					Short Forr	n				ON	//B No. 1545-1150
For	9	90-EZ		Return of Organ Under section 50	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	pt From I he Internal Rever	nue Code	Гах			2009
			,	except b) Sponsoring organizations of d	lack lung benefit trust or onor advised funds and cor	orivate foundation ntrolling organization	ı) ons as defined i	n section		0	on to Dublio
Den	and an and a f	the Treesure	Ę	 Sponsoring organizations of d 512(b)(13) must file Form 990. A assets less than 	l other organizations with g \$1.250.000 at the end of th	ross receipts less le vear may use th	than \$500,000 a is form.	and total			en to Public
		the Treasury ue Service		► The organization may have	to use a copy of this return	to satisfy state rep	porting requiren	nents.			nspection
Α	For the	2009 calenda	ar year,	or tax year beginning	07/01	, 2009, a	and ending		06/30	_	, 20 10
		pplicable:	Please	C Name of organization				D Empl	oyer ic	lentifi	cation number
	Address of Name cha	-	use IRS label or	CENTRAL PENINSULA H						-	78670
	Initial retu	3	print or type.	Number and street (or P.O. bo	ox, if mail is not delivered to	street address)	Room/suite	E Telep			
	Terminate		See Specific	250 Hospital Place							4-4626
	Amended		Instruc-	City or town, state or country,	and ZIP + 4			F Grou	•	•	on
		on pending	tions.	Soldotna, AK 99669				-	ber		
	• Sec	tion 501(c)(3)	-	zations and 4947(a)(1) non mpleted Schedule A (Form	-	ts must attach	Other	(specify)			Cash 🗹 Accrual
										-	ization is not
	Websit			rg/body.cfm?id=39		·/->/1> □ 50		ed to att Z, or 990		chedi	ule B (Form 990,
				nly one) — 🗹 501(c) (3)					,	+le	¢05 000 A
	Check			zation is not a section 509(a) turn is not required, but if th							ian \$25,000. A
				e 9 to determine gross receipt					· •		308,358
	art I			enses, and Changes					tion	, s for	
	1			ts, grants, and similar ar					1		299,459
	2			revenue including govern					2		0
	3			s and assessments					3		0
	4	Investment							4		0
	5a	Gross amo	unt fro	m sale of assets other th	an inventory	5 a		0			
	b	Less: cost	or othe	er basis and sales expens	ses	5b		0			
	c	Gain or (los	ss) fron	n sale of assets other that	n inventory (Subtract	line 5b from li	ne 5a)		5c		0
Revenue	6			tivities (complete applicable par			ng, check here	▶ 🗆			
ver	а	Gross reve	nue (no	ot including \$	67,654 of contrib	utions					
Be)				8,899			
	b		•	nses other than fundraisi	•	·		14,604			
	c		-	ss) from special events a		1 1	ine 6a)		6c		-5,705
	7a			ventory, less returns and	allowances			0			
	b	Less: cost	-			-		0	_		
	c	•	•	ss) from sales of inventor	ry (Subtract line 7b fro	om line 7a) .			<u>7c</u>		0
	8	Other reve			7)	8		0
	9			dd lines 1, 2, 3, 4, 5c, 6c r amounts paid (attach s					9 10		293,754 193,846
	10 11			r amounts paid (attach so	,				11		193,840
s		•		mpensation, and employ					12		74,558
Ise	13			and other payments to in					13		85
Expenses	14			utilities, and maintenanc					14		2,340
Щ	15			ons, postage, and shippi					15		9,051
	16	0,1		describe See Stateme	0			1	16		39,561
	17	•	•	Add lines 10 through 16				. 🕨	17		319,441
s	18) for the year (Subtract lin					18		-25,687
set	19			nd balances at beginning							
As		-	-	e reported on prior year's					19		347,263
Net Assets	20			net assets or fund balan					20		2,372
	21			d balances at end of year					21		323,948
P	art II	Balance	Shee	ets. If Total assets on line		1,250,000 or r					
-				(See the instructions f	,			ginning of		-	(B) End of year
2		-		vestments				27	7,905		343,574
2										23	0
24				See Statement 4					4,738 2,643		99,605 443,179
2: 2(cribe See Statement					2,643 5,380		443,179 119,231
2				balances (line 27 of colur		h line 21)			7,263		323,948

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

What is the or Describe what manner, descries each program 28 Cancer T Soroptim (Continu (Grants \$ 29 The Safe funds va served, a 30 Serenity Program to make (Grants \$ 31 Other pro (Grants \$ 31 Other pro (Grants \$ 32 Total pro Part IV Li Rick Abbott 250 Hospital P Dr Charles Bai 250 Hospital P Sky Carver 250 Hospital P Dr Alex Russe 250 Hospital P Dr Scott Innes 250 Hospital P Dr Scott Innes	Treatments include direct services of \$79,93 mist Programs. The Soroptimist Program hel led on Statement 7) \$ 0) If this amount kids Program provides direct assistance to arious education events such as child seat s and 2,226 safety items were distributed either \$ 0) If this amount House is the chemical dependency unit of 0 patient resource fund made various distrib the stay of patients receiving chemical dependency \$ 0) If this amount ogram services (attach schedule) .See St \$) If this amount ogram service expenses (add lines 28a f ist of Officers, Directors, Trustees, and Key (a) Name and address	See Statement 6 Janization's exempt purpos of persons benefited, and c 6 to individuals through the N ped approximately nine (9) in includes foreign grants, chr o families with children. This afety and helmet safety. A to be free of charge or at a highly includes foreign grants, chr Central Peninsula General Ho utions to support activities, to and the statements more con includes foreign grants, chr atement 8. includes foreign grants, chr atement 3.	ses. In a clear ar other relevant infor WOW (Way Out Wor ndividuals, and the eck here program coordinate tal of 6,516 people v y discounted rate. eck here spital. The Serenity transportion needs, mfortable. eck here eck here eck here unif not compensa (c) Compensation	id concise mation for nen)and WOW 	501(c) organ 4947(for ott 28a 29a 30a 31a 32	Expenses iired for section (3) and 501(c)(4) iizations and section a)(1) trusts; optional hers.) 91,559 22,032 12,272 177,800
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lerri Davis	Place, Soldotna, AK 99669	Board Member, 1.00				
			0		0	0
	Place, Soldotna, AK 99669	Board member, 1.00				
Betty Glick		Board member, 1.00	0		0	0
	Place, Soldotna, AK 99669					
Pat Cowan		Vice President, 2.00	0		0	0
250 Hospital P	Place, Soldotna, AK 99669					
Peter Brennan	<u> </u>	Foundation Director, 40.00	89,698	:	29,565	0
250 Hospital P	Place, Soldotna, AK 99669					
Irv Carlisle		Treasurer, 2	0		0	0
250 Hospital P	Place, Soldotna, AK 99669]				
]				
		1				
		1				
		1				
		-				
		-				L

orm 99 Part	0-EZ (2009) V Other Information (Note the statement requirements in the instructions for Part V.)		F	Page
arı	Other information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		163	
	description of each activity	33		~
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		V
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			V
	6033(e) notice, reporting, and proxy tax requirements?	35a		
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			
b	Did the organization file Form 1120-POL for this year?	37b		V
8a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		V
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	{		
10a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright 0; section 4912 \blacktriangleright 0; section 4955 \blacktriangleright 0 Section 501(c)(2) and 501(c)(4) experimentians. Did the experimentian energy in any section 4955 \blacktriangleright 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
с	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
_	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40-		
11	l tek alem en en tale en det elemente el alemente d'Alemente de Cland IN	40e		V
12a		907-71	4-462	6
20	Located at 250 Hospital Place Soldotna AK 99669	996		•
b	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		Yes	No
	account)?	42b		V
	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		V
10	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			▶「
13	and enter the amount of tax-exempt interest received or accrued during the tax year \ldots \blacktriangleright 43	• •	•	
			Yes	N
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		V
15	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.			

Form 99	0-EZ (2009)					Page 4
Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt chan ad 51.	exempt charitab ritable trusts mus	ble trusts only. A st answer questio	ll sections 46–	on 49b
46	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete	Schedule C, Part I			46	les No ✓
47 48 49a b 50	Did the organization engage in lobbying activitie Is the organization a school as described in section Did the organization make any transfers to an ex- If "Yes," was the related organization a section & Complete this table for the organization's five his	on 170(b)(1)(A)(ii)? If "Yes," kempt non-charitable relate 527 organization?	complete Schedule ed organization?	E 	47 48 49a 49b rustees	and key
	employees) who each received more than \$100, (a) Name and address of each employee paid more	000 of compensation from (b) Title and average			ter "Nor (e) E>	ne."
None	than \$100,000	hours per week devoted to position		deferred compensation		unt and lowances
	Total number of other employees paid over \$100 Complete this table for the organization's five	highest compensated ind		- cors who each rece	eived m	
	\$100,000 of compensation from the organizatio			pe of service	(c) Comp	ensation
None		· · · · · · · · · · · · · · · · · · ·				
	Total number of other independent contractors of	each receiving over \$100,0	 			
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration					
Sign Here	Signature of officer Irv Carlisle, Treasurer Type or print name and title			Date		
Paid Prepar		Date	Check if self- employed ►	Preparer's identifying nun	nber (See in	structions)
Use Or May th	yours if self-employed), address, and ZIP + 4 e IRS discuss this return with the preparer show	n above? See instructions		none no. ►	Yes [m 990-	No EZ (2009)

SCHEDULE A

h

Public Charity Status and Public Support



		Complete if the organization is a section 501(c)(3) organization or a section 501(c)(3)	ection		20	UY	
Departme	ent of the Treasury	4947(a)(1) nonexempt charitable trust.			Open te		
Internal Revenue Service							
Name o	f the organization		Empl	oyer identi	fication nun	nber	
-		LA HEALTH FOUNDATION	20		277867	-	
Part	Reason	for Public Charity Status (All organizations must complete this)	oart.)	See inst	tructions.		
The or	ganization is n	ot a private foundation because it is: (For lines 1 through 11, check only	one b	ox.)			
1 🗌	A church, co	nvention of churches, or association of churches described in section 1	70(b)(⁻	1)(A)(i).			
2	_	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)					
3		a cooperative hospital service organization described in section 170(b)		-			
4		search organization operated in conjunction with a hospital described ir				. Enter	r the
_		me, city, and state:					
5 🗆		ion operated for the benefit of a college or university owned or operated	by a g	overnme	ntal unit d	escrib	ed in
•	_	(b)(1)(A)(iv). (Complete Part II.)		14.0			
6 _	_	ate, or local government or governmental unit described in section 170(b					
7 🗆	•	ion that normally receives a substantial part of its support from a governm section 170(b)(1)(A)(vi). (Complete Part II.)	ental i	unit or fro	om the ger	neral p	ublic
8		/ trust described in section 170(b)(1)(A)(vi). (Complete Part II.)					
		ion that normally receives: (1) more than 33 ¹ / ₃ % of its support from contrib	utions	membe	rehin fooe	and o	aross
	•	activities related to its exempt functions—subject to certain exceptions					-
		gross investment income and unrelated business taxable income (less					
	acquired by	the organization after June 30, 1975. See section 509(a)(2). (Complete F	Part III.)	,		
10	An organizat	ion organized and operated exclusively to test for public safety. See sec	tion 5	09(a)(4).			
11 🗌		ion organized and operated exclusively for the benefit of, to perform the			, or to ca	arry ou	ut the
		one or more publicly supported organizations described in section 509(a)					ction
	509(a)(3). Cł	neck the box that describes the type of supporting organization and com	plete l	lines 11e	through 1	1h.	
	а 🗌 Туре	I b Type II c Type III–Functionally integrated	b	d	🗌 Туре	III–Oth	her
е		this box, I certify that the organization is not controlled directly or ind					
		er than foundation managers and other than one or more publicly supporte	d orga	nizations	describe	d in se	ction
	509(a)(1) or s	section 509(a)(2).					
f	-	zation received a written determination from the IRS that it is a Type I	, Туре	e II, or Ty	/pe III sup	oportin	ıg
	0	check this box				• •	
g		t 17, 2006, has the organization accepted any gift or contribution from a	ny of t	the			
	following per				(::)	Yes	No
	., .	who directly or indirectly controls, either alone or together with person elow, the governing body of the supported organization?			`´ m		
	. ,	member of a person described in (i) above?					
		ontrolled entity of a person described in (i) above?			. 11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		the organization in col. (i) of your (i) organized in		ion in col. zed in the	(vii) Amount of support
			Yes	No	Yes	No	Yes	No			
Total											

Cat. No. 11285F

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.)

Sec	tion A. Public Support				,		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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) Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
11	Total support. Add lines 7 through 10					10	
12	Gross receipts from related activities, etc	•	,			12	
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, secor				
Sec	tion C. Computation of Public Su						
<u></u> 14	Public support percentage for 2009 (line	-		1. column (fl)		14	%
15	Public support percentage from 2008 Sch		-	.,		15	%
	33 ¹ / ₃ % support test—2009. If the organization qualifies	zation did not o	check the box o		line 14 is 331/3 9	% or more, che	ck this box ► □
b	33 ¹ / ₃ % support test—2008. If the organize box and stop here. The organization qua						_
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circumstances"	acts-and-circur	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here . Ily supported or	Explain in Part ganization	IV how the ►

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total grants. 1 Gifts, contributions, and membership fees received. (Do not include 0 91,353 292,344 699,586 299,459 1,382,742 any "unusual grants.") Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the 0 0 0 0 0 0 organization's tax-exempt purpose . 3 Gross receipts from activities that are not an 0 0 0 0 0 0 unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf 5 The value of services or facilities furnished by a governmental unit to the 0 0 0 0 0 0 organization without charge . . . 0 91.353 292.344 699.586 299.459 1.382.742 6 **Total.** Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 0 25,000 5,000 0 15,700 45,700 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the 0 0 0 0 0 amount on line 13 for the year . . . 0 25,000 5,000 0 15.700 45,700 c Add lines 7a and 7b Public support (Subtract line 7c from 8 1,337,042 line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 0 91,353 292,344 699,586 299,459 1,382,742 Amounts from line 6 . . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 0 -11,050-38,700 2,372 -47,378 sources **b** Unrelated business taxable income (less section 511 taxes) from businesses 0 0 0 0 0 0 acquired after June 30, 1975 . . . 0 0 -11,050 -47,378 -38,700 2,372 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly 0 0 0 0 0 0 carried on 12 Other income. Do not include gain or loss from the sale of capital assets 0 0 0 0 0 0 (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, 281,294 660.886 301.831 0 91,353 1,335,364 and 12.) 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) 14 ~ organization, check this box and **stop here** Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) . 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33¹/₃ % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33¹/₃ %, and line 17 is not more than 33¹/₃%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b** 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/3 %, and b line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 🗌 20

Schedule A (Form 990 or 990-EZ) 2009 Page					
Part IV	Supplemental Information Part II, line 17a or 17b; and	i. Complete this d Part III, line 12	part to provide the . Provide any other	e explanations requirec additional information.	

- Statement 1 : Grants and Similar Amounts Paid
- Statement 2 : Other Expenses Schedule
- Statement 3 : Other Changes In Net Assets Schedule
- Statement 4 : Other Assets
- Statement 5 : Liabilities Schedule
- Statement 6 : Primary Exempt Purpose
- Statement 7 : First Program Service Accomplishments Description
- Statement 8 : Other Program Service Accomplishments

Statement 1

Form: 990-EZ Page: 1 Line Number: Part I Line 10

Grants and Similar Amounts Paid

		BookValue	FMV Amount
Type of Activity:	Capital grants and other assistance		89,472
Donee's name and	Central Peninsula General Hospital		
address:	250 Hospital Place		
	Soldotna, AK 99669		
Purpose of	Capital reimbursements and other		
payment to	assistance		
affiliate:			
Relationship:			
Description:			
How Book Value			
Determined:			
How FMV			
Determined:			
Date of Gift:			
Type of Activity:	Grants and assistance to individuals		86,927
	Central Peninsula General Hospital		
address:	250 Hospital Place		
	Soldotna, AK 99669		
Purpose of	Funding for individual assistance grants		
payment to	for cancer treatment, transportation, and		
affiliate:	emergency assist		
Relationship:	- /		
Description:			
How Book Value			
Determined:			
How FMV			
Determined:			
Date of Gift:			
	Total:	0	176,399

Statement 2

Form: 990-EZ Page: 1 Line Number: Part I Line 16

Other Expenses Schedule

Description	Amount
Conferences and meetings	2,283
Depreciation	3,473
Fundraising expenses	7,614
Membership Dues	692
Bank Fees	991
Organizational Expenses	460
Bad Debt Expense	9,684
Travel	398
Supplies	5,083
Minor Equipment	1,284
Advertising	7,549
Other Expense	50
Total:	39,561

Other Changes In Net Assets Schedule

Description	Amount
Gain on Investments	2,372
Total:	2,372

Statement 4

Form: 990-EZ Page: 1 Line Number: Part II Line 24

Other Assets			
	ВОҮ	EOY	
Description	Amount	Amount	
Pledges receivable	47,436	82,227	
Equipment	14,304	10,831	
Restricted investment - LT	32,998	6,547	
Total:	94,738	99,605	

Statement 5 Form: 990-EZ

Page: 1 Line Number: Part II Line 26

Liabilities Schedule			
Description	BOY Amount	EOY Amount	
Accounts payable and accrued expenses	14,005	110,545	
Custodial account for CPH	11,375	8,686	
Total:	25,380	119,231	

Primary Exempt Purpose

Primary Exempt Purpose

To provide funding for activities, programs, and other support of Central Peninsula General Hospital Inc and other exempt organizations by seeking innovative partnerships and creating resources for the health of the community.

First Program Service Accomplishments Description

Description

Program helped approximately seventy (70) individuals. These programs provide monetary assistance for medications, transportation, and living expenses associated with the patients cancer treatments. This assistance was based on a demonstration of financial need. Cancer Care provided \$11,623 for an Oncology Garden for the enjoyment of cancer patients while receiving treatments.

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
The Employee Emergency Assistance Program is funded by donations from the Central Peninsula General Hospital employees. This fund provides financial support to employees who have suffered financial hardship due to a family or medical emergency. Seventeen (17) employees received assistance during this fiscal year.	0		13,381
Other program service accomplishments include direct assistance to individuals for various needs.	0		38,556
Total:			51,937