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Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No 1545-0047

2011**Open to Public Inspection****A For the 2011 calendar year, or tax year beginning****, and ending****B Check if applicable**☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C Name of organization****MONTEREY COUNTY MEDICAL TRUST FUND**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite

Wells Fargo Bank N A - PO Box 63954 MAC A0348-012

City or town, state or country, and ZIP + 4

SAN FRANCISCO**CA****94163****F Name and address of principal officer****WELLS FARGO BANK N A PO BOX 63954 MAC A0348-012, SAN FR****D Employer identification number****94-6099463****E Telephone number****888-730-4933****G Gross receipts \$****113,965****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status**☒ 501(c)(3)☐ 501(c)

()

◀ (insert no)

☐ 4947(a)(1) or☐ 527**Website: ▶ N/A****Form of organization**☐ Corporation☒ Trust☐ Association☐ Other ▶**L Year of formation 1963****M State of legal domicile CA****Part I Summary****1** Briefly describe the organization's mission or most significant activities **PROVIDE INCOME TO MONTEREY COUNTY MEDICAL SOCIETY AS SPECIFIED IN THE TRUST INSTRUMENTS****2** Check this box ☐**3** Number of voting members of the governing body (Part VI, line 1a)**3****1****4** Number of independent voting members of the governing body (Part VI, line 1b)**4****1****5** Total number of individuals employed in calendar year 2011 (Part V, line 2a)**5****0****6** Total number of volunteers (estimate if necessary)**6****0****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a****0****b** Net unrelated business taxable income from Form 990-T, line 34**7b****0****8** Contributions and grants (Part VIII, line 1h)**Prior Year****Current Year****9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**35,147****18,671****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**0****12****35,147****18,671****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**1,322****0****14** Benefits paid to or for members (Part IX, column (A), line 4)**0****15****0****16a** Professional fundraising fees (Part IX, column (A), line 11e)**0****b** Total fundraising expenses (Part IX, column (D), line 25) ▶**0****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**5,878****6,244****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**7,200****6,244****19** Revenue less expenses Subtract line 18 from line 12**27,947****12,427****20** Total assets (Part X, line 16)**Beginning of Current Year****End of Year****21** Total liabilities (Part X, line 26)**379,935****392,447****22** Net assets or fund balances Subtract line 21 from line 20**0****0****379,935****392,447****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here*John Sulentic*

Signature of officer

Date

5/9/2012**JOHN SULENTIC****VP AND TAX DIRECTOR**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed PTIN**JOSEPH J CASTRIANO****5/9/2012****P01251603**Firm's name ▶ **PricewaterhouseCoopers, LLP**Firm's EIN ▶ **13-4008324**Firm's address ▶ **600 GRANT STREET, PITTSBURGH, PA 15219-277**Phone no **(412) 355-6000**

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

(HTA)

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SCANNED JUN 14 2012

POSTMARK DATE MAY 11 2012

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MONTEREY COUNTY MEDICAL TRUST FUND

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Page **2****Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III. ☐**1** Briefly describe the organization's mission:

PROVIDE INCOME TO MONTEREY COUNTY MEDICAL SOCIETY AS SPECIFIED IN THE TRUST INSTRUMENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,000 including grants of \$ 0) (Revenue \$ 0)

INVEST ASSETS, COLLECT INCOME AND DISTRIBUTE THE INCOME IN ACCORDANCE WITH THE TRUST INSTRUMENT TO MONTEREY COUNTY MEDICAL TRUST FUND

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4c** (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4d** Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 2,000

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1 X	
2 Is the organization required to complete (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets?	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?	11a	X
b 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?	11b	X
c 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?	11c	X
d 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?	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25?	11e	X
f	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year?	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)?	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more?	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States?	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States?	16	X
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?	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19	X
20a Did the organization operate one or more hospital facilities?	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1?		X
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?		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002?		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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?		X
25b 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?		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year?		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?		X
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)		
28a A current or former officer, director, trustee, or key employee?		X
28b A family member of a current or former officer, director, trustee, or key employee?		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?		X
29 Did the organization receive more than \$25,000 in non-cash contributions?		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		X
34 Was the organization related to any tax-exempt or taxable entity?		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		X
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?		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Page **5****Part V****Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X		
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	2a 0		
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 (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year?	3b		
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		X
b If "Yes," enter the name of the foreign country See instructions for 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d N/A		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	7g		
h	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		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a N/A		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b N/A		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a N/A		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b N/A		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b N/A		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b N/A		
c Enter the amount of reserves on hand	13c N/A		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments?	14b		

Part VICheck if Schedule O contains a response to any question in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 1		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 1		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X
5 Did the organization have members or stockholders?	5		X
6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	6		X
7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a		X
7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?	9		X

Section B. Policies

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	X
12a Did the organization have a written conflict of interest policy?	12a	X
b Did the organization regularly and consistently monitor and enforce compliance with the policy?	12b	X
12c	X	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **Wells Fargo Bank N A 888-730-4933**
P O BOX 63954 MAC A0348-012 SAN FRANCISCO, CA 94163

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WELLS FARGO BANK, N A TRUSTEE	4 00		X					5,502	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Sub-total	5,502	0	0
c Total from continuation sheets to Part VII, Section A	0	0	0
d Total (add lines 1b and 1c)	5,502	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a?

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000?

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

	Yes	No
3		X
4		X
5		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0			
	g	\$		0			
	h	Total. Add lines 1a-1f		0			
Program Service Revenue	2a	Business Code		0			
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,516			9,516
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less. rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)			0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less. cost or other basis and sales expenses	104,449	0			
	c	Gain or (loss)	95,294	0			
	d	Net gain or (loss)	9,155	0			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a	0			
	b	Less. direct expenses	b	0			
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a	0			
	b	Less. direct expenses	b	0			
	c	Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less returns and allowances	a	0				
b	Less. cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a			0				
b			0				
c			0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		18,671	0	0	18,671	

Part IX Statement of Functional ExpensesCheck if Schedule O contains a response to any question in this Part IX. ☐

	(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 United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	614	614		
d Lobbying	0			
e	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a WELLS FARGO TRUSTEE FEES	5,502	1,376	4,126	
b FOREIGN TAX WITHHELD	118		118	
c STATE AG FEES	10	10		
d	0			
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	6,244	2,000	4,244	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	50,935	2	56,040
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges		9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c	0
	11 Investments—publicly traded securities	329,000	11	336,407
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	379,935	16	392,447	
Liabilities	17 Accounts payable and accrued expenses		17	0
	18 Grants payable		18	
	19 Deferred revenue		19	0
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	379,935	30	392,447
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	379,935	33	392,447
	34 Total liabilities and net assets/fund balances	379,935	34	392,447

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,671
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,244
3	Revenue less expenses Subtract line 2 from line 1	3	12,427
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	379,935
5	Other changes in net assets or fund balances (explain in Schedule O)	5	85
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	392,447

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 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		
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and 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?		X
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		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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.

OMB No 1545-0047

2011**Open to Public
Inspection**

Name of the organization

MONTEREY COUNTY MEDICAL TRUST FUND

Employer identification number

94-6099463

Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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 _____
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☒ 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.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☒ Type III—Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g 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) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) MONTEREY COUNTY	94-6099463	9		X	X		X		0
(B)									0
(C)									0
(D)									0
(E)									0
Total	1								0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	0 00%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	0 00%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
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 purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b 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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%

- 19a** **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐
- b** **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐
- 20** **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. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

MONTEREY COUNTY MEDICAL TRUST FUND

94-6099463

Form 990 Part VI Section B Line 12C ORGANIZATION COMPLIES WITH THE SAME POLICY AND ENFORCEMENT

PROCEDURES AS ITS TRUSTEE

Form 990 Part VI Section C Line 19 NO DOCUMENTS AVAILALBE TO THE PUBLIC

Form 990 Part VI Section B Line 11 THE SOLE TRUSTEE RECEIVES AND REVIEWS THE FORM 990

Form 990 Part XI Line 5 OTHER CHANGES DUE TO MUTUAL FUND TIMING DIFFERENCES AND COST BASIS

ADJUSTMENTS

Schedule O (Form 990 or 990-EZ) (2011)

Page **2**

Name of the organization

Employer identification number

MONTEREY COUNTY MEDICAL TRUST FUND

94-6099463

YEAR END STATEMENT

ACCOUNT: MONTEREY COUNTY MEDICAL TRUST FUND
ACCOUNT: 713533
FYE: Calendar Year End 12/31/2011
EIN: 94-6099463

SECURITY	ACCOUNT NUMBER	CUSIP	ASSET NAME	UNITS	FED COST	FMV
Cash	713533				605 78	605 78
Invest - Other	713533	04314H204	ARTISAN INTERNATIONAL FUND #661	902 73	15,245 59	17,901 12
Invest - Other	713533	256210105	DODGE & COX INCOME FD COM #147	2,740 28	36,477 03	36,445 75
Invest - Other	713533	411511504	HARBOR CAPITAL APRCTION-INST #2012	571 62	15,275 43	21,092 81
Invest - Other	713533	589509108	MERGER FD SH BEN INT #260	463 74	7,207 62	7,229 74
Invest - Other	713533	693390700	PIMCO TOTAL RET FD-INST #35	3,372 82	36,791 08	36,662 58
Invest - Other	713533	693390882	PIMCO FOREIGN BD FD USD H-INST #103	1,089 09	11,544 40	11,522 61
Invest - Other	713533	77957P105	T ROWE PRICE SHORT TERM BD FD #55	1,039 26	5,030 01	4,998 84
Invest - Other	713533	87234N849	TCW SMALL CAP GROWTH FUND-I #4724	344 41	8,262 88	8,951 19
Invest - Other	713533	464287200	ISHARES S & P 500 INDEX FUND	110 00	12,259 26	13,855 60
Invest - Other	713533	51855Q655	LAUDUS MONDRIAN INTL FI-INST #2940	915 72	10,810 39	10,604 01
Invest - Other	713533	256206103	DODGE & COX INT'L STOCK FD #1048	596 88	18,933 47	17,452 86
Invest - Other	713533	552983694	MFS VALUE FUND-CLASS I #893	494 72	11,774 42	11,116 45
Invest - Other	713533	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083	790 47	11,417 46	10,402 53
Invest - Other	713533	56063J302	MAINSTAY EP US EQUITY-INS #1204	863 24	9,590 57	10,462 44
Invest - Other	713533	339128100	JP MORGAN MID CAP VALUE-I #758	401 81	8,708 79	9,543 06
Invest - Other	713533	448108100	HUSSMAN STRATEGIC GROWTH FUND #601	1,151 52	14,836 96	14,313 34
Invest - Other	713533	38142Y401	GOLDMAN SACHS GRTH OPP FD-I #1132	407 61	8,666 81	9,000 03
Invest - Other	713533	922908553	VANGUARD REIT VIPER	239 00	6,868 43	13,862 00
Invest - Other	713533	922042858	VANGUARD MSCI EMERGING MARKETS ETF	243 00	8,588 47	9,285 03
Invest - Other	713533	683974505	OPPENHEIMER DEVELOPING MKT-Y #788	325 83	9,834 27	9,439 24
Invest - Other	713533	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	371 00	12,819 69	11,808 93
Invest - Other	713533	25264S833	DIAMOND HILL LONG-SHORT FD CL I #11	463 68	7,000 00	7,850 14
Invest - Other	713533	76628T645	RIDGEWORTH SEIX HY BD-I #5855	2,170 89	21,298 40	20,428 10
Invest - Other	713533	22544R305	CREDIT SUISSE COMM RT ST-CO #2156	2,143 89	19,628 68	17,537 02
Invest - Other	713533	487300808	KEELEY SMALL CAP VAL FD CL I #2251	402 74	7,536 45	9,399 88
Savings & Temp In	713533	VP3151793	FIDELITY INST US GOVT FD 057	11,568 76	11,568 76	11,568 76
Savings & Temp In	713533	VP3151793	FIDELITY INST US GOVT FD 057	43,865 41	43,865 41	43,865 41
					<u>392,446.51</u>	<u>407,205.25</u>

Statement of Capital Gains and Losses From Sales
 (Does not include capital gain distributions from mutual
 funds or CTF's - See Tax Transaction Detail)

Account Id: 713533

MONTEREY COUNTY MEDICAL TRUST FUND

Trust Year Ending 12/31/2011

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
04314H204	ARTISAN INTERNATIONAL FUND 661								
Sold		08/10/11	192 527	3,860 17					
Acq		08/20/09	110 327	2,212 06	2,057 60 <input type="checkbox"/>	2,057 60	154 46	154 46	L
Acq		02/04/11	13 393	268 53	300 00 <input type="checkbox"/>	300 00	-31 47	-31 47	S
Acq		12/09/10	68 807	1,379 58	1,500 00 <input type="checkbox"/>	1,500 00	-120 42	-120 42	S
Total for 8/10/2011					3,857 60	3,857 60	2 57	2 57	
22544R305	CREDIT SUISSE COMM RT ST-CO 2156								
Sold		02/02/11	145	1,387 65					
Acq		11/02/10	145	1,387 65	1,334 00 <input type="checkbox"/>	1,334 00	53 65	53 65	S
Total for 2/2/2011					1,334 00	1,334 00	53 65	53 65	
22544R305	CREDIT SUISSE COMM RT ST-CO 2156								
Sold		04/26/11	79	796 32					
Acq		11/02/10	79	796 32	726 80 <input type="checkbox"/>	726 80	69 52	69 52	S
Total for 4/26/2011					726 80	726 80	69 52	69 52	
256206103	DODGE & COX INT'L STOCK FD 1048								
Sold		04/26/11	9	341 37					
Acq		02/04/11	8 172	309 96	300 00 <input type="checkbox"/>	300 00	9 96	9 96	S
Acq		12/09/10	0 828	31 41	29 44 <input type="checkbox"/>	29 44	1 97	1 97	S
Total for 4/26/2011					329 44	329 44	11 93	11 93	
256206103	DODGE & COX INT'L STOCK FD 1048								
Sold		08/10/11	25	749 25					
Acq		12/09/10	25	749 25	888 99 <input type="checkbox"/>	888 99	-139 74	-139 74	S
Total for 8/10/2011					888 99	888 99	-139 74	-139 74	
256210105	DODGE & COX INCOME FD COM 147								
Sold		08/10/11	166	2,247 64					
Acq		11/02/10	166	2,247 64	2,237 68 <input type="checkbox"/>	2,237 68	9 96	9 96	S
Total for 8/10/2011					2,237 68	2,237 68	9 96	9 96	
261980494	DREYFUS EMG MKT DEBT LOC C-I 6083								
Sold		04/26/11	8	121 68					
Acq		02/04/11	8	121 68	115 84 <input type="checkbox"/>	115 84	5 84	5 84	S
Total for 4/26/2011					115 84	115 84	5 84	5 84	
339128100	JP MORGAN MID CAP VALUE-I 758								
Sold		02/02/11	5	119 75					
Acq		05/04/10	5	119 75	107 80 <input type="checkbox"/>	107 80	11 95	11.95	S
Total for 2/2/2011					107 80	107 80	11 95	11 95	
339128100	JP MORGAN MID CAP VALUE-I 758								
Sold		04/26/11	11	278 30					
Acq		05/04/10	11	278 30	237.16 <input type="checkbox"/>	237 16	41 14	41 14	S
Total for 4/26/2011					237 16	237 16	41 14	41 14	

Statement of Capital Gains and Losses From Sales
(Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

4/16/2012 14:52:28

Account Id: 713533

MONTEREY COUNTY MEDICAL TRUST FUND

Trust Year Ending 12/31/2011

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
339128100	JP MORGAN MID CAP VALUE-I 758								
Sold	10/20/11	24	547 92						
Acq	05/04/10	24	547 92	517 44	517 44	30 48	30 48	L	
Total for 10/20/2011				517 44	517 44	30 48	30 48		
38142Y401	GOLDMAN SACHS GRTH OPP FD-I 1132								
Sold	02/02/11	80	1,992 00						
Acq	01/07/10	80	1,992 00	1,681 60	1,681 60	310 40	310 40	L	
Total for 2/2/2011				1,681 60	1,681 60	310 40	310 40		
38142Y401	GOLDMAN SACHS GRTH OPP FD-I 1132								
Sold	04/26/11	12	318 36						
Acq	01/07/10	12	318 36	252 24	252 24	66 12	66 12	L	
Total for 4/26/2011				252 24	252 24	66 12	66 12		
38142Y401	GOLDMAN SACHS GRTH OPP FD-I 1132								
Sold	10/20/11	26	579 28						
Acq	08/12/11	26	579 28	574 60	574 60	4 68	4 68	S	
Total for 10/20/2011				574 60	574 60	4 68	4 68		
411511504	HARBOR CAPITAL APRCTION-INST 2012								
Sold	01/12/11	18 577	700 00						
Acq	02/17/10	18 577	700 00	590 56	590 56	109 44	109 44	S	
Total for 1/12/2011				590 56	590 56	109 44	109 44		
411511504	HARBOR CAPITAL APRCTION-INST 2012								
Sold	02/02/11	100	3,770 00						
Acq	08/24/10	78 33	2,953 04	2,350 69	2,350 69	602 35	602 35	S	
Acq	02/17/10	21 67	816 96	688 89	688 89	128 07	128 07	S	
Total for 2/2/2011				3,039 58	3,039 58	730 42	730 42		
411511504	HARBOR CAPITAL APRCTION-INST 2012								
Sold	04/26/11	19	749 74						
Acq	08/24/10	14 972	590 80	449 31	449 31	141 49	141 49	S	
Acq	08/20/09	4 028	158 94	116 33	116 33	42 61	42 61	L	
Total for 4/26/2011				565 64	565 64	184 10	184 10		
411511504	HARBOR CAPITAL APRCTION-INST 2012								
Sold	08/10/11	23	795 80						
Acq	08/20/09	23	795 80	664 24	664 24	131 56	131 56	L	
Total for 8/10/2011				664 24	664 24	131 56	131 56		
411511504	HARBOR CAPITAL APRCTION-INST 2012								
Sold	10/20/11	50	1,846 50						
Acq	08/20/09	50	1,846 50	1,444 00	1,444 00	402 50	402 50	L	
Total for 10/20/2011				1,444 00	1,444 00	402 50	402 50		
448108100	HUSSMAN STRATEGIC GROWTH FUND 601								
Sold	08/10/11	153	1,921 68						
Acq	06/02/09	93 209	1,170 71	1,221 04	1,221 04	-50 33	-50 33	L	

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Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
448108100	HUSSMAN STRATEGIC GROWTH FUND 601								
Sold	08/10/11	153	1,921 68						
Acq	06/04/10	59 791	750 97	800 00	800 00	-49 03	-49 03	L	
Total for 8/10/2011				2,021 04	2,021 04	-99 36	-99 36		
464287200	ISHARES S & P 500 INDEX FUND								
Sold	02/02/11	10	1,309 57						
Acq	04/29/10	10	1,309 57	1,205 50	1,205 50	104 07	104 07	S	
Total for 2/2/2011				1,205 50	1,205 50	104 07	104 07		
464287200	ISHARES S & P 500 INDEX FUND								
Sold	08/10/11	10	1,149 05						
Acq	04/29/10	10	1,149 05	1,205 50	1,205 50	-56 45	-56 45	L	
Total for 8/10/2011				1,205 50	1,205 50	-56 45	-56 45		
464287200	ISHARES S & P 500 INDEX FUND								
Sold	10/20/11	8	973 38						
Acq	04/29/10	8	973 38	964 40	964 40	8 98	8 98	L	
Total for 10/20/2011				964 40	964 40	8 98	8 98		
464287242	ISHARES IBOX \$ INV GR CORP BD FD								
Sold	01/12/11	6	652 24						
Acq	07/16/10	6	652 24	653 94	653 94	-1 70	-1 70	S	
Total for 1/12/2011				653 94	653 94	-1 70	-1 70		
464287242	ISHARES IBOX \$ INV GR CORP BD FD								
Sold	02/02/11	92	9,908 52						
Acq	07/16/10	92	9,908 52	10,027 08	10,027 08	-118 56	-118 56	S	
Total for 2/2/2011				10,027 08	10,027 08	-118 56	-118 56		
487300808	KEELEY SMALL CAP VAL FD CL I 2251								
Sold	02/02/11	40	1,029 20						
Acq	08/17/09	40	1,029 20	700 00	700 00	329 20	329 20	L	
Total for 2/2/2011				700 00	700 00	329 20	329 20		
487300808	KEELEY SMALL CAP VAL FD CL I 2251								
Sold	04/26/11	18	495 36						
Acq	08/17/09	18	495 36	315 00	315 00	180 36	180 36	L	
Total for 4/26/2011				315 00	315 00	180 36	180 36		
487300808	KEELEY SMALL CAP VAL FD CL I 2251								
Sold	10/20/11	22	493 90						
Acq	08/12/11	22	493.90	495 44	495 44	-1 54	-1 54	S	
Total for 10/20/2011				495 44	495 44	-1 54	-1 54		
51855Q655	LAUDUS MONDRIAN INTL FI-INST 2940								
Sold	08/10/11	1377	17,377 74						
Acq	04/28/11	16 734	211 18	206 00	206 00	5 18	5 18	S	
Acq	11/02/10	1066 775	13,462 70	13,100 00	13,100 00	362 70	362 70	S	

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Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
51855Q655	LAUDUS MONDRIAN INTL FI-INST 2940								
Sold	08/10/11		1377	17,377 74					
Acq	09/24/10		293 491	3,703 86	3,489 61	3,489 61	214 25	214 25	S
Total for 8/10/2011					16,795 61	16,795 61	582 13	582 13	
552983694	MFS VALUE FUND-CLASS I 893								
Sold	10/20/11		27	587 79					
Acq	04/28/11		4 917	107 04	122 00	122 00	-14 96	-14 96	S
Acq	02/04/11		22 083	480 75	525 58	525 58	-44 83	-44 83	S
Total for 10/20/2011					647 58	647 58	-59 79	-59 79	
56063J302	MAINSTAY EP US EQUITY-INS 1204								
Sold	02/02/11		630	8,467 20					
Acq	08/24/10		178 321	2,396 63	2,148 77	2,148 77	247 86	247 86	S
Acq	08/20/09		451 679	6,070 57	5,605 34	5,605 34	465 23	465 23	L
Total for 2/2/2011					7,754 11	7,754 11	713 09	713 09	
56063J302	MAINSTAY EP US EQUITY-INS 1204								
Sold	04/26/11		17	238 51					
Acq	08/24/10		17	238 51	204 85	204 85	33 66	33 66	S
Total for 4/26/2011					204 85	204 85	33 66	33 66	
56063J302	MAINSTAY EP US EQUITY-INS 1204								
Sold	10/20/11		49	606 62					
Acq	07/10/09		36 852	456 23	409 43	409 43	46 80	46 80	L
Acq	08/24/10		12 148	150 39	146 38	146 38	4 01	4 01	L
Total for 10/20/2011					555 81	555 81	50 81	50 81	
589509108	MERGER FD SH BEN INT 260								
Sold	10/20/11		26	411 58					
Acq	04/28/11		7 692	121 76	125 00	125 00	-3 24	-3 24	S
Acq	02/04/11		18 308	289 82	292 38	292 38	-2 56	-2 56	S
Total for 10/20/2011					417 38	417 38	-5 80	-5 80	
683974505	OPPENHEIMER DEVELOPING MKT-Y 788								
Sold	04/26/11		10	368 00					
Acq	02/04/11		10	368 00	344 59	344 59	23 41	23 41	S
Total for 4/26/2011					344 59	344 59	23 41	23 41	
693390700	PIMCO TOTAL RET FD-INST 35								
Sold	08/10/11		171	1,896 39					
Acq	04/28/11		171	1,896 39	1,884 42	1,884 42	11 97	11 97	S
Total for 8/10/2011					1,884 42	1,884 42	11 97	11 97	
76628T645	RIDGEWORTH SEIX HY BD-I 5855								
Sold	08/10/11		48	454 56					
Acq	04/28/11		48	454 56	487 68	487 68	-33 12	-33 12	S
Total for 8/10/2011					487 68	487 68	-33 12	-33 12	

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Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
77957P105	T ROWE PRICE SHORT TERM BD FD 55								
Sold		01/12/11	144 33	700 00					
Acq		08/24/10	144 33	700 00	704 33	704 33	-4 33	-4 33	S
Total for 1/12/2011					704 33	704 33	-4 33	-4 33	
77957P105	T ROWE PRICE SHORT TERM BD FD 55								
Sold		02/02/11	585	2,837 25					
Acq		05/04/10	414 676	2,011 18	2,015 33	2,015 33	-4 15	-4 15	S
Acq		08/24/10	170 324	826 07	831 18	831 18	-5 11	-5 11	S
Total for 2/2/2011					2,846 51	2,846 51	-9 26	-9 26	
77957P105	T ROWE PRICE SHORT TERM BD FD 55								
Sold		04/26/11	3570	17,350 20					
Acq		01/07/10	586 857	2,852.13	2,840 39	2,840 39	11 74	11 74	L
Acq		06/04/10	1340 206	6,513 40	6,500 00	6,500 00	13 40	13 40	S
Acq		05/04/10	1642 937	7,984 67	7,984 67	7,984 67	0 00	0 00	S
Total for 4/26/2011					17,325 06	17,325 06	25 14	25 14	
77957P105	T ROWE PRICE SHORT TERM BD FD 55								
Sold		08/10/11	440	2,142 80					
Acq		01/07/10	440	2,142 80	2,129 60	2,129 60	13 20	13 20	L
Total for 8/10/2011					2,129 60	2,129 60	13 20	13 20	
78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL								
Sold		10/20/11	13	437 85					
Acq		05/02/11	13	437 85	540 90	540 90	-103 05	-103 05	S
Total for 10/20/2011					540 90	540 90	-103 05	-103 05	
87234N849	TCW SMALL CAP GROWTH FUND-I 4724								
Sold		02/02/11	20	593 60					
Acq		07/12/10	20	593 60	464 60	464 60	129 00	129 00	S
Total for 2/2/2011					464 60	464 60	129 00	129 00	
87234N849	TCW SMALL CAP GROWTH FUND-I 4724								
Sold		04/26/11	24	788 88					
Acq		07/12/10	24	788 88	557 52	557 52	231 36	231 36	S
Total for 4/26/2011					557 52	557 52	231 36	231 36	
87234N849	TCW SMALL CAP GROWTH FUND-I 4724								
Sold		10/20/11	24	619 68					
Acq		08/12/11	24	619 68	626.40	626 40	-6 72	-6 72	S
Total for 10/20/2011					626 40	626 40	-6 72	-6 72	
922042858	VANGUARD EMERGING MARKETS ETF								
Sold		04/26/11	10	503 42					
Acq		02/02/11	5	251 71	237 92	237 92	13 79	13 79	S
Acq		06/02/09	5	251 71	167 25	167 25	84 46	84.46	L
Total for 4/26/2011					405 17	405 17	98 25	98 25	

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Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
922908553	VANGUARD REIT VIPER								
Sold		02/02/11	35	2,006 72					
Acq		05/15/09	35	2,006 72	1,018 05	1,018 05	988 67	988 67	L
Total for 2/2/2011					1,018 05	1,018 05	988 67	988 67	
922908553	VANGUARD REIT VIPER								
Sold		04/26/11	79	4,806 35					
Acq		05/15/09	79	4,806 35	2,287 17	2,297 89	2,519 18	2,508 46	L
Total for 4/26/2011					2,287 17	2,297 89	2,519 18	2,508 46	
922908553	VANGUARD REIT VIPER								
Sold		10/20/11	19	1,003 04					
Acq		05/15/09	19	1,003 04	543 85	552 66	459 19	450 38	L
Total for 10/20/2011					543 85	552 66	459 19	450 38	
Total for Account: 713533					95,294 30	95,313 83	8,038 51	8,018 98	
Total Proceeds:						Fed	State		
103,332 81					S/T Gain/Loss	1,945 18	1,945 18		
					L/T Gain/Loss	6,093.33	6,073 80		