

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 20 09

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CENTRAL PENINSULA HEALTH FOUNDATION

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
250 Hospital Place

City or town, state or country, and ZIP + 4
Soldotna, AK 99669

D Employer identification number
20 2778670

E Telephone number
(907) 714-4626

F Group Exemption Number . . . ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.cpg.org/body.cfm?id=39

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **716,186**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	699,586
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>63,617</u> of contributions reported on line 1)	6a	16,600
	b Less: direct expenses other than fundraising expenses	6b	16,031
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	569	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	700,155	
Expenses	10 Grants and similar amounts paid (attach schedule) <u>See Statement 2</u>	10	518,241
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	75,826
	13 Professional fees and other payments to independent contractors	13	4,315
	14 Occupancy, rent, utilities, and maintenance	14	16,888
	15 Printing, publications, postage, and shipping	15	1,765
	16 Other expenses (describe ▶ <u>See Statement 3</u>)	16	19,730
	17 Total expenses. Add lines 10 through 16.	17	636,765
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	63,390
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	273,085
	20 Other changes in net assets or fund balances (attach explanation) <u>See Statement 4</u>	20	10,788
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21	347,263

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		22	353,122		277,905
23 Land and buildings		23	0		0
24 Other assets (describe ▶ <u>See Statement 5</u>)		24	41,604		94,738
25 Total assets		25	394,726		372,643
26 Total liabilities (describe ▶ <u>See Statement 6</u>)		26	121,641		25,380
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27	273,085		347,263

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
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 your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	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 unpaid at the start of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter amount of tax on line 40c reimbursed by the organization		0
e	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.		✓
41	List the states with which a copy of this return is filed. ▶		
42a	The books are in care of ▶ Peter Brennan Telephone no. ▶ (907) 714-4626 Located at ▶ 250 Hospital Place, Soldotna, AK 99669 ZIP + 4 ▶ 99669		
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 account)? 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.	Yes No	✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	Yes No	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	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		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|-----|----|
| 46 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 | | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | ✓ |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | ✓ |
| 49b If "Yes," was the related organization(s) a section 527 organization? | | |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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

Sign Here

▶ Signature of officer _____ Date _____

▶ **Irv Carlisle, Treasurer**
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ Preparer's Identifying Number (See instructions) _____

EIN ▶ _____ Phone no. ▶ () _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	91,353	292,344	699,586	1,083,283
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1-5	0	0	91,353	292,344	699,586	1,083,283
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	25,000	5,000	0	30,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0	0	21,000	198,795	430,784	650,579
c Add lines 7a and 7b	0	0	46,000	203,795	430,784	680,579
8 Public support (Subtract line 7c from line 6.)						402,704

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	91,353	292,344	699,586	1,083,283
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	-11,050	-38,700	-49,750
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	-11,050	-38,700	-49,750
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)						1,033,533

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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. 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—2007. 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 II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Way out women si</u> (event type)	(b) Event #2 <u>2009 Evening by tl</u> (event type)	(c) Other Events <u>0</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	36,667	43,550		80,217
	2 Less: Charitable contributions	36,667	26,950		63,617
	3 Gross revenue (line 1 minus line 2)	0	16,600		16,600
Direct Expenses	4 Cash prizes	0	0		0
	5 Non-cash prizes	0	0		0
	6 Rent/facility costs	0	575		575
	7 Other direct expenses	0	15,456		15,456
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(16,031)
9 Net income summary. Combine lines 3 and 8 in column (d) ▶				569	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states?		
b	If "No," Explain: _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b	If "Yes," Explain: _____ _____		
11	Does the organization operate gaming activities with nonmembers?		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

			Yes	No
13 Indicate the percentage of gaming activity operated in:	a The organization's facility	13a	%	
	b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?				15a
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$, and the amount of gaming revenue retained by the third party ▶ \$				
c If "Yes," enter name and address:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ \$				
Description of services provided ▶				
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				17a
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$				

- Statement 1 : General Explanations**
- Statement 2 : Grants and Similar Amounts Paid**
- Statement 3 : Other Expenses Schedule**
- Statement 4 : Other Changes In Net Assets Schedule**
- Statement 5 : Other Assets**
- Statement 6 : Liabilities Schedule**
- Statement 7 : Program Service Accomplishments**
- Statement 8 : Officers, Directors, Trustees and Key Employees Compensation**

Statement 1

Form: 990-EZ

Page: 1

Line Number:

GeneralExplanationAttachment

General Explanations

Reference: Form 990-EZ, Part I, Line 6
Identifier: F99Z_P01_S00_L06
Explanation:

Statement 2

Form: 990-EZ

Page: 1

Line Number: Part I Line 10

GrantsAndSimilarAmountsPaidSchedule

Grants and Similar Amounts Paid

	Book Value	FMV Amount
Type of Activity: Capital grants and other assistance Donee's name and address: Central Peninsula General Hospital 250 Hospital Place Soldotna, AK 99669 Purpose of payment to affiliate: Capital grants and other assistance Relationship: Description: How Book Value Determined: How FMV Determined: Date of Gift:		\$424,863
Type of Activity: Grants and assistance to individuals Donee's name and address: Central Peninsula General Hospital 250 Hospital Place Soldotna, AK 99669 Purpose of payment to affiliate: Funding for individual assistance grants for cancer treatment, transportation, and emergency assist. Relationship: Description: How Book Value Determined: How FMV Determined: Date of Gift:		\$82,784
Total:	\$0	\$507,647

Statement 3

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

OtherExpensesSchedule2

CENTRAL PENINSULA HEALTH FOUNDATION

20-2778670

Other Expenses Schedule

Description	Amount
Conferences and meetings	\$1,652
Depreciation	\$2,100
Fundraising expenses	\$13,664
Membership dues	\$740
Bank fees	\$509
Organizational expenses	\$215
Bad debt expense	\$850
Total:	\$19,730

Statement 4

Form: 990-EZ

Page: 1

Line Number: Part I Line 20

OtherChangesInNetAssetsSchedule

CENTRAL PENINSULA HEALTH FOUNDATION

20-2778670

Other Changes In Net Assets Schedule

Description	Amount
Loss on investments	(\$38,700)
Correction made to prior year net assets	\$49,488
Total:	\$10,788

Statement 5

Form: 990-EZ

Page: 1

Line Number: Part II Line 24

OtherAssetsSchedule3

Other Assets

Description	BOY Amount	EOY Amount
Pledges receivable	\$35,893	\$47,436
Equipment	\$5,711	\$14,304
Restricted investment	\$0	\$32,998
Total:	\$41,604	\$94,738

Statement 6

Form: 990-EZ

Page: 1

Line Number: Part II Line 26

OtherLiabilitiesSchedule3

Liabilities Schedule

Description	BOY Amount	EOY Amount
Accounts payable and accrued expenses	\$94,590	\$14,005
Custodial account for CPH	\$27,051	\$11,375
Total:	\$121,641	\$25,380

Statement 7

Form: 990-EZ

Page: 2

Line Number: Part III Line 28

ProgramServiceAccomplishmentStatement

Program Service Accomplishments

Achievement	Grants And Allocations	includes Foreign Grants	Program Service Expenses
Central Peninsula Health Foundation assisted in the procurement of grants and other public support necessary to purchase a facility for Serenity House, the chemical dependency unit of Central Peninsula General Hospital. Grants and revenues in the amount of \$345,500 were collected during the current tax year, while other revenues were earned in the prior tax year. Total distributions of \$392,361 were made to Central Peninsula General Hospital for this capital purchase.	\$345,000		\$392,361
Other program service accomplishments include direct assistance to individuals for various needs such as Cancer Treatment \$75,925, Employee emergency assistance \$9,094, and other costs for services and supplies to support Central Peninsula Hospital programs \$68,485.	\$0		\$153,504
Total:			\$545,865

Statement 8

CENTRAL PENINSULA HEALTH FOUNDATION

Form: 990-EZ

20-2778670

Page: 2

Line Number: Part IV

OfficersDirectorsEtcStatement

Officers, Directors, Trustees and Key Employees Compensation

Name	Title and Hrs	Compensation	Benefits	Expense
Rick Abbott 250 Hospital Place Soldotna, AK 99669	Board Member 1	\$0	\$0	\$0
Dr Charles Bailie 250 Hospital Place Soldotna, AK 99669	Board Member 1	\$0	\$0	\$0
Charles Obendorf 250 Hospital Place Soldotna, AK 99669	Treasurer 2	\$0	\$0	\$0
Sky Carver 250 Hospital Place Soldotna, AK 99669	Secretary 2	\$0	\$0	\$0
Ed Krohn 250 Hospital Place Soldotna, AK 99669	President 2	\$0	\$0	\$0
Dr Alex Russell 250 Hospital Place Soldotna, AK 99669	Board Member 1	\$0	\$0	\$0
Dr Scott Innes 250 Hospital Place Soldotna, AK 99669	Board Member 1	\$0	\$0	\$0
Janie Finley 250 Hospital Place Soldotna, AK 99669	Board Member 1	\$0	\$0	\$0
Terri Davis 250 Hospital Place Soldotna, AK 99669	Board Member 1	\$0	\$0	\$0
Betty Glick 250 Hospital Place Soldotna, AK 99669	Board member 1	\$0	\$0	\$0
Pat Cowan 250 Hospital Place Soldotna, AK 99669	Vice President 2	\$0	\$0	\$0
Peter Brennan 250 Hospital Place Soldotna, AK 99669	Foundation Director 40	\$83,303	\$27,405	
Total:		\$83,303	\$27,405	\$0