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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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) PO BOX HH | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
MONTEREY, CA 93942

D Employer identification number
94-0760193

E Telephone number
(831) 625-4900

G Gross receipts $ 701,437,701

F Name and address of principal officer:
STEVEN PACKER MD
PO BOX HH
MONTEREY, CA 93942

H(a) Is this a group return for subordinates? ☐ 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) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CHOMP.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1928

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
IMPROVING LIVES BY DELIVERING EXCEPTIONAL CARE AND INSPIRING THE PURSUIT OF OPTIMAL HEALTH.

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)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	2,714
6	Total number of volunteers (estimate if necessary)	**6**	554
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	379,081
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,331,189	5,232,851
9	Program service revenue (Part VIII, line 2g)	605,143,439	692,688,915
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	766,522	-1,665,573
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,208,406	3,038,317
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	617,449,556	699,294,510
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,320,952	4,772,455
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	320,264,861	353,908,890
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	231,152,655	266,584,318
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	558,738,468	625,265,663
19	Revenue less expenses. Subtract line 18 from line 12	58,711,088	74,028,847

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	531,415,322	663,491,112
21	Total liabilities (Part X, line 26)	418,062,064	474,016,452
22	Net assets or fund balances. Subtract line 21 from line 20	113,353,258	189,474,660

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

****** 2020-11-10
Signature of officer Date

MATT MORGAN VP/CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-10		P00089862

Firm's name ▶ MOSS ADAMS LLP | Firm's EIN ▶ 91-0189318

Firm's address ▶ 101 SECOND STREET SUITE 900
SAN FRANCISCO, CA 94105 | Phone no. (415) 956-1500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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:

COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA IS DEDICATED TO IDENITFYING AND MEETING THE CHANGING HEALTHCARE NEEDS OF THE PEOPLE OF THE MONTEREY PENINSULA AND SURROUNDING COMMUNITIES.WE ARE COMMITTED TO PROVIDING HIGH-QUALITY SERVICES AT A COMPETITIVE COST AND WITHIN A SAFE ENVIRONMENT.WE PROVIDE EDUCATIONAL AND PUBLIC-SERVICE PROGRAMS TO ENHANCE THE HEALTH OF OUR COMMUNITY AND THE COMPETENCE OF THOSE WHO PROVIDE THE SERVICE.WE CARE FOR ALL WHO COME THROUGH OUR DOORS, REGARDLESS OF ABILITY TO PAY, TO THE FULLEST EXTENT ALLOWED BY LAW AND AVAILABLE RESOURCES.THE HOSPITAL'S GUIDING PRINCIPLES ALSO EMPHASIZE COMMITMENT TO COMMUNITY SERVICE BY STRESSING COMMUNITY COLLABORATION, HOSPITAL LEADERSHIP, AND QUALITY HEALTHCARE SERVICES. OUR MISSION AND GUIDING PRINCIPLES ARE THE BASIS FOR ALL OUR COMMUNITY BENEFIT PROGRAM DECISIONS.

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 $ 528,473,216 including grants of $ 4,772,455) (Revenue $ 692,688,915)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

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 ▶** 528,473,216

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	Yes	
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	Yes	
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 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	Yes	
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
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	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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	1a	569		
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		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	2,714		
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**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
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**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	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**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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	1a	16		
	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	15		
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			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?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		No
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 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		No
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 Form 1023 (or 1024-A 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 MORGAN 20 RAGSDALE DRIVE MONTEREY, CA 93940 (831) 625-4965

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ 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 (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								8,396,131	0	1,372,764

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 ▶ 1,178

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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
MONTEREY BAY EMERGENCY PHYSICIANS MED GR 27530 MONCREST DR CARMEL, CA 93923	EMERGENCY MD SERVICES	10,797,231
MONTEREY PENINSULA RADIOLOGIST GROUP PO BOX HH MONTEREY, CA 93942	RADIOLOGY SERVICES	9,908,139
MEDICAL SOLUTIONS LLC PO BOX 310737 DES MOINES, IA 50331	REGISTRY NURSING / THERAPISTS	9,136,251
EMERGENCY ACUTE CARE MEDICAL GROUP 12230 WORLD TRADE DR 250 SAN DIEGO, CA 92128	EMERGENCY MD SERVICES	6,375,742
MONTEREY HOSPITALIST MEDICAL GROUP 100 WILSON ROAD SUITE 100 MONTEREY, CA 93940	HOSPITALIST GROUP SERVICES	4,634,906

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 ▶ 97

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	5,232,851			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		5,232,851			
Program Service Revenue	Business Code				
2a NET PATIENT SERVICE REVENUE	622110	677,561,766	677,561,766		
b OTHER OPERATING REVENUE	622110	10,779,552	10,779,552		
c MONTAGE WELLNESS CENTER	900099	4,347,597	4,347,597		
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f	692,688,915				
3 Investment income (including dividends, interest, and other similar amounts)		477,618			477,618
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					

		(i) Real	(ii) Personal			
6a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income or (loss)	6c					
d Net rental income or (loss)						

		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a					
b Less: cost or other basis and sales expenses	7b		2,143,191			
c Gain or (loss)	7c		-2,143,191			
d Net gain or (loss)				-2,143,191		-2,143,191

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					

Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS REVENUE	900099	1,873,811		379,081	1,494,730
b CAFETERIA	722514	1,164,506			1,164,506
c					
d All other revenue					
e **Total.** Add lines 11a–11d		3,038,317			
12 **Total revenue.** See instructions		699,294,510	692,688,915	379,081	993,663

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 . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,772,455	4,772,455		
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				
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	218,852,708	200,117,151	18,735,557	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,919,342	20,957,262	1,962,080	
9 Other employee benefits	95,320,001	87,159,840	8,160,161	
10 Payroll taxes	16,816,839	15,377,182	1,439,657	
11 Fees for services (non-employees):				
a Management				
b Legal	3,215,609		3,215,609	
c Accounting	612,561		612,561	
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)	39,667,597	32,653,352	7,014,245	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	14,538,147	9,496,116	5,042,031	
15 Royalties				
16 Occupancy	8,880,851	7,298,256	1,582,595	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,206,224		5,206,224	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,074,668	24,305,434	9,769,234	
23 Insurance	3,298,131	814,564	2,483,567	
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 MEDICAL SUPPLIES	63,785,207	63,727,018	58,189	
b HOSPITAL PROVIDER FEES	34,040,381	20,424,229	13,616,152	
c PHYSICIAN COVERAGE	19,877,224	19,809,631	67,593	
d NON-MEDICAL SUPPLIES	16,347,701	13,404,982	2,942,719	
e All other expenses	23,040,017	8,155,744	14,884,273	
25 **Total functional expenses.** Add lines 1 through 24e	625,265,663	528,473,216	96,792,447	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 ▶ ☐ 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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		24,886,803	1	17,180,485
	2	Savings and temporary cash investments		203,765	2	40,606,260
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		99,226,815	4	96,421,742
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,707,621	8	2,572,711
	9	Prepaid expenses and deferred charges		60,671,108	9	44,077,101
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 771,858,822			
	b	Less: accumulated depreciation	10b 443,222,153	323,235,889	10c	328,636,669
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		20,483,321	15	133,996,144
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		531,415,322	16	663,491,112
Liabilities	17	Accounts payable and accrued expenses		75,169,858	17	85,942,395
	18	Grants payable			18	
	19	Deferred revenue		40,896,487	19	25,398,777
	20	Tax-exempt bond liabilities		139,999,717	20	177,534,015
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		20,191,463	23	20,707,330
	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		141,804,539	25	164,433,935
	26	**Total liabilities.** Add lines 17 through 25		418,062,064	26	474,016,452
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		113,353,258	27	189,474,660
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		113,353,258	32	189,474,660
	33	Total liabilities and net assets/fund balances		531,415,322	33	663,491,112

Part XI Reconcilliation 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	699,294,510
2	Total expenses (must equal Part IX, column (A), line 25)	2	625,265,663
3	Revenue less expenses. Subtract line 2 from line 1	3	74,028,847
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,353,258
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	44,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,048,555
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	189,474,660

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: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 94-0760193

Name: COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Form 990 (2019)

Form 990, Part III, Line 4a:

THE ORGANIZATION OPERATES A 258 BED LICENSED HOSPITAL PROVIDING HEALTHCARE TO THE GENERAL PUBLIC OF THE GREATER MONTEREY PENINSULA. DURING 2019, THERE WERE 13,621 ADMISSIONS; 63,740 ADULT PATIENT DAYS; 394,237 OUTPATIENT VISITS; 8,847 SURGERIES; 56,411 EMERGENCY ROOM VISITS; 34,104 HOSPICE BENEFIT DAYS; AND 1,104 BIRTHS.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
PATRICK WELTON MD CHAIR	12.00 0.00	X		X				0	0	0
KATHLEEN BANG VICE CHAIR	9.00 0.00	X		X				0	0	0
BILL WARNER SECRETARY	3.00 0.00	X		X				0	0	0
DIANA BUSMAN TRUSTEE	1.00 0.00	X						0	0	0
RANDALL CHARLES TRUSTEE	1.00 0.00	X						0	0	0
MATTHEW FRITSCH MD TRUSTEE	4.00 0.00	X						0	0	0
GENE HILL TRUSTEE	3.00 0.00	X						0	0	0
JOHN MAHONEY TRUSTEE	8.00 0.00	X						0	0	0
STAN MCKEE TRUSTEE	3.00 0.00	X						0	0	0
JOHN O'BRIEN TRUSTEE	3.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
FRED O'SUCH TRUSTEE	5.00 0.00	X						0	0	0
LESLIE SNORF TRUSTEE	2.00 0.00	X						0	0	0
SHARON WESLEY MD TRUSTEE	2.00 0.00	X						0	0	0
PHIL WILHELM TRUSTEE	5.00 0.00	X						0	0	0
WILLIAM YOUNG TRUSTEE	4.00 0.00	X						0	0	0
STEVEN PACKER MD PRESIDENT/CHIEF EXECUTIVE OFFICER	35.00 20.00	X		X				2,054,979	0	292,816
LAURA ZEHM SENIOR VP/CHIEF ADMINISTRATIVE OFFICER	35.00 20.00			X				726,266	0	179,317
STEVEN X CABRALES MD PRESIDENT, MEDICAL AFFAIRS	55.00 0.00			X				629,161	0	101,293
ANTHONY CHAVIS VP/CHIEF MEDICAL OFFICER	55.00 0.00			X				680,339	0	149,871
MATTHEW MORGAN VP/CHIEF FINANCIAL OFFICER	35.00 20.00			X				540,058	0	94,025

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
TIM NYLEN VP/CHIEF COMPLIANCE OFFICER	55.00 0.00			X				517,664	0	74,189
CYNTHIA L PECK VICE PRESIDENT	55.00 0.00			X				469,596	0	114,470
DEBORAH SOBER RN MSN VP/CHIEF NURSING OFFICER	55.00 0.00			X				467,332	0	79,461
MARY ANNE LEACH VP/CHIEF INFORMATION OFFICER	55.00 0.00			X				226,946	0	6,923
SUSAN SWICK MD PHYSICIAN IN CHIEF	55.00 0.00					X		535,668	0	21,700
CHARLENE WEBBER SCHUSS CHIEF INFORMATION OFFICER	55.00 0.00					X		448,763	0	66,699
JENNIFER BALLESTEROS REGISTERED NURSE	40.00 0.00					X		375,308	0	41,283
MARIA SEVERINO REGISTERED NURSE	40.00 0.00					X		324,891	0	66,510
DAVID MISISCO PHYSICIST MASTERS	40.00 0.00					X		296,174	0	84,207
TERRIL LOWE FORMER VP/NURSING	0.00 0.00						X	102,986	0	0

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SCHEDULE A (Form 990 or 990EZ)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Employer identification number
94-0760193

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 12, 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 (Form 990 or 990-EZ).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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 . . . . . ▶ ☐

b **33 1/3% support test—2018.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 94-0760193

Name: COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318126950

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	94-0760193

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	31,475	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0	
c Total lobbying expenditures (add lines 1a and 1b)	31,475	
d Other exempt purpose expenditures	625,234,188	
e Total exempt purpose expenditures (add lines 1c and 1d)	625,265,663	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	262,110	278,372	278,372	31,475	850,329
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures				31,475	31,475

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation	

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Employer identification number
94-0760193

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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)
- ☐ Preservation of an historically important land area
- ☑ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☑ Preservation of open space

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	2a	1
b Total acreage restricted by conservation easements	2b	2.76
c Number of conservation easements on a certified historic structure included in (a)	2c	0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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 ▶ 0.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 0

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 ▶ $ 4,097,945

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 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	175,317,743	201,116,274	143,388,360	134,796,586	136,954,497
b Contributions	100,000		55,175,802	704,076	832,369
c Net investment earnings, gains, and losses	32,690,718	-18,058,615	16,589,131	9,646,031	-934,052
d Grants or scholarships		7,634,218	14,037,019	738,606	75,000
e Other expenditures for facilities and programs	5,668,805	105,698		1,019,727	1,631,640
f Administrative expenses					349,588
g End of year balance	202,439,656	175,317,743	201,116,274	143,388,360	134,796,586

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

- a Board designated or quasi-endowment ▶ 6.300 %
- b Permanent endowment ▶ 19.960 %
- c Temporarily restricted endowment ▶ 73.740 %

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:

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

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" on 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		5,520,450		5,520,450
b Buildings		403,502,965	224,544,833	178,958,132
c Leasehold improvements		2,697,838	2,339,212	358,626
d Equipment		325,185,615	207,967,754	117,217,861
e Other		34,951,954	8,370,354	26,581,600
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				328,636,669

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)OTHER INVESTMENTS	12,572,936
(2)RECEIVABLES FROM RELATED ORGANIZATIONS	76,562,210
(3)BOND INDENTURE FUNDS	40,491,737
(4)ACCRUED INTEREST AND OTHER RECEIVABLES	271,316
(5)ARTWORK	4,097,945
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	133,996,144

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	164,433,935

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
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	
3	Subtract line **2e** from line **1**			3	
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	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

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	
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	
3	Subtract line **2e** from line **1**			3	
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	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-0760193

Name: COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Supplemental Information

Return Reference	Explanation
PART II, LINE 9:	REPORTED ON BALANCE SHEET AS PART OF PROPERTY, PLANT AND EQUIPMENT.

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	ART COLLECTIONS PROMOTE THE HEALING ENVIRONMENT OF THE HOSPITAL

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	IMPROVEMENT OF PATIENT CARE, SPONSORED CARE UNDER CIRCUMSTANCES, OTHER COSTS TO IMPROVE TH E AESTHETIC ENVIRONMENT, HOSPICE CARE, SCHOLARSHIPS, COMMUNITY BENEFIT GRANTS, AND EMPLOYE E WELLNESS AND INCENTIVE PROGRAMS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MONTAGE, CHOMP, ASPIRE (EXCLUDING COASTAL), THE FOUNDATION, CHI, MMG, AND MOGO HAVE BEEN D ETERMINED TO BE EXEMPT ORGANIZATIONS BY THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FR ANCHISE TAX BOARD AND GENERALLY ARE NOT SUBJECT TO TAXES ON INCOME PURSUANT TO SECTION 501 (C)(3) AND SECTION 23701(D) OF THE INTERNAL REVENUE CODE AND CALIFORNIA REVENUE AND TAXATI ON CODE, RESPECTIVELY. COASTAL ENTITIES ARE TAXABLE ENTITIES AND INCOME TAXES ARE ACCOUNTE D FOR USING AN ASSET AND LIABILITY APPROACH THAT REQUIRES THE RECOGNITION OF DEFERRED TAX ASSETS AND LIABILITIES FOR THE EXPECTED FUTURE TAX CONSEQUENCES OF EVENTS THAT HAVE BEEN I NCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS METHOD, DEFERRED TAX ASSETS A ND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE CONSOLIDATED FINANCIAL STATEMENT AND TAX BASIS OF ASSETS AND LIABILITIES USING ENACTED TAX RATES IN EFFECT FOR TH E YEAR IN WHICH THE DIFFERENCES ARE EXPECTED TO REVERSE. COASTAL ENTITIES HAVE NET CUMULAT IVE LOSSES AND THE DEFERRED TAX ASSETS ASSOCIATED WITH THESE LOSSES HAVE BEEN FULLY RESERV ED. THE ORGANIZATION ASSESSES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF THE FASB ASC TOPIC 740-10, INCOME TAXES. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POS ITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 % LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION RECOGNIZES INTER EST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. THERE WERE NO UNCER TAIN TAX POSITIONS AS OF DECEMBER 31, 2019 AND 2018.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Employer identification number
94-0760193

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 30000.0000000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,540,569		3,540,569	0.570 %
b Medicaid (from Worksheet 3, column a)			125,272,990	75,838,567	49,434,423	7.910 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			32,691,819	22,233,473	10,458,346	1.670 %
d **Total** Financial Assistance and Means-Tested Government Programs			161,505,378	98,072,040	63,433,338	10.150 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			6,128,901	522,959	5,605,942	0.900 %
f Health professions education (from Worksheet 5)			929,946		929,946	0.150 %
g Subsidized health services (from Worksheet 6)			42,344,627	19,627,304	22,717,323	3.630 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			637,945		637,945	0.100 %
j **Total.** Other Benefits			50,041,419	20,150,263	29,891,156	4.780 %
k **Total.** Add lines 7d and 7j			211,546,797	118,222,303	93,324,494	14.930 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	17,682,579		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	7,073,032		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	206,970,796		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	311,743,288		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-104,772,492		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group COMMUNITY HOSPITAL OF THE MONTEREY PENIN

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): HTTPS://WWW.CHOMP.ORG/ABOUT-US/COMMUNITY-NEEDS-ASSESSMENT/#.X491-W5FZR4			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url): HTTPS://WWW.CHOMP.ORG/APP/FILES/PUBLIC/5654/COMMUNITY-BENEFIT-REPORT.PDF			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

COMMUNITY HOSPITAL OF THE MONTEREY PENIN

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.CHOMP.ORG			
b	☑ The FAP application form was widely available on a website (list url): WWW.CHOMP.ORG			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.CHOMP.ORG			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

COMMUNITY HOSPITAL OF THE MONTEREY PENIN

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

COMMUNITY HOSPITAL OF THE MONTEREY PENIN

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **6**

	Name and address	Type of Facility (describe)
1	1 - WESTLAND HOUSE 100 BARNET SEGAL LANE MONTEREY, CA 93940	SKILLED NURSING FACILITY
2	2 - HARTNELL PROFESSIONAL CENTER 576 HARTNELL STREET MONTEREY, CA 93940	OUTPATIENT SERVICES
3	3 - MONTAGE WELLNESS CENTER - MARINA 2920 2ND AVENUE MARINA, CA 93933	OUTPATIENT SERVICES
4	4 - MONTAGE WELLNESS CENTER - SALINAS 1910 NORTH DAVIS ROAD SALINAS, CA 93907	OUTPATIENT SERVICES
5	5 - RYAN RANCH 2 UPPER RAGSDALE DRIVE MONTEREY, CA 93940	OUTPATIENT SERVICES
6	6 - CARMEL CROSSROADS 256 CROSSROADS BLVD CARMEL, CA 93923	OUTPATIENT SERVICES
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	MONTAGE HEALTH 94-2789696

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	CHOMP PROVIDES FOR ESTIMATED LOSSES ON PATIENT ACCOUNTS RECEIVABLE BASED ON PRIOR BAD DEBT EXPERIENCE. BAD DEBT IS NET OF BOTH PAYMENTS AND DISCOUNTS. RECOVERIES FROM PREVIOUSLY CHARGED-OFF ACCOUNTS ARE RECORDED WHEN RECEIVED. THE AMOUNT ATTRIBUTABLE TO INDIVIDUALS WHO MAY QUALIFY FOR CHARITY CARE IS BASED ON AN INTERNAL ESTIMATE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	THE AMOUNT ATTRIBUTABLE TO INDIVIDUALS WHO MAY QUALIFY FOR CHARITY CARE IS BASED ON AN INTERNAL ESTIMATE; IT IS ESTIMATED THAT 40% OF BAD DEBT WOULD QUALIFY FOR CHARITY CARE, BUT REFUSE AN APPLICATION, ARE HOMELESS, OR OTHERWISE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	CHOMP PROVIDES FOR ESTIMATED LOSSES ON PATIENT ACCOUNTS RECEIVABLE BASED ON PRIOR BAD DEBT EXPERIENCE AND GENERALLY DOES NOT CHARGE INTEREST ON PAST DUE BALANCES. PAST DUE STATUS IS BASED UPON THE DATE OF SERVICES PROVIDED. UNCOLLECTIBLE RECEIVABLES ARE CHARGED OFF WHEN DEEMED UNCOLLECTIBLE. RECOVERIES FROM PREVIOUSLY CHARGED-OFF ACCOUNTS ARE RECORDED WHEN RECEIVED.CHOMP USES A FIRM CALLED CAREPAYMENT TO OFFER SELF-PAY PATIENTS THE OPPORTUNITY TO HAVE AN INTEREST-FREEEXTENDED PAYMENT PROGRAM. CAREPAYMENT TAKES OVER THE PATIENT ACCOUNTS RECEIVABLE FROM CHOMP AT A DISCOUNT,AND WORKS WITH THE PATIENTS TO COME UP WITH AN AGREEABLE PAYMENT PLAN. CAREPAYMENT HAS FULL RECOURSE WITHCHOMP TO RECOVER ANY UNPAID BALANCES.

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
PART III, LINE 9B:	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA PURSUES A COLLECTION POLICY IN KEEPING WITH B EST PRACTICES IN THE INDUSTRY, CALIFORNIA HOSPITAL ASSOCIATION (CHA) RECOMMENDATIONS, THE HOSPITAL FAIR PRICING POLICIES ACT, AND ALL FEDERAL, STATE AND LOCAL LAWS GOVERNING THE CO LLECTION OF A PATIENT DEBT. THE HOSPITAL WILL CLEARLY AND CONSPICUOUSLY POST AND MAINTAIN SIGNS NOTIFYING PATIENTS OF THE HOSPITAL'S SPONSORED CARE AND DISCOUNT PAYMENT PROGRAMS, A ND THE AVAILABILITY OF FUNDS FROM OTHER PROGRAMS TO ASSIST WITH PAYMENT OF BILLS. THE SIGN S ARE PLACED IN EVERY REGISTRATION SITE, THE PATIENT BUSINESS OFFICE, THE EMERGENCY DEPART MENT, THE BILLING OFFICE, THE ADMISSIONS OFFICE, AND OTHER OUTPATIENT SETTINGS. PATIENT BU SINESS SERVICES SHALL ADHERE TO THE GUIDELINES DESCRIBED BELOW IN THE COLLECTION OF ANY PA TIENT DEBT TO THE HOSPITAL STEMMING FROM MEDICAL SERVICES RENDERED AT ANY SITE OR IN ANY D EPARTMENT. EVERY PATIENT WILL BE ACCORDED RESPECT AND TREATED WITH DIGNITY AT ALL TIMES. T HESE COLLECTION GUIDELINES ARE ESTABLISHED UNDER THE AUTHORITY OF THE PATIENT BUSINESS SER VICES DEPARTMENT, AND DEBTS WILL NOT BE ADVANCED FOR COLLECTION WITHOUT REVIEW BASED ON TH E AUTHORIZATION PROCESS BY DOLLAR THRESHOLD. THE DECISION TO ADVANCE A DEBT FOR COLLECTION WILL BE MADE ON A CASE-BY-CASE BASIS, FOLLOWING THE POLICY AND PROCESSES SET FORTH BELOW. THE COLLECTION PROCESS MAY BE AUTOMATED IF CERTAIN CRITERIA ARE MET. THE DECISION TO ADVA NCE A DEBT FOR COLLECTION WILL BE BASED ON SUCH FACTORS AS LACK OF PAYMENT, FAILURE TO APP LY FOR AVAILABLE PROGRAMS, FAILURE TO RESPOND TO HOSPITAL REQUESTS, OR FAILURE TO CONTACT THE HOSPITAL IN RESPONSE TO A BILL. AT THE DISCRETION OF THE PATIENT BUSINESS SERVICES AND FOLLOWING THE AUTHORIZATION PROCESS BY DOLLAR THRESHOLD BELOW, A DEBT MAY BE ADVANCED FOR COLLECTION IF PAYMENT IN FULL IS NOT RECEIVED WITHIN 30 DAYS OF THE INITIAL BILL, SUBJECT TO THE LIMITATIONS STATED BELOW. REGARDLESS OF THE AGE OF A BILL, THE HOSPITAL WILL ALWAY S BE OPEN TO COMPROMISE REGARDING A DEBT. COLLECTION IS INITIALLY CONDUCTED BY THE HOSPITA L BUT MAY BE ADVANCED FOR COLLECTION BY AN EXTERNAL COLLECTION AGENCY OR LEGAL ACTION AS S ET FORTH BELOW. THIS COLLECTION POLICY GOVERNS ALL COMMUNICATIONS BETWEEN THE HOSPITAL AND A PATIENT CONCERNING COLLECTION OF AMOUNTS OWED TO THE HOSPITAL. POLICY APPLIES TO ALL PA TIENT TYPES AND ALL VISIT TYPES. COLLECTION PROCEDURES WILL VARY DEPENDING ON THE TYPE OF VISIT, WITH SPONSORED CARE/DISCOUNT ELIGIBLE PATIENTS OUTLINED BELOW: 1. PATIENT HAS APPLI ED OR QUALIFIED FOR THE HOSPITAL'S SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM. PATIENTS WH O MEET INCOME AND/OR ASSET REQUIREMENTS MAY QUALIFY FOR THE HOSPITAL'S SPONSORED CARE OR D ISCOUNT PAYMENT PROGRAM. ALL EFFORTS SHOULD BE MADE TO DETERMINE ELIGIBILITY FOR THESE PRO GRAMS PRE-SERVICE IF POSSIBLE, OR AS SOON AS PRACTICABLE AFTER SERVICES ARE PROVIDED. THE HOSPITAL'S SOCIAL SERVICES DEPARTMENT OR THE PATIENT BUSINESS SERVICES DEPARTMENT WILL REV IEW APPLICATIONS FOR SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM ELIGIBILITY IN ACCORDANCE WITH HOSPITAL POLICY. WHILE THE PATIENT'S APPLICATION IS PENDING, THE HOSPITAL MAY SEND BI LLING STATEMENTS, BUT WILL NOT COMMENCE ANY COLLECTION ACTIVITY. 2. COLLECTING FOR A VISIT FROM A PATIENT WHO IS ELIGIBLE FOR THE HOSPITAL'S SPONSORED CARE OR DISCOUNT PAYMENT PROG RAM. UPON REACHING A DETERMINATION THAT THE PATIENT IS ELIGIBLE FOR THE SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM, THE HOSPITAL WILL DETERMINE THE AMOUNT OWED BY THE PATIENT IN AC CORDANCE WITH THE HOSPITAL'S SPONSORED CARE & DISCOUNT PAYMENT PROGRAM POLICY. IF THE PATI ENT IS NOT ABLE TO PAY THE AMOUNT DUE IN A LUMP SUM, THE PATIENT WILL BE OFFERED THE OPPOR TUNITY TO NEGOTIATE AND AGREE TO A PAYMENT PLAN. THE PATIENT WILL BE ADVISED THAT THE PAYM ENTS WILL BE INTEREST FREE PROVIDED THEY ARE TIMELY MADE, BUT IF THE PATIENT FAILS TO MAKE ALL SCHEDULED PAYMENTS DURING ANY 90-DAY PERIOD, THE HOSPITAL MAY TERMINATE THE EXTENDED PAYMENT PLAN AND THE ENTIRE OUTSTANDING BALANCE WILL BE DUE, TOGETHER WITH INTEREST ON THE REMAINING BALANCE AT THE MAXIMUM LEGAL RATE. IF THE PATIENT CHOOSES TO ENTER INTO A PAYME NT PLAN, THE SPONSORED CARE & DISCOUNT PAYMENT PROGRAM PAYMENT PLAN SHOULD BE COMPLETED AN D THE PATIENT SHOULD SIGN THAT PLAN. IF THE PATIENT HAS SIGNED A SPONSORED CARE & DISCOUNT PAYMENT PROGRAM PAYMENT PLAN, AND THE PATIENT FAILS TO TIMELY MAKE ALL SCHEDULED PAYMENTS DURING ANY 90-DAY PERIOD, THE HOSPITAL MAY TERMINATE THE PAYMENT PLAN. BEFORE TERMINATING THE PAYMENT PLAN, THE HOSPITAL WILL CONTACT THE PATIENT BY TELEPHONE AND IN WRITING AND I NFORM THE PATIENT THAT THE PAYMENT PLAN MAY BE TERMINATED DUE TO DEFAULT IN SCHEDULED PAYM ENTS. IF THE PATIENT REQUESTS, THE HOSPITAL WILL RENEGOTIATE THE PAYMENT PLAN. THE HOSPITA L WILL NOT REPORT ADVERSE INFORMATION TO A CONSUMER CREDIT REPORTING AGENCY OR BEGIN A CIV IL ACTION AGAINST THE PATIENT FOR NONPAYMENT BEFORE THE PAYMENT PLAN IS TERMINATED. THE HO SPITAL WILL NOT USE THE MONETARY ASSET INFORMATION

Form and Line Reference	Explanation
PART III, LINE 9B:	IT OBTAINED IN DETERMINING ELIGIBILITY FOR THE SPONSORED CARE PROGRAM FOR COLLECTION ACTI VITIES. INFORMATION CONCERNING INCOME AND MONETARY ASSETS THAT ARE OBTAINED AS PART OF THE ELIGIBILITY DETERMINATION ARE MAINTAINED SEPARATELY FROM THE PATIENT'S COLLECTION FILE. F OR A PERIOD OF 150 DAYS AFTER THE INITIAL BILLING TO THE PATIENT, THE HOSPITAL WILL NOT RE PORT ADVERSE INFORMATION TO A CONSUMER CREDIT REPORTING AGENCY CONCERNING, OR COMMENCE A C IVIL ACTION AGAINST, A PATIENT WHO LACKS COVERAGE OR PROVIDES INFORMATION THAT HE OR SHE M AY BE ELIGIBLE FOR THE SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM. IF A PATIENT IS ATTEMPT ING TO QUALIFY FOR THE DISCOUNT PAYMENT OR SPONSORED CARE PROGRAM AND IS ATTEMPTING IN GOO D FAITH TO SETTLE AN OUTSTANDING BILL BY NEGOTIATING A PAYMENT PLAN OR MAKING REASONABLE, REGULAR PAYMENTS ON HIS/HER BILL, THE HOSPITAL WILL NOT SEND THE PATIENT'S VISIT TO A COLL ECTION AGENCY UNLESS THE AGENCY AGREES TO COMPLY WITH THE HOSPITAL'S COLLECTION POLICY AND THE HOSPITAL FAIR PRICING POLICIES ACT. THE HOSPITAL WILL NOT USE WAGE GARNISHMENTS OR LI ENS ON PRIMARY RESIDENCES AS A MEANS OF COLLECTING UNPAID HOSPITAL BILLS FROM PATIENTS WHO ARE ELIGIBLE FOR THE DISCOUNT PAYMENT OR SPONSORED CARE PROGRAM. IF A PATIENT APPEALS THE HOSPITAL'S DECISION CONCERNING ELIGIBILITY OR LEVEL OF BENEFITS OF THE PATIENT FOR EITHER THE SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM, OR APPEALS A COVERAGE OF DETERMINATION OF A THIRD PARTY, THE HOSPITAL WILL NOT REPORT ADVERSE INFORMATION TO A CONSUMER CREDIT REPO RTING AGENCY CONCERNING, OR COMMENCE A CIVIL ACTION AGAINST, THE PATIENT PROVIDED THE PATI ENT HAS FILED AN APPEAL IN COMPLIANCE WITH THE HOSPITAL'S SPONSORED CARE & DISCOUNT PAYMEN T PROGRAM POLICY, OR MAKES A REASONABLE EFFORT TO COMMUNICATE WITH THE HOSPITAL ABOUT THE PROGRESS OF ANY COVERAGE APPEAL PENDING WITH A THIRD PARTY. THE HOSPITAL WILL NOT BEGIN TH E 150-DAY PERIOD REFERENCED ABOVE UNTIL AFTER THE RESOLUTION OF THE PATIENT'S APPEAL IS CO MPLETED TO AFFORD THE PATIENT THE FULL 150 DAYS TO MAKE PAYMENT. BEFORE BEGINNING ANY COLL ECTION ACTIVITY AGAINST ANY PATIENT, INCLUDING THOSE WHO ARE NOT ELIGIBLE FOR THE SPONSORE D CARE OR DISCOUNT PAYMENT PROGRAMS, THE HOSPITAL WILL PROVIDE THE PATIENT WITH A CLEAR AN D CONSPICUOUS NOTICE OF THE PATIENT'S RIGHTS UNDER THE FAIR PRICING POLICIES ACT, THE ROSE NTHAL FAIR DEBT COLLECTION PRACTICES ACT, AND THE FEDERAL FAIR DEBT COLLECTION PRACTICES A CT. THE NOTICE WILL STATE: "STATE AND FEDERAL LAW REQUIRE DEBT COLLECTORS TO TREAT YOU FAI RLY AND PROHIBIT DEBT COLLECTORS FROM MAKING FALSE STATEMENTS OR THREATS OF VIOLENCE, USIN G OBSCENE OR PROFANE LANGUAGE, AND MAKING IMPROPER COMMUNICATIONS WITH THIRD PARTIES, INCL UDING YOUR EMPLOYER. EXCEPT UNDER UNUSUAL CIRCUMSTANCES, DEBT COLLECTORS MAY NOT CONTACT Y OU BEFORE 8:00 A.M. OR AFTER 9:00 P.M. IN GENERAL, A DEBT COLLECTOR MAY NOT GIVE INFORMATI ON ABOUT YOUR DEBT TO ANOTHER PERSON, OTHER THAN YOUR ATTORNEY OR SPOUSE. A DEBT COLLECTOR MAY CONTACT ANOTHER PERSON TO CONFIRM YOUR LOCATION OR ENFORCE A JUDGMENT. FOR MORE INFOR MATION ABOUT DEBT COLLECTION ACTIVITIES, YOU MAY CONTACT THE FEDERAL TRADE COMMISSION BY T ELEPHONE AT 877-FTC-HELP (382-4357) OR ONLINE AT WWW.FTC.GOV. NONPROFIT CREDIT COUNSELING SERVICES MAY BE AVAILABLE IN THE AREA. IF YOU ARE UNINSURED OR HAVE HIGH MEDICAL COSTS, PL EASE CONTACT COMMUNITY HOSPITAL'S PATIENT BUSINESS SERVICES DEPARTMENT AT (831) 625-4922 O R (888) 625-4922 FOR INFORMATION ON DISCOUNTS AND PROGRAMS FOR WHICH YOU MAY BE ELIGIBLE, INCLUDING THE MEDI-CAL PROGRAM. IF YOU HAVE COVERAGE, PLEASE TELL US SO THAT WE MAY BILL Y OUR PLAN." THIS NOTICE WILL ALSO BE GIVEN IN ANY DOCUMENT INDICATING THAT THE COMMENCEMENT OF COLLECTION ACTIVITIES MAY OCCUR. ANY AMOUNT COLLECTED FROM A PATIENT IN EXCESS OF THE AMOUNT DUE UNDER THE HOSPITAL'S SPONSORED CARE OR DISCOUNT PAYMENT POLICY WILL BE REFUNDED TO THE PATIENT, TOGETHER WITH INTEREST THEREON.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	IN 2019, COMMUNITY HOSPITAL COMPLETED AN UPDATED AND COMPREHENSIVE ASSESSMENT OF OUR COMMUNITY'S UNMET HEALTHCARE NEEDS. PROFESSIONAL RESEARCH CONSULTANTS (PRC) WAS RETAINED TO CONDUCT A STATISTICALLY VALID TELEPHONE SURVEY OF 1,000 RANDOMLY SELECTED LOCAL ADULTS AS WELL AS FACILITATE GROUP DISCUSSIONS WITH PUBLIC HEALTH PROFESSIONALS FROM THE COMMUNITY. ALL OF THE DATA WAS THEN COMPILED AND BENCHMARKED AGAINST THE GOALS OF THE NATIONAL HEALTHY PEOPLE 2020 INITIATIVE SPONSORED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	PATIENT BUSINESS SERVICES AND THE SOCIAL SERVICES DEPARTMENT SCREEN APPLICANTS FOR THE SPONSORED CARE AND DISCOUNT PROGRAMS. COMPLETED APPLICATIONS, INCLUDING REQUIRED DOCUMENTATION, ARE SUBMITTED TO PATIENT BUSINESS SERVICES OR SOCIAL SERVICES FOR INITIAL REVIEW AND FOLLOW UP. THE PATIENT/RESPONSIBLE PARTY, AND/OR SERVICE DEPARTMENT ARE NOTIFIED OF THE FINAL ELIGIBILITY DECISION IN WRITING. SHOULD THERE BE ANY DISPUTE AS TO THE DECISION MADE BY THE HOSPITAL ON THE ELIGIBILITY OR LEVEL OF ELIGIBILITY OF THE PATIENT FOR EITHER THE SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM, AN APPEAL OF THE DECISION MAY BE MADE TO THE DIRECTOR OF PATIENT BUSINESS SERVICES. FOR PATIENTS IN THE OUTPATIENT IMMUNOLOGY SERVICES CLINIC, A NURSE CASE MANAGER MAY PROVIDE INITIAL FINANCIAL SCREENING. EACH PATIENT ROOM INCLUDES A BROCHURE "WELCOME TO COMMUNITY HOSPITAL." THIS BROCHURE INCLUDES INFORMATION REGARDING OUR FINANCIAL ASSISTANCE PROGRAM. IN ADDITION, COMMUNITY HOSPITAL PUBLICLY DISPLAYS INFORMATION ON THE GENERAL PROGRAM IN KEY SERVICE LOCATIONS AND PROVIDES INFORMATION TO EVERY PATIENT AT THE TIME OF REGISTRATION FOR SERVICES AND ENCLOSED WITH BILLING STATEMENTS. INFORMATION ON SPECIALTY PROGRAMS (E.G., FREE BASELINE MAMMOGRAPHY THROUGH THE SHERRY COCKLE FUND AND REHABILITATION SERVICES THROUGH THE THOMAS A. WORK, JR., FUND) ARE PROVIDED TO PATIENTS WHO REGISTER FOR THESE SPECIFIC SERVICES. THROUGH ITS PUBLIC WEB SITE, COMMUNITY HOSPITAL ALSO PUBLICIZES THE SPONSORED CARE AND DISCOUNT PROGRAMS AND ILLUSTRATES THE BENEFITS OF THE PROGRAM. A FORMAL PRESENTATION ABOUT HOSPITAL BILLING PRACTICES AND SPONSORED CARE REQUIREMENTS IS PROVIDED TO COMMUNITY GROUPS ON REQUEST BY OUR PATIENT BUSINESS SERVICES DEPARTMENT. IN ADDITION, THE HOSPITAL PUBLICIZES SPONSORED CARE FOR HIV/AIDS PATIENTS THROUGH REGULAR REPORTS TO COLLABORATING COMMUNITY ORGANIZATIONS ON THE PROGRAM USAGE AND THE POPULATION SERVED. FINANCIAL COUNSELORS WORK IN CONJUNCTION WITH A PRIVATE VENDOR (DIVERSIFIED HEALTH RESOURCES) TO GUIDE UNINSURED PATIENTS THROUGH THE PROCESS OF OBTAINING AVAILABLE GOVERNMENT BENEFITS, SUCH AS MEDI-CAL OR OTHER STATE PROGRAMS. THESE COUNSELORS ALSO ASSIST THOSE PATIENTS THROUGH THE QUALIFICATION PROCESS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA'S COMMUNITY, AS DEFINED FOR THE PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, INCLUDED EACH OF THE RESIDENTIAL ZIP CODES THAT COMPRISE THE HOSPITAL'S PRIMARY SERVICE AREA (PSA), INCLUDING: 93950, 93940, 93941, 93942, 93943, 93944, 93920, 93921, 93922, 93923, 93955, 93933, 93953, 93908 AND 93924. THIS INCLUDED MONTEREY, CARMEL, BIG SUR, SEASIDE, MARINA, PACIFIC GROVE, PEBBLE BEACH, THE HIGHWAY 68 CORRIDOR, AND CARMEL VALLEY.THE POPULATION OF THE HOSPITAL'S PRIMARY SERVICE AREA IS ESTIMATED AT 143,307 PEOPLE. IT IS PREDOMINANTLY NON-HISPANIC WHITE BUT ALSO HAS A SUBSTANTIAL HISPANIC POPULATION. THE DEMOGRAPHIC BREAKDOWN, ACCORDING TO THE US CENSUS BUREAU, IS NON-HISPANIC WHITE (60.7 PERCENT), HISPANIC (21 PERCENT), ASIAN (8.6 PERCENT), AFRICAN AMERICAN/BLACK (3.8 PERCENT), AND OTHER (5.4 PERCENT).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY IN MANY WAYS, AS OUTLINED IN THE COMMUNITY BENEFIT REPORT. CHOMP'S BOARD OF TRUSTEES IS COMPRISED OF VOLUNTEERS FROM THE COMMUNITY. THE MEDICAL STAFF IS OPEN. CHOMP'S SISTER ORGANIZATION, COMMUNITY HEALTH INNOVATIONS IS DEDICATED ENTIRELY TO POPULATION HEALTH. CARE MANAGERS THROUGHOUT THE COMMUNITY ASSIST IN PARTNERING PATIENTS WITH COMMUNITY RESOURCES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	COMMUNITY HEALTH INNOVATIONS IS DEDICATED ENTIRELY TO POPULATION HEALTH. CARE MANAGERS THROUGHOUT THE COMMUNITY ASSIST IN PARTNERING PATIENTS WITH COMMUNITY RESOURCES. MONTAGE MEDICAL GROUP IS COMPRISED OF PRIMARY AND SPECIALTY PROVIDERS TO IMPROVE ACCESS TO CARE IN THE COMMUNITY. ASPIRE HEALTH PLAN OFFERS AN AFFORDABLE ALTERNATIVE FOR INSURANCE COVERAGE FOR MEDICARE-ELIGIBLE COMMUNITY MEMBERS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CA

Additional Data

Software ID:

Software Version:

EIN: 94-0760193

Name: COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA 23625 HOLMAN HIGHWAY MONTEREY, CA 93940 WWW.CHOMP.ORG 070000026	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	PART V, SECTION B, LINE 5: THE DATA COLLECTION EFFORT CONSISTED OF A RANDOM SAMPLE OF 1,000 INDIVIDUALS AGE 18 AND OLDER IN THE CHOMP SERVICE AREA, RESULTING IN 234 SURVEYS IN MONTEREY, 123 IN CARMEL/BIG SUR, 215 IN SEASIDE, 157 IN MARINA, 145 IN PACIFIC GROVE/PEBBLE BEACH, AND 126 IN HIGHWAY 68/CARMEL VALLEY. ONCE THE INTERVIEWS WERE COMPLETED, THESE WERE WEIGHTED IN PROPORTION TO ACTUAL POPULATION DISTRIBUTION SO AS TO REPRESENT THE CHOMP SERVICE AREA AS A WHOLE.ADDITIONALLY, TO SOLICIT INPUT FROM KEY INFORMANTS (THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY), AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY CHOMP; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. IN ALL, 106 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, INCLUDING: 24 PHYSICIANS, 6 PUBLIC HEALTH REPRESENTATIVES, 8 OTHER HEALTH PROVIDERS, 28 SOCIAL SERVICES PROVIDERS, AND 40 OTHER COMMUNITY LEADERS.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	PART V, SECTION B, LINE 11: IN CONSIDERATION OF THE TOP HEALTH PRIORITIES IDENTIFIED THROU GH THE COMMUNITY HEALTH NEEDS ASSESSMENT AND TAKING INTO ACCOUNT HOSPITAL RESOURCES AND OV ERALL ALIGNMENT WITH THE HOSPITAL'S MISSION, GOALS, AND STRATEGIC PRIORITIES CHOMP WILL FO CUS ON DEVELOPING AND/OR SUPPORTING STRATEGIES AND INITIATIVES TO ADDRESS: (I) ACCESS TO H EALTH SERVICES, (II) DIABETES, (III) MENTAL HEALTH, AND (IV) SUBSTANCE ABUSE.TO ADDRESS TH E HEALTH NEED OF "ACCESS TO HEALTH SERVICES", CHOMP HAS OUTLINED 3 STRATEGIES:1) PROVIDE F UNDING SUPPORT AIMED AT IMPROVING ACCESS TO PRIMARY CARE FOR UNDERSERVED POPULATIONS. THIS INCLUDES FINANCIAL SUPPORT FOR MONTEREY COUNTY HEALTH DEPARTMENT'S MEDICAL CLINICS IN SEA SIDE AND MARINA, FINANCIAL SUPPORT FOR A SCHOOL NURSE ASSIGNED TO UNDERSERVED MONTEREY PEN INSULA UNIFIED SCHOOL DISTRICT SITES, AND FINANCIAL SUPPORT AND STAFF RESOURCES FOR THE MO NTAGE HEALTH MOBILE CLINIC TO SERVE THE HOMELESS POPULATION AND SUPPORT FOR MOGO URGENT CA RE.2) PROVIDE MEDICALLY NECESSARY HOSPITAL SERVICES FOR THOSE WHO ARE UNABLE TO PAY FOR TH EM. THIS INCLUDES ASSISTANCE THROUGH THE FINANCIAL ASSISTANCE PROGRAM, WHICH INCLUDES DISC OUNTED PAYMENTS AND SPONSORED CARE (CHARITY CARE) FOR MEDICALLY NECESSARY HOSPITAL SERVICE S.3) RECRUIT AND RETAIN PHYSICIANS IN SPECIALTIES WHERE A LOCAL SHORTAGE IS DEMONSTRATED. THIS INCLUDES PROVIDING FINANCIAL ASSISTANCE TO RECRUIT ADDITIONAL PHYSICIANS IN DEMONSTRA TED-SHORTAGE SPECIALTIES TO PRACTICE IN THE COMMUNITY AND SUPPORT THEIR ABILITY TO ESTABLI SH SUSTAINABLE PRACTICES IN THE PRIMARY SERVICE AREA AS WELL AS REQUIRING PHYSICIANS WHO R ECEIVE RECRUITMENT ASSISTANCE TO ACCEPT REFERRALS FROM THE HOSPITAL FOR PATIENTS WITH ALL FORMS OF HEALTH INSURANCE ACCEPTED BY THE HOSPITAL, INCLUDING MEDICARE AND MEDI-CAL.TO ADD RESS THE HEALTH NEED TO DIABETES, CHOMP HAS OUTLINED 3 STRATEGIES:1) INCREASE AWARENESS AN D IDENTIFICATION OF PREDIABETES AND DIABETES. THIS INCLUDES PROVIDING COMMUNITY OUTREACH T O BOTH THE PUBLIC AND PROVIDERS TO INCREASE AWARENESS OF THE DISEASE, DIABETES, AND PREDIA BETES SCREENING RECOMMENDATIONS, AND RELATED EDUCATIONAL OPPORTUNITIES, AS WELL AS INCREAS ING THE AVAILABILITY OF PREDIABETES AND DIABETES SELF-ASSESSMENT TOOLS AND MEDICAL SCREENI NGS. ADDITIONALLY, CHOMP WILL CONTINUE TO PARTNER WITH THE DIABETES COLLECTIVE.2) IMPROVE ACCESS TO PREDIABETES AND DIABETES EDUCATION AND PREVENTION SERVICES. TO ACCOMPLISH THIS, CHOMP WILL INCREASE UTILIZATION OF EXISTING EDUCATION AND PREVENTION SERVICES BY SUPPORTIN G THE REFERRAL PROCESS FROM PHYSICIANS AND OTHER MEDICAL PROVIDERS. ADDITIONALLY, THIS ENT AILS INCREASING THE AVAILABILITY OF REMOTE EDUCATION PROGRAMS.3) CONTINUE TO PROVIDE NUTRI TION, PHYSICAL ACTIVITY, AND WEIGHT MANAGEMENT CURRICULUM THROUGH CHOMP'S KIDS EAT RIGHT P ROGRAM.TO ADDRESS THE HEALTH NEED OF MENTAL HEALTH, CHOMP HAS OUTLINED 2 STRATEGIES:1) SUP PORT AND IMPROVE ACCESS TO CARE FOR MENTAL HEALTH SERVICES BY INCREASING THE NUMBER OF MEN TAL HEALTH PRACTITIONERS IN OU

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	TPATIENT BEHAVIORAL HEALTH SERVICES AT HARTNELL PROFESSIONAL CENTER AND/OR AVAILABLE INDIV IDUAL APPOINTMENTS. CHOMP WILL ALSO CONTINUE TO PROVIDE RELIEF THROUGH THE FINANCIAL ASSIS TANCE PROGRAM FOR HOSPITAL-PROVIDED MENTAL HEALTH SERVICES.2) SUPPORT AND IMPROVE ACCESS T O CARE FOR MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS. IN COLLABORATION WITH OHAN A, CHOMP WILL EXPAND THE NUMBER OF DIAGNOSTIC EVALUATIONS COMPLETED BY SOCIAL WORKERS AND REVIEWED BY A BEHAVIORAL HEALTH TEAM (CHILD PSYCHOLOGIST AND PSYCHIATRISTS). ADDITIONALLY, CHOMP WILL EXPAND ACCESS TO EFFECTIVE PSYCHOTHERAPY FOR THE MOST COMMON PSYCHIATRIC ILLNE SSES OF YOUTH, INCLUDING INDIVIDUAL AND GROUP TREATMENTS.TO ADDRESS THE HEALTH NEED OF SUB STANCE ABUSE, CHOMP HAS OUTLINED 3 STRATEGIES:1) INCREASE COMMUNITY AWARENESS OF SAFE USE OF OPIOID PRESCRIPTION MEDICATIONS, REDUCE INAPPROPRIATE PRESCRIBING OF PAIN MEDICATIONS, AND INCREASE AWARENESS OF THE DANGERS OF STREET OPIOIDS THROUGH THE PRESCRIBE SAFE PROGRAM . CHOMP WILL ACCOMPLISH THIS BY OFFERING EDUCATION TO THE PUBLIC AND MEDICAL COMMUNITY ON THE DANGER OF DRUGS, PROVIDE SAFE MEDICATION DISPOSAL SITES, AND PROVIDE NALOXONE AND TRAI NING TO THE COMMUNITY, HEALTHCARE WORKS, AND FIRST RESPONDERS.2) IDENTIFY RESOURCES FOR PA TIENTS WITH ALCOHOL AND DRUG DEPENDENCY. CHOMP WILL ACCOMPLISH THIS BY ENSURING THAT EVIDE NCED-BASED SUBSTANCE ABUSE USE DISORDER TREATMENTS ARE ACCESSIBLE IN THE EMERGENCY DEPARTM ENT (WHICH WILL HAVE A SUBSTANCE ABUSE NAVIGATORS) AND IN ALL OTHER HOSPITAL DEPARTMENTS, AS WELL BY REFERRING PATIENTS FOR ONGOING CARE, SUPPORT, AND FOLLOW-UP.3) EXPAND SUBSTANCE RECOVERY CARE TO PATIENTS THROUGH THE RECOVERY CENTER'S INTENSIVE OUTPATIENT PROGRAM, AS WELL AS OFFERING SUPPORT FOR RECOVERY CENTER ALUMNI. CHOMP WILL COLLABORATE WITH LOCAL CLI NICS AND CENTERS FOR IMPROVING RECOVERY CARE IN OUR COMMUNITY.WHILE CHOMP HAS CHOSEN SPECI FIC COMMUNITY HEALTH NEEDS TO ADDRESS, THE HOSPITAL WILL CONTINUE TO PROVIDE A SIGNIFICANT ARRAY OF COMMUNITY HEALTH SERVICES IN SUPPORT OF THE OTHER IDENTIFIED NEEDS AS WELL. BELO W ARE THE IDENTIFIED HEALTH NEEDS NOT SELECTED FOR FOCUS DURING THE 2020-2022 IMPLEMENTATI ON PERIOD, ALONG WITH THE REASON THEY WERE NOT SELECTED:POTENTIALLY DISABLING CONDITIONS: THE HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS CURRENTLY PROVIDE A SIGNIFICANT NUMBER OF S UPPORT GROUPS AND CLASSES ADDRESSING THIS NEED.HEART DISEASE AND STROKE: THE HOSPITAL CURR ENTLY PROVIDES PROGRAMS, CLASSES, AND A SUPPORT GROUP ADDRESSING THIS NEED. OTHER COMMUNIT Y ORGANIZATIONS ARE ALSO ADDRESSING THIS ISSUE.INJURY AND VIOLENCE: THIS NEED FALLS MORE W ITHIN THE PURVIEW OF LAW ENFORCEMENT AND OTHER GOVERNMENT AGENCIES. LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS A FOCUS AREA FOR THIS PLANNING PERIOD.FAMILY PLANNING: OTH ER COMMUNITY ORGANIZATIONS AND CLASSES PROVIDED BY THE HOSPITAL ARE CURRENTLY ADDRESSING T HIS NEED.NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT: THE HOSPITAL CURRENTLY PROVIDES EDUCATI ON AND CLASSES ADDRESSING THIS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	NEED. OTHER COMMUNITY ORGANIZATIONS ARE ALSO ADDRESSING THIS NEED.CANCER: THE HOSPITAL AN D OTHER COMMUNITY ORGANIZATIONS CURRENTLY PROVIDE A SIGNIFICANT NUMBER OF SUPPORT GROUPS A ND CLASSES ADDRESSING THIS NEED, IN ADDITION TO A COMPREHENSIVE ARRAY OF DIAGNOSTIC AND TR EATMENT SERVICES.RESPIRATORY DISEASES: THE HOSPITAL CURRENTLY OFFERS SERVICES AND EDUCATIO N ADDRESSING THIS NEED.TOBACCO USE: OTHER COMMUNITY ORGANIZATIONS AND A CLASS PROVIDED BY THE HOSPITAL ARE CURRENTLY ADDRESSING THIS NEED.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Employer identification number
94-0760193

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 24

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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:	GRANT AMOUNTS ARE REVIEWED AND APPROVED BY AN EXECUTIVE FOR MONTAGE HEALTH. ACTUAL EXPENDITURES ARE REVIEWED AND APPROVED BEFORE TRANSFERRING THE GRANT PROCEEDS.

Additional Data

Software ID:
Software Version:
EIN: 94-0760193
Name: COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACTION COUNCIL OF MONTEREY COUNTY 295 MAIN ST 300 SALINAS, CA 93901	77-0357101	501(C)(3)	8,000				POWER OVER PARKINSONS / LABOR OF LOVE CAMPAIGN
AIM FOR MENTAL HEALTH PO BOX 4235 CARMEL, CA 93921	47-3992060	501(C)(3)	7,500				AIM FOR THE CURES GALA / ANNUAL STOP THE STIGMA WALK & RALLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	26,000				RELAY FOR LIFE EVENTS/CELEBRATION OF LIFE FASHION SHOW
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	15,000				2019 HEART & STROKE WALK / 2019 GO RED FOR WOMEN LUNHEON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 200065009	53-0196605	501(C)(3)	8,300				CENTRAL COAST DISASTER RELIEF / COMMUNITY SUPPORT
ARTHRITIS FOUNDATION 1355 PEACHTREE STREET NE SUITE 600 ATLANTA, GA 30309	58-1341679	501(C)(3)	7,500				2019 JINGLE BELL WALK / 2019 ARTHRITIS DAY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG SUR MARATHON FOUNDATION PO BOX 222620 CARMEL, CA 93922	77-0048388	501(C)(3)	15,000				2019 BIG SUR INTERNATIONAL MARATHON
BOYS & GIRLS CLUBS OF MONTEREY COUNTY PO BOX 97 SEASIDE, CA 93955	94-1702753	501(C)(3)	10,000				HEALTHY LIFESTYLES PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALTRANS ADOPT-A-HIGHWAY 1731 MASSACHUSETTS AVE RIVERSIDE, CA 92507	86-0871091		6,300				ADOPTED PORTION OF HIGHWAY 68
CENTRAL COAST QUALITY OF LIFE PROGRAMS 5198 HARTNELL ST MONTEREY, CA 939400000	32-0035866	501(C)(3)	7,500				CASE MANAGEMENT PROGRAM, SUPPORT SERVICES & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY PARTNERSHIP FOR YOUTH PO BOX 4235 MONTEREY, CA 93942	77-0310237	501(C)(3)	7,500				HEALTHY LIVING ACTIVITIES
COUNTY-WIDE DIABETES PROGRAM PO BOX HH MONTEREY, CA 93942	94-2789696		100,000				COUNTY-WIDE DIABETES PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOOR TO HOPE 130 W GABILAN STREET SUITE 1 SALINAS, CA 93901	94-2240770	501(C)(3)	7,500				MCSTART PROGRAM
HEALTHCARE FOUNDATION OF NORTHERN AND CENTRAL CALIFORNIA 1215 K STREET SUITE 730 SACRAMENTO, CA 95814	86-1174825	501(C)(3)	98,500				MOCO MEDICAL RESPITE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEALS ON WHEELS OF THE MONTEREY PENINSULA 700 JEWELL AVE PACIFIC GROVE, CA 93950	94-2157521	501(C)(3)	10,000				HEALTH AND WELLNESS PROGRAMS
MOBILE HEALTH CLINIC PO BOX HH MONTEREY, CA 93942	94-2789696	501(C)(3)	100,000				MOBILE HEALTH CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONTEREY BAY ECONOMIC PARTNERSHIP 3180 IMJIN ROAD 102 MARINA, CA 93933	47-1379810	501(C)(3)	11,500				COMMUNITY SUPPORT
MONTEREY COUNTY HEALTH DEPARTMENT 1270 NATIVIDAD RD SALINAS, CA 93906		COUNTY OF MONTEREY	75,000				SEASIDE/MARINA CLINICS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONTEREY JAZZ FESTIVAL PO BOX JAZZ MONTEREY, CA 93940	94-6036515	501(C)(3)	12,500				COMMUNITY SUPPORT
MONTEREY PENINSULA CHAMBER OF COMMERCE PO BOX 1031 MONTEREY, CA 93942	77-0320712	501(C)(6)	7,000				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONTEREY SOBER LIVING FOR WOMEN PO BOX 22152 CARMEL, CA 939220152	82-5483655	501(C)(3)	10,000				ASSIST WOMEN IN DRUG AND ALCOHOL RECOVERY
MONTEREY PENINSULA UNIFIED SCHOOL DISTRICT 700 PACIFIC STREET MONTEREY, CA 93940		STATE OF CA	60,000				FUNDING FOR PART-TIME NURSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROJECT DNA 23 UPPER RAGSDALE MONTEREY, CA 93940	46-5511908	501(C)(3)	15,000				HEALTH-RELATED NEEDS AND SERVICES
SUN STREET CENTERS 11 PEACH DRIVE SALINAS, CA 93901	94-6138701	501(C)(3)	7,500				2020 RECOVERY RUN START UP EXPENSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONTAGE HEALTH FOUNDATION PO BOX HH MONTEREY, CA 939426032	81-2889645	501(C)(3)	4,086,288				TO COVER THE COST OF OPERATIONS SO EVERY DOLLAR DONATED GOES TO SUPPORT HOSPITAL PROGRAM, INTITIATIVES ETC.

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Schedule J (Form 990)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Employer identification number
94-0760193

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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**	Yes	
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 on Line 1a?	**2**	Yes	
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.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
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?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accured 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				
See Additional Data Table							

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
PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - CERTAIN EXECUTIVES ARE OFFERED AN EQUITY HOME SHARE OPTION WHEREBY THE HOSPITAL OWNS HALF OF THE EXECUTIVE'S RESIDENCE. THE PURPOSE OF THIS IS TO ASSIST THE EXECUTIVE WITH BUYING A HOME IN THIS EXPENSIVE AREA. THE COST OF REAL ESTATE IS OFTEN A BARRIER TO RECRUITMENT IN MONTEREY. THE VALUE IS REPORTED AS TAXABLE INCOME ON THE EMPLOYEE'S W-2.

Additional Data

Software ID:

Software Version:

EIN: 94-0760193

Name: COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1STEVEN PACKER MD PRESIDENT/CHIEF EXECUTIVE OFFICER	(i)	860,334	348,300	846,345	260,396	32,420	2,347,795	0
	(ii)	0	0	0	0	0	0	0
1LAURA ZEHM SENIOR VP/CHIEF ADMINISTRATIVE OFFIC	(i)	544,630	159,521	22,115	146,898	32,419	905,583	0
	(ii)	0	0	0	0	0	0	0
2STEVEN X CABRALES MD PRESIDENT, MEDICAL AFFAIRS	(i)	467,282	127,988	33,891	59,192	42,101	730,454	0
	(ii)	0	0	0	0	0	0	0
3ANTHONY CHAVIS VP/CHIEF MEDICAL OFFICER	(i)	513,588	140,610	26,141	117,452	32,419	830,210	0
	(ii)	0	0	0	0	0	0	0
4MATTHEW MORGAN VP/CHIEF FINANCIAL OFFICER	(i)	420,791	103,191	16,076	43,592	50,433	634,083	0
	(ii)	0	0	0	0	0	0	0
5TIM NYLEN VP/CHIEF COMPLIANCE OFFICER	(i)	371,581	103,840	42,243	58,057	16,132	591,853	0
	(ii)	0	0	0	0	0	0	0
6CYNTHIA L PECK VICE PRESIDENT	(i)	345,287	111,487	12,822	82,051	32,419	584,066	0
	(ii)	0	0	0	0	0	0	0
7DEBORAH SOBER RN MSN VP/CHIEF NURSING OFFICER	(i)	348,455	55,097	63,780	48,732	30,729	546,793	0
	(ii)	0	0	0	0	0	0	0
8MARY ANNE LEACH VP/CHIEF INFORMATION OFFICER	(i)	220,626	0	6,320	0	6,923	233,869	0
	(ii)	0	0	0	0	0	0	0
9SUSAN SWICK MD PHYSICIAN IN CHIEF	(i)	535,530	0	138	21,700	0	557,368	0
	(ii)	0	0	0	0	0	0	0
10 CHARLENE WEBBER SCHUSS CHIEF INFORMATION OFFICER	(i)	162,060	135,138	151,565	42,716	23,983	515,462	0
	(ii)	0	0	0	0	0	0	0
11JENNIFER BALLESTEROS REGISTERED NURSE	(i)	356,368	0	18,940	25,151	16,132	416,591	0
	(ii)	0	0	0	0	0	0	0
12MARIA SEVERINO REGISTERED NURSE	(i)	324,891	0	0	24,500	42,010	391,401	0
	(ii)	0	0	0	0	0	0	0
13DAVID MISISCO PHYSICIST MASTERS	(i)	296,174	0	0	51,788	32,419	380,381	0
	(ii)	0	0	0	0	0	0	0
14TERRIL LOWE FORMER VP/NURSING	(i)	102,986	0	0	0	0	102,986	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Employer identification number
94-0760193

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610	1307957B7	09-28-2012	34,935,000	REFUND BONDS ISSUED 7/10/03		X		X		X
B	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610		06-01-2016	32,550,000	REFUND BONDS ISSUED 5/12/11		X		X		X
C	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610		06-28-2017	40,420,000	FINANCING OF ELECTRONIC HEALTH RECORD SYSTEM		X		X		X
D	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610	1309117M6	06-28-2017	55,680,000	REFUND BONDS ISSUED 5/12/2011		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	34,935,000	32,550,000	40,420,000	55,680,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	437,362	453,050	417,806	576,591
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			40,002,194	
11	Other spent proceeds	34,497,638	32,096,950		55,103,409
12	Other unspent proceeds				
13	Year of substantial completion	2012		2018	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X			X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X			X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X	X		X		X	
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X			X		X		X

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SCHEDULE K, PART II, PROCEEDS:	EXPLANATION OF DIFFERENCE BETWEEN LINE 3 AND ISSUE PRICE IN PART I: INVESTMENT EARNINGS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Employer identification number
94-0760193

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610		09-20-2019	45,000,000	FINANCE OF BUILDINGS AND EQUIPMENT		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	45,000,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	445,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	4,242,904			
12	Other unspent proceeds	40,312,096			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

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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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	94-0760193

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ALL BOARD MEMBERS ARE PROVIDED A DRAFT COPY OF THE 990 FOR REVIEW PRIOR TO IT BEING FILED. QUESTIONS/COMMENTS ARE ADDRESSED AS APPLICABLE PRIOR TO SUBMITTING THE FINAL RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION USES SELF DISCLOSURE TO REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND APPROVES THE OFFICERS' COM PENSATION. A CONSULTING FIRM IS ENGAGED TO PROVIDE COMPARABLE DATA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IT ALSO MAKES ITS FINANCIAL STATEMENTS A VAILABLE TO THE PUBLIC ON ITS OWN WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET LOSS ON INTEREST RATE SWAP -2,127,883. CHANGE IN PENSION BENEFIT OBLIGATION 8,107,438. NET PERIODIC BENEFIT COST -3,931,000.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

Employer identification number
94-0760193

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) MONTAGE WELLNESS CENTER LLC 23625 HOLMAN HIGHWAY MONTEREY, CA 93940 27-3554386	HEALTH SERVICES	CA	4,347,597	1,884,389	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA
(2) MONTEREY SALINAS HEALTHCARE COLLABORATIVE LLC 10 RAGSDALE DRIVE SUITE 102 MONTEREY, CA 93940 47-3632762	HEALTH SERVICES	CA	0	0	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

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	(g) No
(1)MONTAGE HEALTH PO BOX HH MONTEREY, CA 93942 94-2789696	SUPPORT SERVICES	CA	501(C)(3)	LINE 10	N/A		No
(2)MONTAGE MEDICAL GROUP PO BOX HH MONTEREY, CA 93942 26-4826604	HEALTHCARE SERVICES	CA	501(C)(3)	LINE 3	MONTAGE HEALTH		No
(3)ASPIRE HEALTH PLAN 23625 HOLMAN HIGHWAY MONTEREY, CA 93940 46-1567681	INSURANCE COMPANY	CA	501(C)(4)		MONTAGE HEALTH		No
(4)MONTAGE HEALTH FOUNDATION 23625 HOLMAN HIGHWAY MONTEREY, CA 93940 81-2889645	SUPPORT SERVICES	CA	501(C)(3)	LINE 7	MONTAGE HEALTH		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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SAN CARLOS & 7TH LLC 23625 HOLMAN HIGHWAY MONTEREY, CA 93940 27-4672809	REAL ESTATE	CA	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	EXCLUDED	18,495	200,532		No		Yes		50.000 %
(2) MONTEREY BAY ENDOSCOPY CENTER LLC 23 UPPER RAGSDALE DRIVE MONTEREY, CA 93940 77-0324855	ENDOSCOPY CENTER	CA	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	EXCLUDED	15,924	516,495		No		Yes		15.910 %
(3) CENTRAL COAST HEALTH CONNECT LLC 10 RAGSDALE DRIVE SUITE 102 MONTEREY, CA 93940 61-1759835	HEALTH SERVICES	CA	N/A									
(4) COMMUNITY HEALTH INNOVATIONS LLC 23625 HOLMAN HIGHWAY MONTEREY, CA 93940 45-4537290	HEALTH SERVICES	CA	N/A									

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	(i) No
(1)CYPRESS MEDICAL NETWORK INC PO BOX HH MONTEREY, CA 93942 77-0438780	MEDICAL SERVICES	CA	COMMUNITY HOSPITAL OF MONTEREY PENINSULA	C			100.000 %	Yes	
(2) CENTRAL COAST COMMUNITY MUTUAL INSURANCE COMPANY 40 MAIN STREET SUITE 200 BURLINGTON, VT 05401 45-4016797	INSURANCE	VT	COMMUNITY HOSPITAL OF MONTEREY PENINSULA	C			95.000 %	Yes	
(3)COASTAL TPA INC PO BOX 80308 SALINAS, CA 93912 77-0523382	MEDICAL CLAIMS PROCESSING	CA	N/A						No
(4)COASTAL HEALTHCARE ADMINISTRATORS PO BOX 80308 SALINAS, CA 93912 77-0311413	MEDICAL CLAIMS PROCESSING	CA	N/A						No
(5)BAY SERVICES INC PO BOX 80308 SALINAS, CA 93912 94-2250761	SERVICES	CA	N/A						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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
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	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
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
(1)ASPIRE HEALTH PLAN	D	1,454,647	BOOK VALUE
(2)ASPIRE HEALTH PLAN	E	152,350	BOOK VALUE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation