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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

CONCERN EMPLOYEE ASSISTANCE PROGRAM

Doing business as

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

2500 GRANT RD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MOUNTAIN VIEW, CA 940404032

F Name and address of principal officer

MATT HARRIS
2500 GRANT RD
MOUNTAIN VIEW,CA 940404032

H(a) Is this a group return for subordinates?

No

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3)

☒ 501(c) (4) ◀(insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶

N/A

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

D Employer identification number

77-0528349

E Telephone number

(650) 940-7265

G Gross receipts \$ 42,327,152

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE AND PROMOTE AFFORDABLE HEALTH CARE TO RESIDENTS OF CALIFORNIA CONCERN IS LICENSED BY THE CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE AND OFFERS LIMITED MENTAL HEALTH CARE ON A PREPAID BASIS TO EMPLOYEES OF SMALL, MEDIUM, AND LARGE EMPLOYER GROUPS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

3

4

5

6

7a

7b

3

1

0

0

0

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

2,695,472

10,994,196

371,815

0

14,061,483

Current Year

2,572,709

13,182,719

206,473

0

15,961,901

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

3,280,159

0

5,463,305

0

3,991,097

12,734,561

1,326,922

3,246,178

0

5,754,051

0

5,525,478

14,525,707

1,436,194

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

13,925,465

2,324,737

11,600,728

End of Year

15,012,123

2,974,408

12,037,715

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

Signature of officer

MATT HARRIS CFO

Type or print name and title

2017-05-13

Date

Paid Preparer Use Only

Print/Type preparer's name

DON OLSEN

Preparer's signature

DON OLSEN

Date

Check ☐ if self-employed

PTIN P00367469

Firm's name ▶ DB OLSEN & COMPANY LLP

Firm's EIN ▶ 46-3781405

Firm's address ▶ 500 YGNACIO VALLEY RD SUITE 328

Phone no (925) 933-8900

WALNUT CREEK, CA 94596

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

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐

1

Briefly describe the organization's mission

TO PROVIDE AND PROMOTE AFFORDABLE HEALTH CARE TO RESIDENTS OF CALIFORNIA CONCERN IS LICENSED BY THE CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE AND OFFERS LIMITED MENTAL HEALTH CARE ON A PREPAID BASIS TO EMPLOYEES OF SMALL, MEDIUM, AND LARGE EMPLOYER GROUPS

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 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 \$ 11,759,444 including grants of \$ 3,246,178) (Revenue \$ 0)

CONCERN'S EXEMPT PURPOSE IS TO PROVIDE AND PROMOTE AFFORDABLE HEALTH CARE TO RESIDENTS WHO LIVE WITHIN CALIFORNIA IN ORDER TO ACCOMPLISH THIS PURPOSE, CONCERN IS LICENSED BY THE CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE AND OFFERS LIMITED MENTAL HEALTH CARE ON A PREPAID BASIS TO EMPLOYEES OF SMALL, MEDIUM, AND LARGE EMPLOYER GROUPS CURRENTLY, CONCERN CONTRACTS WITH OVER 600 PROVIDERS WHO HAVE OFFICES THROUGHOUT CALIFORNIA AND HAVE AGREED TO PROVIDE SHORT-TERM COUNSELING TO CLIENTS OF SMALL, MEDIUM, AND LARGE EMPLOYER GROUPS CONCERN'S INTENDED FOCUS IS TO PROVIDE MENTAL HEALTH CARE SERVICES TO EMPLOYEES IN THE BAY AREA EMPLOYERS HAVE TOLD CONCERN THEY HAVE SELECTED THE SERVICES PROVIDED BY THE ORGANIZATION FOR THE FOLLOWING REASONS 1) TO INCREASE PRODUCTIVITY, ENHANCE PERFORMANCE, AND PROMOTE THE OVERALL QUALITY OF LIFE OF EMPLOYEES AND THEIR FAMILIES, 2) TO PROVIDE SUPPORT AND CONSULTATION TO CORPORATE MANAGEMENT IN RESOLVING COMPLEX EMPLOYEE RELATION PROBLEMS, 3) TO DECREASE EMPLOYER COST BY REDUCING ABSENTEEISM AND TURNOVER CONCERN BELIEVES THAT THE HEALTH CARE COVERAGE IT PROVIDES STRENGHTENS THE MENTAL HEALTH CARE RESOURCES AVAILABLE TO CLIENTS WHO DESIRE SUCH CARE

4b

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

PROGRAM DESCRIPTIONS IN ORDER TO PROVIDE OUT-PATIENT HEALTH CARE TO LOW INCOME FAMILIES IN THE SAN FRANCISCO BAY AREA, CONCERN HAS ASSUMED THE MANAGEMENT AND OPERATION OF SIX PROGRAMS FORMERLY ADMINISTERED BY EL CAMINO HOSPITAL, CONCERN'S SOLE MEMBER THESE PROGRAMS ARE 1) HEALTH LIBRARY AND RESOURCE CENTER2) ROADRUNNERS TRANSPORTATION SERVICE 3) ROTACARE FREE CLINIC4) IMMUNIZATION PROGRAM5) SOUTH ASIAN HEART CENTER6) CHINESE HEALTH INITIATIVE1) HEALTH LIBRARY AND RESOURCE CENTER THE HEALTH LIBRARY AND RESOURCE CENTER ESTABLISHED IN 1986 IS DEDICATED TO HELPING SENIORS, COMMUNITY MEMBERS, PATIENTS AND THEIR FAMILIES FIND THE RESOURCES AND INFORMATION THEY NEED TO MAKE INFORMED DECISIONS ABOUT THEIR HEALTH THE CENTER IS AVAILABLE TO THE COMMUNITY 45 HOURS PER WEEK IT PROVIDES A WIDE RANGE OF FREE PROGRAMS AND SERVICES INCLUDING ELDERCARE CONSULTATION SERVICES, MEDICARE COUNSELING, SUPPORT GROUPS, ASSISTANCE COMPLETING AN ADVANCE HEALTH CARE DIRECTIVE, DIETITIAN AND PHARMACY CONSULTATIONS, AND HEALTH SCREENINGS INDIVIDUALS SERVED FY 15 18,425 FY 16 15,843 THE LIBRARY IS DEDICATED TO HELPING PATIENTS, FAMILIES, PHYSICIANS, EMPLOYEES AND THE COMMUNITY TO FIND THE RESOURCES AND INFORMATION THEY NEED TO MAKE INFORMED DECISIONS ABOUT THEIR HEALTH STAFFED BY PROFESSIONAL MEDICAL LIBRARIANS, INFORMATION REQUESTS CAN BE CONDUCTED IN PERSON, ON THE PHONE, OR ONLINE A FREE MEMBERSHIP PROGRAM IS OFFERED TO ANYONE WHO WANTS TO RECEIVE HOME ACCESS TO MEDICAL AND CONSUMER HEALTH JOURNALS AND MEDICAL TEXTBOOKS ONLINE, FREE ARTICLES, AND LIBRARY CHECKOUT PRIVILEGES 2011 2012 2013 2014 2015 2016VISITS 18,589 22,716 13,140 12,958 13,266 12,0582) ROADRUNNERS TRANSPORTATION SERVICE THE ROADRUNNERS SENIOR TRANSPORTATION SERVICE, ESTABLISHED IN 1976, FILLS A CRITICAL GAP IN NORTHERN SANTA CLARA COUNTY'S SENIOR SERVICES BY PROVIDING PERSONALIZED, DOOR-TO-DOOR TRANSPORTATION TO MEDICAL AND OTHER ESSENTIAL APPOINTMENTS RIDES PROVIDED FY15 9,060 FY16 9,534 3) ROTACARE FREE CLINIC EVERY HUMAN BEING HAS A RIGHT TO THE BASIC ESSENTIALS OF FOOD, CLOTHING, SHELTER, AND GOOD HEALTH IN SANTA CLARA COUNTY, THE HEART OF THE SILICON VALLEY, MANY INDIVIDUALS ARE WITHOUT MEDICAL INSURANCE OR ADEQUATE ACCESS TO HEALTH CARE SERVICES THE ROTACARE FREE CLINIC OF MOUNTAIN VIEW WAS CREATED TO ADDRESS THE NEEDS OF THESE INDIVIDUALS AND THEIR FAMILIES SINCE JANUARY 1996, THE ROTACARE CLINIC HAS BEEN A MEDICAL SAFETY NET FOR UNINSURED COMMUNITY MEMBERS THE CLINIC PROVIDES BASIC NON-URGENT MEDICAL SERVICES, SOCIAL WORK CONSULTATIONS, PREVENTIVE CARE SERVICES, PATIENT EDUCATION, CHILDREN'S PHYSICALS, SHORT-TERM COUNSELING, CHRONIC ILLNESS CARE, NUTRITION COUNSELING, AND REFERRALS TO COMMUNITY RESOURCES OVER 180 DEDICATED COMMUNITY DOCTORS, NURSES, PHYSICIAN ASSISTANTS, AND LAY INDIVIDUALS VOLUNTEER THEIR TIME AND EXPERTISE TO THE CLINIC SPECIALTY SERVICES CURRENTLY INCLUDE OPTOMETRY, OPHTHALMOLOGY, ENT, CARDIOLOGY, PODIATRY, NEPHROLOGY, DERMATOLOGY, GYNECOLOGY, ORTHOPEDICS, ENDOCRINOLOGY, AND RHEUMATOLOGY FY 15 2,220 (UNDUPLICATED) PEOPLE SERVED, FY 16 776 ROTACARE CLINIC FILLS A NEED 2011 2012 2013 2014 2015 2016PATIENTS/UNIQUE 2,667 2,700 2,857 2,707 2,220 776PATIENT ENCOUNTERS 16,461 16,031 15,655 15,498 8,422 4,522ROTACARE CLINIC CLOSED MAY 2016 4) IMMUNIZATION PROGRAM THE EL CAMINO HOSPITAL IMMUNIZATION PROGRAM WAS CREATED IN 1996 TO ADDRESS A GROWING NEED FOR IMMUNIZATION SERVICES FOR THE UNDERSERVED POPULATION IN THE NORTHERN SANTA CLARA COUNTY WALK-IN CLINICS ARE PROVIDED ON FRIDAYS VACCINES ARE FREE FOR CHILDREN AND A SMALL FEE IS CHARGED FOR ADULT SERVICES IMMUNIZATION PROGRAM FILLS A NEED FY15 2,571 FY16 1,080 2011 2012 2013 2014 2015 2016PATIENTS 3,600 3,244 2,786 2,874 2,571 1,080SERVICES 11,090 9,666 8,246 8,624 7,949 3,010IMMUNIZATION PROGRAM CLOSED DECEMBER 2015 5) SOUTH ASIAN HEART CENTER THE SOUTH ASIAN HEART CENTER, ESTABLISHED IN JUNE 2006, IS A RESPONSE TO THE EPIDEMIC OF HEART DISEASE IN THE SOUTH ASIAN COMMUNITY SOUTH ASIANS, OR PEOPLE WHO ORIGINATE FROM THE INDIAN SUB-CONTINENT, FROM COUNTRIES SUCH AS BANGLADESH, INDIA, NEPAL, PAKISTAN AND SRI-LANKA, FACE A FOUR-FOLD INCREASED RISK OF CORONARY ARTERY DISEASE (CAD), DESPITE BEING VEGETARIAN, NON-SMOKERS, AND NON-OBESE 55% OF HEART ATTACKS IN THIS COMMUNITY OCCUR BEFORE THE AGE OF 55 THE CENTER SCREENS INDIVIDUAL PARTICIPANTS FOR THEIR RISK FACTORS, EDUCATES AND COUNSELS THEM ON THE IMPACT OF THOSE RISKS, AND CUSTOMIZES A PLAN TO HELP MITIGATE THESE RISKS THE CENTER PROVIDES LIFESTYLE MANAGEMENT INCLUDING NUTRITION COUNSELING, AND ON-GOING HEART HEALTH COACHING THE SOUTH ASIAN HEART CENTER ADDRESSES AN UNMET NEED TO MORE COMPREHENSIVELY AND AGGRESSIVELY SCREENED SOUTH ASIANS FOR THIS INCREASED RISK OF CAD AND HELP PREVENT HEART ATTACKS IN A YOUNGER POPULATION FY15 2,557 PEOPLE SERVED FY16 3,109 2011 2012 2013 2014 2015 2016PEOPLE SERVED 1,051 1,887 1,420 2,164 2,557 3,1096) CHINESE HEALTH INITIATIVE THE CHINESE HEALTH INITIATIVE (CHI), ESTABLISHED AT EL CAMINO HOSPITAL IN MARCH 2010, PROVIDES SCREENING AND COMMUNITY EDUCATION TO ADDRESS THE HEALTH NEEDS OF THE CHINESE COMMUNITY, AND SEEKS TO PROVIDE A CULTURALLY APPROPRIATE EXPERIENCE FOR CHINESE PATIENTS AND THEIR FAMILY/CAREGIVERS THE CHINESE HEALTH INITIATIVE ALSO WORKS WITH CHINESE PHYSICIANS AND THE CHINESE MEDIA TO PROMOTE HEALTH LITERACY IN THE CHINESE COMMUNITY FY15 890 PEOPLE SERVED, 2,014 SERVICES FY16 1,080 PEOPLE SERVED, 1,813 SERVICES 2011 2012 2013 2014 2015 2016PATIENTS SERVED 725 1,201 1,183 881 890 1,080

4c

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

4d

Other program services (Describe in Schedule O)















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

4e

Total program service expenses ▶ 11,759,444

Form 990 (2015)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
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? If "Yes," complete Schedule C, Part III	5	No
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? 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? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
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? If "Yes," complete Schedule D, Part VI 	11a	Yes
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? If "Yes," complete Schedule D, Part VII 	11b	No
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? If "Yes," complete Schedule D, Part VIII 	11c	No
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? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
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 (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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.	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 e-file (see instructions).	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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 as charitable contributions?	6a	No
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	No
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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
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	
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	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.

Check if Schedule O contains a response or note to any line 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 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	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?		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (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 ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
MATT HARRIS 2500 GRANT RD MOUNTAIN VIEW, CA 94040 (650) 940-7265

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

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
WORKPLACE OPTIONS INC 3200 HIGHWOODS BLVD RALEIGH, NC 27604	COUNSELING	1,927,091
MVG CAPITAL LLC 1065 ASBURY ST SAN JOSE, CA 95126	CONSULTING	359,310
CLC INCORPORATED 4170 DOUGLAS BLVD GRANITE, CA 95746	REFERRAL & TRAINING	322,620
RIGHTSOURCING INC 570 LEXINGTON AVE NEW YORK, NY 10022	CONSULTING	211,108
PROTOCOL SERVICES 621 SW ALDER SUITE 400 PORTLAND, OR 97205	COUNSELING	205,484
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 ► 5		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,572,709			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			2,572,709		
Program Service Revenue	2a	COUNSELING SERVICES	Business Code 624310	13,182,719	13,182,719		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		13,182,719			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		144,914		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		61,559			61,559
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . . .					
		Miscellaneous Revenue	Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			15,961,901	13,182,719	0	206,473

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<input type="checkbox"/>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,246,178	3,246,178		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	190,136		190,136	
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.	3,548,823	3,091,250	457,573	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	276,004	260,150	15,854	
9	Other employee benefits.	1,411,254	1,129,003	282,251	
10	Payroll taxes.	327,834	262,267	65,567	
11	Fees for services (non-employees):				
a	Management.	94,629	75,703	18,926	
b	Legal.	118,596	94,877	23,719	
c	Accounting.	44,000	35,200	8,800	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	336,745	269,396	67,349	
12	Advertising and promotion.	42,421	33,937	8,484	
13	Office expenses.	60,427	48,342	12,085	
14	Information technology.	8,891	7,113	1,778	
15	Royalties.				
16	Occupancy.	376,529	301,223	75,306	
17	Travel.	36,663	29,330	7,333	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	124,146	99,317	24,829	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	42,449	33,959	8,490	
23	Insurance.	23,867	19,094	4,773	
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	PURCHASED SERVICES	7,022,145	5,617,716	1,404,429	
b	OTHER	356,963	285,019	71,944	
c	PRINTING & PUBLICATIONS	43,448	34,758	8,690	
d	MEDICAL SUPPLIES & EXPE	39,737	31,790	7,947	
e	All other expenses	-3,246,178	-3,246,178		
25	Total functional expenses. Add lines 1 through 24e.	14,525,707	11,759,444	2,766,263	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

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,009,370	1	1,052,848
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		316,177	4	609,585
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other 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). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		199,106	9	233,021
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,466,876		
	b	Less: accumulated depreciation	10b	1,392,170	10c	74,706
	11	Investments—publicly traded securities		12,283,657	11	13,041,963
	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.			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).		13,925,465	16	15,012,123
Liabilities	17	Accounts payable and accrued expenses		2,324,737	17	2,974,408
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties.			23	
	24	Unsecured notes and loans payable to unrelated third parties.			24	
	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.			25	
	26	Total liabilities. Add lines 17 through 25.		2,324,737	26	2,974,408
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		11,550,728	27	11,987,715
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		50,000	29	50,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,600,728	33	12,037,715
	34	Total liabilities and net assets/fund balances		13,925,465	34	15,012,123

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,961,901
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,525,707
3	Revenue less expenses Subtract line 2 from line 1	3	1,436,194
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	11,600,728
5	Net unrealized gains (losses) on investments	5	386,856
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,386,063
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,037,715

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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		No
2c	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		
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?		No
3b	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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CONCERN EMPLOYEE ASSISTANCE PROGRAM

Employer identification number
77-0528349

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

(continued)

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,466,876	1,392,170	74,706
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				74,706

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	16,348,757
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	386,856
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	386,856
3	Subtract line 2e from line 1	3	15,961,901
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	15,961,901

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,525,707
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	14,525,707
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	14,525,707

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	CONCERN IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND SECTION 23701F OF THE CALIFORNIA REVENUE AND TAXATION CODE AS A SOCIAL WELFARE ORGANIZATION AND IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, CONCERN IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

2015

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	EL CAMINO HOSPITAL REQUIRES DETAILED METRICS AND EXPENSE BUDGETS FOR ALL FUNDING PARTNERS AS PART OF THE PROPOSAL PROCESS. BOTH 6-MONTH AND ANNUAL TARGETS ARE REQUIRED FOR ALL METRICS. PARTNERS SUBMIT QUARTERLY VOLUME REPORTS AND DETAILED INTERIM AND FINAL REPORTS. THE INTERIM AND FINAL REPORTS SHOW PROGRESS ON METRICS AS WELL AS BUDGET INFORMATION ON HOW FUNDS HAVE BEEN USED. PARTNERS MUST REQUEST PERMISSION TO USE FUNDS IN ANY WAY THAT VARIES FROM THE APPROVED CONTRACT. SITE VISITS PROVIDE ADDITIONAL MONITORING OF FUND UTILIZATION. REPORTS ARE REVIEWED BY THE COMMUNITY BENEFIT DEPARTMENT STAFF. RESULTS ARE SHARED WITH THE COMMUNITY BENEFIT ADVISORY COUNCIL AND WITH THE BOARD THROUGH BI-ANNUAL PRESENTATIONS.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CONCERN EMPLOYEE ASSISTANCE PROGRAM

Employer identification number
77-0528349

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CECILE CURRIER DIRECTOR	(i)	68,454 -----	50,233 -----	0 -----	14,933 -----	22,324 -----	155,944 -----	0 -----
	(ii)	177,565	0	0	0	42,813	220,378	0
2 MATT HARRISCFO	(i)	10,972 -----	0 -----	0 -----	12,293 -----	11,657 -----	34,922 -----	0 -----
	(ii)	190,312	15,973	0	0	22,124	228,409	0
3 KATHRYN FISKDIRECTOR	(i)	0 -----	0 -----	0 -----	10,600 -----	13,250 -----	23,850 -----	0 -----
	(ii)	312,255	67,135	0	0	38,660	418,050	0
4 RICHARD S KATZMAN DIRECTOR	(i)	0 -----	0 -----	0 -----	0 -----	13,250 -----	13,250 -----	0 -----
	(ii)	332,085	66,934	0	0	51,452	450,471	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
CONCERN EMPLOYEE ASSISTANCE PROGRAM**Employer identification number**

77-0528349

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EL CAMINO HOSPITAL, AN ORGANIZATION EXEMPT UNDER IRC SECTION 501(C)(3), IS THE SOLE MEMBER OF CONCERN AND HAS THE AUTHORITY TO ELECT THE BOARD OF DIRECTORS OF CONCERN
FORM 990, PART VI, SECTION A, LINE 7A	EL CAMINO HOSPITAL, AN ORGANIZATION EXEMPT UNDER IRC SECTION 501(C)(3), IS THE SOLE MEMBER OF CONCERN AND HAS THE AUTHORITY TO ELECT THE BOARD OF DIRECTORS OF CONCERN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	EL CAMINO HOSPITAL, AN ORGANIZATION EXEMPT UNDER IRC SECTION 501(C)(3), IS THE SOLE MEMBER OF CONCERN AND HAS THE AUTHORITY TO ELECT THE BOARD OF DIRECTORS OF CONCERN
FORM 990, PART VI, SECTION B, LINE 11	UPON COMPLETION OF FORM 990, THE FORM IS PRESENTED TO THE BOARD AT ITS BOAR MEETING BY THE CFO FOR REVIEW AND DISCUSSION BEFORE IT IS FILED TO THE IRS AND MADE AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COMPLIANCE DEPARTMENT DISTRIBUTES CONFLICTS OF INTEREST FORMS ON AN ANNUAL BASIS TO MANAGERS, EXECUTIVES, AND THE BOARD ALONG WITH MEDICAL DIRECTORS, KEY CONSULTANTS, AND CONTRACTORS WHO OPERATE OUTSOURCED DEPARTMENTS. THE COMPLIANCE DIRECTOR REGULARLY MONITORS THE WRITTEN DISCLOSURES AND VERBAL REPORTING AS A REFERENCE AND ASSESSES IF AN INTEREST IN A TRANSACTION COULD BE DEEMED AS A CONFLICT TO THE ORGANIZATION. AS INDICATED IN THE POLICY, THE PROCEDURE TO DEAL WITH THE REPORTED CONFLICT IS REVIEWED BASED ON INDIVIDUAL REPORTING. IF THE INDIVIDUAL IS NOT A BOARD MEMBER, THE PROPOSED TRANSACTION IS REVIEWED WITH KEY MANAGERS IN CHARGE OF THE TRANSACTION ALONG WITH THE CEO AND COMPLIANCE OFFICER. IF A POTENTIAL CONFLICT OF INTEREST EXISTS, APPROPRIATE STEPS TO MITIGATE OR ELIMINATE THE EFFECT OF THE POTENTIAL CONFLICT OF INTEREST WILL BE TAKEN. IF THE INDIVIDUAL IS A BOARD MEMBER, THE MATTER IS REPORTED TO THE CEO AND REFERRED AUTOMATICALLY TO THE HOSPITAL'S AD HOC INTEREST COMMITTEE FOR DETERMINATION AS TO WHETHER A POTENTIAL CONFLICT OF INTEREST EXISTS. A BOARD MEMBER MAY RECUSE THEMSELVES FROM THE MATTER WITHOUT FURTHER ACTION AND THE BOARD SHALL TAKE SUCH ACTION THAT SHALL BE NECESSARY TO MITIGATE ANY POTENTIAL CONFLICT OF INTEREST AS DESCRIBED. AT ALL TIMES, THE COMPLIANCE DEPARTMENT WILL ALSO UTILIZE LEGAL COUNSEL TO HELP EVALUATE POTENTIAL CONFLICTS AND PROVIDE AS ASSESSMENT TO THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 15	EL CAMINO HOSPITAL (THE "HOSPITAL" - AN IRS 501(C)(3) ORGANIZATION) IS THE SOLE MEMBER OF CONCERN. AS THE HOSPITAL IS THE "PARENT" OF CONCERN, CONCERN ADOPTS AND FOLLOWS A NUMBER OF POLICIES AND PROCESSES OF THE HOSPITAL. AS SUCH, THE PROCESSES FOR DETERMINING COMPENSATION OF CONCERN'S CEO AND OTHER KEY EMPLOYEES, IS OVERSEEN BY THE COMPENSATION COMMITTEE OF THE HOSPITAL. THAT PROCESS IS DESCRIBED BELOW. THE COMPENSATION COMMITTEE (THE "COMMITTEE") IS THE BOARD OF DIRECTORS OF THE HOSPITAL AND IS MADE UP OF THE BOARD OF DIRECTORS, AND ONE OUTSIDE, INDEPENDENT MEMBER SELECTED BY THE BOARD. THE OUTSIDE MEMBER SELECTED BY THE BOARD IS INVOLVED IN THE REVIEWING AND RECOMMENDING OF COMPENSATION, BUT DOES NOT HAVE A VOTE IN THE DECISIONS/ACTIONS BY THE BOARD. ALL MEMBERS OF THE COMMITTEE ARE INDEPENDENT DIRECTORS WITH NO CONFLICT OF INTEREST REGARDING COMPENSATION AND BENEFITS FOR THE EXECUTIVES WHOSE COMPENSATION IS REVIEWED, RECOMMENDED, AND APPROVED BY THE BOARD. THE CEO IS NOT A MEMBER OF THE COMMITTEE, BUT MAY SERVE AS STAFF FOR THE COMMITTEE AS LONG AS THE CEO IS EXCUSED WHEN THE COMMITTEE IS REVIEWING THE CEO'S COMPENSATION. THE COMMITTEE HAS THE FOLLOWING RESPONSIBILITIES: - DEVELOP AND MAINTAIN A POLICY ON EXECUTIVE COMPENSATION - DEVELOP AND MAINTAIN AN EXECUTIVE COMPENSATION AND BENEFIT PROGRAM CONSISTENT WITH THE POLICY APPROVED BY THE BOARD - DETERMINE COMPENSATION, BENEFITS, PREREQUISITES, AND CONTRACT TERMS FOR THE CEO - DETERMINE ANY SALARY INCREASE AND ANY PERFORMANCE COMPENSATION INCENTIVE BASED ON THE COMMITTEE'S EVALUATION OF THE CEO'S PERFORMANCE. - REVIEW, CHANGE, AND APPROVE THE CEO'S SALARY AND PERFORMANCE INCENTIVE RECOMMENDATIONS FOR THE EXECUTIVE STAFF WHOSE COMPENSATION IS SUBJECT TO REVIEW BY THE COMMITTEE - OVERSEE AND MAINTAIN ADMINISTRATIVE CONTROL OF THE EXECUTIVE PERFORMANCE PLAN(S) BY SETTING GOALS FOR THE CEO, AND APPROVING THE GOALS RECOMMENDED BY THE CEO FOR THE EXECUTIVE STAFF - CONDUCT ANNUAL APPRAISAL OF THE CEO'S PERFORMANCE - PERIODICALLY EVALUATE THE EXECUTIVE COMPENSATION PROGRAM, INCLUDING CHARTER, POLICIES, AND PHILOSOPHY ON WHICH IT IS BASED, TO ASSESS ITS EFFECTIVENESS IN MEETING THE NEEDS FOR RECRUITING, RETAINING, AND MOTIVATING QUALIFIED LEADERS - PERIODICALLY REVIEW THE TOTAL VALUE, COST, AND REASONABLENESS OF SEVERANCE AND RETIREMENT BENEFITS FOR CEO AND EXECUTIVE STAFF - REVIEWS AND APPROVES ALL BUSINESS TRAVEL AND ENTERTAINMENT EXPENSES OF THE CEO. PROCESS: THE COMMITTEE FOLLOWS A PROCESS THAT MEETS ALL APPLICABLE LEGAL REQUIREMENTS AND WHICH PROMOTES EFFECTIVE GOVERNANCE OF EXECUTIVE COMPENSATION, CONSISTENT WITH THE EXECUTIVE COMPENSATION POLICY - PREPARE MINUTES FOR EACH MEETING TO RECORD THE COMMITTEE'S DECISIONS AND THE PROCESS FOLLOWED IN REACHING THOSE DECISIONS AND MAINTAIN RECORDS THAT ADDRESS CONFLICT OF INTEREST AND APPROPRIATE COMPARABILITY DATA - SELECT, ENGAGE, AND SUPERVISE ANY CONSULTANT HIRED BY THE HOSPITAL TO ADVISE THE COMMITTEE ON EXECUTIVE COMPENSATION ISSUES - PERIODICALLY EVALUATE THE APPROPRIATENESS OF THE COMPENSATION COMMITTEE CHARTER AND THE EFFECTIVENESS OF THE PROCESS THE COMMITTEE USES IN GOVERNING EXECUTIVE COMPENSATION AND REPORT THIS EVALUATION TO THE BOARD OF DIRECTORS - PROVIDE THE BOARD OF DIRECTORS WITH REGULAR REPORTS OF THE COMMITTEE'S ACTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES AVAILABLE THE FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST, AND AUDITED FINANCIAL STATEMENTS UPON REQUEST BY HAVING THEM AVAILABLE DURING NORMAL BUSINESS HOURS FOR REVIEW, OR IF REQUESTED WILL BE MAILED TO THE REQUESTOR.
FORM 990, PART XI, LINE 9	TRANSFER OF INVESTMENT ASSETS TO RELATED PARTY -1,386,063

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization CONCERN EMPLOYEE ASSISTANCE PROGRAM	Employer identification number 77-0528349
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SILICON VALLEY MEDICAL DEVELOPMENT LLC 2500 GRANT ROAD MOUNTAIN VIEW, CA 94040 26-3021328	SUPPORT OF HOSPITAL INITIATIVES	CA			EL CAMINO HOSPITAL

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EL CAMINO HOSPITAL 2500 GRANT RD MOUNTAIN VIEW, CA 94040 94-3167314	HOSPITAL	CA	501(C)(3)	509(A)(1)	N/A		No
(2) EL CAMINO HOSPITAL FOUNDATION 2500 GRANT RD MOUNTAIN VIEW, CA 94040 94-2823235	CHARITABLE	CA	501(C)(3)	509(A)(1)	EL CAMINO HOSPITAL		No

Part III

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership 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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) EL CAMINO SURGERY CENTER 2480 GRANT ROAD MOUNTAIN VIEW, CA 94040 77-0163409	MEDICAL SERVICE	CA	N/A					No			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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)EL CAMINO LABNET INC 2500 GRANT ROAD MOUNTAIN VIEW, CA 94040 77-0537825	MED SERVICE	CA	N/A	C					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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