yes		No	Yes	No	Yes	No
2	Is the bond issue a variable rate issue?		X										
За	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and												
	records?		Х										
b	Name of provider												
c	Term of hedge												
4a	Were gross proceeds invested in a GIC?		Χ										
b	Name of provider												
c	Term of GIC												
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?												
5	Were any gross proceeds invested beyond an available temporary period?												
6	Did the bond issue qualify for an exception to rebate?												

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DLN: 93493316005430

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization COMMUNITY HOSPITAL OF THE MONTEREY	PENINSULA				Employer identification	on number
					94-0760193	
Part I Excess Benefit Tran						
Complete if the organizati	on answered "	<u>Yes" on Form 990,</u>	Part IV, line 25a	<u>or 25b, or Fo</u>	rm 990-EZ, Part V, line	e 40b
1 (a) Name of disqu	alıfıed person		(b) Desc	ription of tra	ansaction	(c) Corrected?
			` ,	•		Yes No
2 Enter the amount of tax impose section 4958		nization managers o			ne year under	
3 Enter the amount of tax, if any,					, F \$	
S Enter the amount of tax, if any,	Oli lille 2, abo	ve, reinibursed by t	ne organization .	· · · ·		
Part II Loans to and/or F						
Complete If the organiz	ation answered	d "Yes" on Form 99	0, Part IV, line 26	<u>, or Form 99</u>		
	(b) Loan to			(e) In	(f) Approved	(g)Written
(a) Name of interested person and	or from the	(c)O riginal	(d)Balance due	default?	• • •	agreement?
purpose	organization?	principal amount	• •		committee?	
	To From			Yes No	o Yes No	Yes No
Total		▶ s		1		
Part IIII Grants or Assistan	ce Benefitt	ing Interested	Persons.			
Complete If the orga	nızatıon ansv	wered "Yes" on F	orm 990, Part IV	/, line 27.		
(a) Name of interested perso	on (I	b) Relationship betv		rson (c)	A mount of grant or type	e of assistance
. ,		and the o	rganızatıon	, ,	,,	
Part IV Business Transact	ions Involv	ina Interested	Persons.			
Complete if the orga				/, line 28a,	28b, or 28c.	
	(b)) Relationship				(e) Sharing of
(a) Name of interested persor		ween interested	(c) A mount of	(d) De	escription of transaction	organization's
	pe	erson and the organization	transaction	` '	•	revenues
ALAIN CLAUDEL		SE OF A	151 1	L76 FT EMP	LOYEE	Yes No No
,, L,, IN CERODEE	J, U 0,		1,1,1			110

TRUSTEE

DLN: 93493316005430

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA **Employer identification number**

Pa	rt I Types of Property			;	94-0760193			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
1	Art-Works of art	X	1		FAIR MARKET VAL	.U E		
2	Art—Historical treasures .			·				
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock \cdot							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified 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							
	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	Other ► ()				<u> </u>			
29	Number of Forms 8283 received for which the organization compl				29		ı ı	0
20-	Dumma the year did the energy		a hu aantuhutus	while was a whaled the Death To Tree	1 20 that :		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not required	to be used			
_	for exempt purposes for the enti					30a		No_
ь 31	If "Yes," describe the arrangement of the organization have a gif			eview of any non-standard	contributions?	31	Yes	
	-			·				
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell r	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

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.

Ident if ier	Ret urn Reference	Explanation				
Third Party Use		THE ORGANIZATION HIRES OR USES REAL ESTATE AGENTS, RELATED ORGANIZATIONS, AND OTHERS TO SOLICIT, PROCESS, OR SELL NON-CASH CONTRIBUTIONS				

Schedule M (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

• Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA Employer identification number

94-0760193

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE AUDIT COMMITTEE REVIEWS FORM 990 AND ELECTRONIC COPIES ARE SENT TO ALL BOARD OF TRUSTEES PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION USES SELF DISCLOSURE TO REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
Form 990, Part VI, Section B, line 15		THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND APPROVES THE OFFICERS' COMPENSATION A CONSULTING FIRM IS ENGAGED TO PROVIDE COMPARABLE DATA
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST IT ALSO MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS OWN WEBSITE AND ANOTHER'S WEBSITE
FORM 990, PART XI, LINE 2		THE FINANCIAL STATEMENTS OF THE ORGANIZATION WERE AUDITED BY AN INDEPENDENT ACCOUNTANT AND WERE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF COMMUNITY HOSPITAL FOUNDATION AS REQUIRED BY GAAP
Schedule K Supplental Information		PART II, LINE 5 - ISSUANCE COSTS FROM PROCEEDS INCLUDE \$3,087,475 OF BOND INSURANCE PREMIUM
Form 990, Part VIII, Line 2a		PATIENT CARE, PROGRAM RELATED INVESTMENT ACTIVITIES, MEDICAL OFFICE BUILDING, ACQUISITION OF PROPERTY AND EDUCATIONAL ACTIVITIES SUPPORT THE HEALTHCARE MISSION OF THE ORGANIZATION TO PROVIDE HIGH QUALITY, COST-EFFECTIVE ACUTE CARE TO THE COMMUNITY THE NEGATIVE AMOUNTS REPRESENT THE ACUTE AND OTHER MEDICAL CARE THAT WAS PROVIDED FOR WHICH FULL COMPENSATION WAS NOT RECEIVED GROSS PATIENT REVENUE RELATED OR EXEMPT FUNCTION REVENUE = \$506,335,054 CHARITY AND UNCOMPENSATED CARE RELATED OR EXEMPT FUNCTION REVENUE = \$(154,882,310) OTHER PROGRAM SERVICE REVENUE BUSINESS CODES 621500 & 446110 UNRELATED BUSINESS REVENUE = \$3,526,738

DLN: 93493316005430

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Employer identification number

94-0760193

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state or foreign country)

Total income

(e) End-of-year assets (f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
COMMUNITY HOSPITAL PROPERTIES					
РО ВОХ НН	SUPPORT SERVICES	CA	501(C)(3)	11 TYPE I	N/A
MONTEREY, CA 93942 94-2795922					
COMMUNITY HOSPITAL ENDOWMENTS					
РО ВОХ НН	SUPPORT SERVICES	CA	501(C)(3)	11 TYPE I	N/A
MONTEREY, CA 93942 94-2795423					
COMMUNITY HOSPITAL FOUNDATION					
РО ВОХ НН	SUPPORT SERVICES	CA	501(C)(3)	9	N/A
MONTEREY, CA 93942 94-2789696					
PENINSULA PRIMARY CARE					
РО ВОХ НН	HEALTHCARE SERVICES	CA	501(C)(3)	3	N/A
MONTEREY, CA 93942 26-4826604					

77-0438780

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part	۷, line 3
	because it had one or more related organizations treated as a partnership during the tax year.)	

(h) (c) (i) (j) (e) (d) Direct controlling **(f)** Share of total income Disproprtionate Code V-UBI General or (b) Legal (a) (g) Predominant income Primary activity allocations? amount in box 20 of managing Name, address, and EIN of domicile Share of end-of-year (related, unrelated, related organization (state or entity assets Schedule K-1 partner? excluded from tax (Form 1065) foreign under sections 512country) 514)

Yes No Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CYPRESS MEDICAL NETWORK INC PO BOX HH MONTEREY, CA93942	MEDICAL SERVICES	CA	N/A	С	-778	1,579,011	100 000 %

Schedule R (Form 990) 2009		Рa	ige 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1 c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1 g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
• Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	1p		No
	_	+	+

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) CYPRESS MEDICAL NETWORK INC	1	544 092

q O ther transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s)

(1) See Additional Data Table

(2)

(3)

(4) (5)

(6)

1q Yes

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 94-0760193

Name: COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and		ent c			OFS					
(A) Name and Title	(B) Average hours		(C) psition (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee			Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
FRANK C AMATO VICE CHAIR	1 00	Х			<u> </u>			0	0	0
TED J BALESTRERI TRUSTEE	1 00	Х						0	0	0
SHELLEY CLAUDEL TRUSTEE	1 00	X						0	0	0
JAMES J DIDION TRUSTEE	1 00	X						0	0	0
CARSBIA WANDERSON JR TRUSTEE	1 00	Χ						0	0	0
STEVEN M DART TRUSTEE	1 00	Χ						0	0	0
IAN ARNOF CHAIR	1 00	Χ						0	0	0
LAURIE M BENJAMIN SECRETARY	1 00	X						0	0	0
H JAMES GRIGGS TRUSTEE	1 00	Χ						0	0	0
ROBERT KAVNER TRUSTEE	1 00	Χ						0	0	0
MARK VIERRA MD TRUSTEE	1 00	Χ						850	0	0
RITA ECHENIQUE AUXILIARY PRESIDENT	1 00	Χ						0	0	0
WILLIAM W LEWIS TRUSTEE	1 00	Χ						0	0	0
MICHAEL SMITH MD CHIEF OF STAFF	1 00	Χ						84,500	50,000	0
JAY HUDSON TRUSTEE	1 00	Χ						0	0	0
STEVEN PACKER MD PRESIDENT/CEO	55 00			X				642,500	0	89,056
LAURA ZEHM VICE PRESIDENT/CFO	55 00			Х				577,447	0	50,026
ANTHONY CHAVIS MD VICE PRESIDENT	55 00			Х				355,688	0	27,584
TERRIL LOWE VICE PRESIDENT	55 00			X				283,875	0	21,447
CYNTHIA PECK VICE PRESIDENT	55 00			Х				332,689	0	21,798
TIM NYLEN VICE PRESIDENT	55 00			X				290,879	0	29,022
JARED STIVER SUPERVISOR	40 00					Χ		277,710	0	8,444
MARK PETTIT PHARMACIST	40 00					Χ		226,931	0	42,023
MARIANN NOVARINA DIRECTOR, PHARMACY	40 00					Χ		218,933	0	28,218
MARIE STEWART HELMS NURSE MANAGER	40 00					X		237,832	0	26,702

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officel	Key employee	Highest compensated employee	Former : compensate	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
VILLIAM JUNG PHARMACIST	40 00					Х		234,551	0	32,37