



CAMBRIA COMMUNITY HEALTHCARE DISTRICT

DECEMBER 2019

BOARD MEETING AGENDA

The regular meeting of the Cambria Community Healthcare District will be held:

December 18, 2019 at 1:00 p.m.

Old Cambria Grammar School, 1350 Main Street Cambria, California.

The Cambria Community Healthcare District monthly agenda and minutes are available at the following website: www.cambria-healthcare.org. Packets are also available at the District Office located at 2515 Main Street, Suite A, Cambria, during regular business hours. Any changes or additions to the agenda will be posted at the District Office and on the District website.

Note that while board members will not engage in dialog with the public during the board meeting, individual members may choose to incorporate an answer to a question posed by the public during their discussion of an agenda item.

A) OPENING

- 1) Call to order
- 2) Pledge of Allegiance
- 3) Establishment of a quorum

B) PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Members of the public wishing to address the Board on matters other than scheduled items may do so when recognized by the President. Comments are limited to a maximum of three minutes per person, per topic. During the course of the meeting, members of the public may also request to speak about any specific agenda item.

C) CONSENT AGENDA

- 1) Approve the Minutes from the November 20, 2019 Regular Board Meeting.
- 2) Ambulance Activity Report, November, 2019.
- 3) Financials and Budget Analysis, November, 2019.

D) REPORTS

- 1) Administrator's Report and Financial Review: Mike McDonough
- 2) Committee Reports:
 - a) President's Report: Barbara Bronson Gray
 - b) Healthcare Advocacy: Laurie Mileur
 - c) Finance: Bill Rice
 - d) Property and Facilities: Iggy Fedoroff
 - e) Grants: Laurie Mileur
 - f) Communications: Miguel Hernandez

E) REGULAR BUSINESS

- 1) Review a proposal to have the District perform the billing process for ambulance services, for possible action.
- 2) Pass/adopt a Resolution to allow the District Administrator to participate in the California Department of General Service's surplus acquisition program.
- 3) Discuss for consideration an estimate for a CPA to prepare IRS form 1023 for the District Trust.
- 4) Review a proposal to replace the current District website.
- 5) Establish the regular meeting calendar for 2020.
- 6) Election of Board Officers.

F) DECLARATION OF FUTURE AGENDA ITEMS

G) CLOSED SESSION

- 1) Pursuant to Government Code Section 549.47.6
Conference with Labor Negotiator
Agency Representative: Mike McDonough and Bill Avery
Employee Organization: SEIU 620
- 2) Pursuant to Government Code Section 54956 (c) Litigation; Number of cases: 1
- 3) Public Performance Evaluation: Administrator: Government Code Section 54947

H) RETURN TO OPEN SESSION

I) ADJOURNMENT

CAMBRIA COMMUNITY HEALTHCARE DISTRICT

November 20, 2019

Old Grammar School, 1350 Main Street, Cambria, California

Board Meeting Minutes

1. Opening

- a. Call to Order
President Gray called the meeting to order at 1:02 pm.
- b. Pledge of Allegiance
President Gray led the Pledge of Allegiance
- c. Establishment of a quorum
Board of Director members Barbara Bronson Gray, Bill Rice and Laurie Mileur were present.

Administrator Mike McDonough, Administrative Assistant Simone Rathbun and Operations Lead Tim Benes were also present.

2. Public Comment on Topics Not on the Agenda

Public comment by Jody McDonough.

3. Consent Agenda

- a. The Minutes of the October 20, 2019 Regular Board Meeting were reviewed and approved after Director Rice moved to accept as written and Director Mileur seconded the motion. The Board approved the minutes 3/0.
- b. The Ambulance Activity Report for October 2019 was deferred to Item 4.b.
- c. The Financials and Budget Analysis for October 2019 were deferred to Item 4.c.

4. Reports

- a. The Administrator's Report was presented by Mike McDonough. Mike announced that the CCHD Trust account has been setup, with all required tax documentation filed and on record.
- b. The Operations Report was given by Tim Benes. Tim discussed an ongoing breaker issue in the crew quarters, stating the crews are aware that they cannot run more than two appliances concurrently until the issue is resolved. Tim mentioned the process of beginning to move things out the uninhabited crew building, due to water damage, and into the off-site storage. They are also replacing any expired supplies and/or medications.
- c. The Financial Report was presented by Mike McDonough. Mike discussed the upcoming parking lot re-paving project, the implementation of in-house billing, as well as the District's annual review of the contract with Monterey County.

- d. The President's Report was presented by Barbara Bronson Gray. Barbara discussed the proposed Helicopter pad placement, and informed the Board that the CCHD joint-district newsletter had been sent out via the CCSD water and sewer bill.
- e. Committee Reports:
 - i. Healthcare Advocacy: Laurie Mileur – Healthcare advocacy committee did not meet. The strength and balance classes have ended and new classes will soon begin for Fall Prevention, Healthy Aging, as well as Balance and Exercise Classes.
 - ii. Finance: Bill Rice – Director Rice is currently assisting Mike and staff with the monthly financial reporting.
 - iii. Property and Facilities: Iggy Fedoroff – Director Fedoroff was not present for this meeting.
 - iv. Grants: Laurie Mileur – The deadline for the Firehouse Subs grant application submission was missed. The FEMA grant submission opens on December 2, 2019 and the deadline is January 12, 2020.
 - v. Communications: Miguel Hernandez – Director Hernandez not present for this meeting.

5. Regular Business

- a. **Review proposal to have the District perform the billing process for ambulance services and consider giving up to 60 days notice of contract cancelation to the District's current billing service, to provide for adequate transition.** After discussion, decision was made to continue to pursue implementation of in-house billing, set up a timeline and present contract in December for review.
- b. **As part of an annual review of the District's contract with Monterey County, consider cost data and possible modifications toward a proposed updated contract, for possible action.** It was decided to delay this item until the December Board Meeting. Motion by Director Mileur for this delay and Director Rice seconded it, approved 3/0.
 - i. **Review draft grant requests to Fire House Subs for a Lucas device, for approval.** The deadline for the Firehouse Subs grant application submission was missed. The FEMA grant submission opens on December 2, 2019 and the deadline is January 12, 2020.
- c. **Discuss moving the December regular Board meeting to December 18, for possible action.** Motion by Director Rice to move the meeting to December 18, seconded by Director Mileur, approved 3/0.
- d. **Review proposal to amend the prior agreement with RBC Corporation for the paving project.** Decision was made to amend the contract to 2" of repaving. Motion by Director Rice. seconded by Director Mileur, Board approved 3/0.

6. Declaration of Future Agenda Items

- a. Billing implementation.
- b. Monterey contract.

7. Adjourn to Closed Session:

- 1) Pursuant to Government Code Section 549.47.6

Conference with Labor Negotiator

Agency Representative: Mike McDonough and Bill Avery

Employee Organization: SEIU 620

- 2) Pursuant to Government Code Section 54956 (c)

Litigation; Number of cases: 1

- 3) Public Performance Evaluation : Administrator: Government Code Section 54947

8. Out of Closed Session

Barbara Bronson Gray reported there was no reportable action from Closed Session.

9. Adjournment

Meeting was adjourned at 4:10 p.m.

Operations Report for the Month of November 2019

Ambulance Fleet Status Report

- Units: All units are in service
 - Unit 16 (back up #1)
 - Starting Miles
 - 214982
 - Ending Miles
 - 214991
 - Total of 9 miles on the unit and 9.5 Gallons of fuel
 - Unit 17 (back up #2)
 - Starting miles
 - 220957
 - Ending miles
 - 220958
 - Total of 1 mile and zero fuel used
 - Unit 18 (Medic 11 24 hour car)
 - Starting miles
 - 93371
 - Ending miles
 - 95714
 - Total miles of 2343, and 215.4 gallons of fuel used
 - Unit 20 (Medic 12 12 hour car)
 - Starting miles
 - 3625
 - Ending miles
 - 4966
 - Total miles of 1341, and 120.5 gallons of gas used.

Response Times and Delays Report

- Page 1 of 4
 - Run number 19-1235 11/05/2019
 - The delay reason listed is "Distance". The unit was dispatched and responded from Hwy 46 at Old Creek when they were returning from a code 8 request. The other crew had gone off duty by this time.
 - On the Transport activity Report
 - All the stars are actually at the 3 min. mark except 1. 3 min is time that is allowed for a crew to respond between the hours of 2000 (8 p.m.) and 0800 (8 a.m.)
 - Run number 19-1299 has a 5 min delay in the response time and this was a because Med Com was dealing with other traffic and did not hear the crew.

Lucas Device Trial

- I am sad to report that at this time the Lucas device trial has been placed on hold per the San Luis Obispo County EMSA. They have brought to my attention that there has been some conflicting information about these units and their use in the field. I am working closely with both Stryker and the EMSA to see if we can restart the trial at a later date and time.

Station

- We have had to have the plumber back out to snake the Medic 11 (suite C).

Medications and Orders

- As stated in the last month's meeting, we are working hard to curb the cost of medications. At the end of Jan, we have some items expiring. I am working to get the best possible deal for these items.

DISTRICT ACTIVITY REPORT PAGE 1

11/01/2019 through 11/30/2019

Incident Totals				Transport Totals			
	2019	2018	Change		2019	2018	Change
Dry Runs - w/Treatment	17	18	-1	Local Patients	27	33	-6
Dry Runs - CX Enroute	19	11	8	Non-Local Patients	6	10	-4
Total Dry Runs	37	29	8	Total Patients	33	43	-10
Stand-bys	47	38	9	Medical Transports	31	37	-6
Public Assists/Relations	5	1	4	Trauma Transports	2	6	-4
Walk-in Public Relations	0	0	0	Traffic Accidents	2	0	2
Total Incidents	121	111	10	Total Transports	33	43	-10

Hospital Destinations

	2019	2018	Change
French	12	14	-2
Sierra Vista	17	27	-10
Twin Cities	4	2	2
Rendezvous w/Heli	0	0	0
Facility Not-Listed	0	0	0
Trauma Center	0	2	-2
STEMI Center	0	2	-2

Monterey County Responses

	2019	2018	Change
Medical Transports	0	0	0
Trauma Transports	0	0	0
Dry Runs	2	0	2
Stand-bys	0	0	0
Total Incidents	2	0	2

**Year-to-Date Comparison
Ambulance Response Statistics
From January 2019 to November 30 2019**

	2019	2018	Change
Total Responses	1320	1309	11
Patients Transported	523	487	36
Total Dry Runs	355	329	26
Dry Runs - w/Treatment	152	150	2
Dry Runs - CX Enroute	202	178	24
Stand-bys	441	479	-38
Total Monterey County Incidents	24	18	6

DISTRICT ACTIVITY REPORT PAGE 2
11/01/2019 through 11/30/2019

San Luis Ambulance Activity

Code 8	=	14	
Code 11	=	0	
Code 2 calls	=	0	} (calls into CCHD response area)
Code 3 calls	=	1	
Total time SLAS covered CCHD area =			
		18 hrs	50 mins

Cambria Community Healthcare District Activity

Total time CCHD committed to other incidents (Month) =			
		92 hrs	58 mins
Code 8	=	44	
Code 11	=	3	
Code 2 calls	=	1	} (calls into SLAS response area)
Code 3 calls	=	6	
Total time CCHD covered SLAS area =			
		23 hrs	35 mins

Vehicle Mileage

16 Dodge Sprinter 2008	214,991.0
17 Dodge Sprinter 2008	220,958.0
18 Chevy 2016 Type 3	95,714.0
20 Ford 2019 Transit	4,966.0

Definitions:

Code 8 : Cover two areas

Example: -Code 8 Villa Creek means covering Morro Bay response area and Cambria response area

-Code 8 Hwy 46 Summit means covering Cambria response area and covering North County response area (i.e. Paso Robles, Templeton, Atascadero and outlying areas)

Code 11 : Covering one area

Example: -Code 11 Morro Bay means we are now only covering the Morro Bay response area (i.e. Cayucos, Morro Bay, Los Osos)

Code 2 : Non-Emergency Call

Code 3 : Emergency Call

TRANSPORT ACTIVITY REPORT

11/01/2019 through 11/30/2019

Total Transports = 33

Call #	Patient #	Date	Medic	Call Times						Response Area	Call Location
				Dispatch	Enroute	On-Scene	Transporting	Available			
19-1198	0491	11/01/2019	11	0423	0425	0430	0442	0548	0607	Lodge Hill West	
19-1216	0492	11/01/2019	12	1532	1532	1539	1558	1700	1820	Lodge Hill West	
19-1228	0493	11/04/2019	12	1536	1538	1543	1602	1702	1734	Lodge Hill West	
19-1231	0494	11/05/2019	11	1100	1100	1104	1125	1224	1251	Lodge Hill East	
19-1233	0495	11/05/2019	12	1826	1826	1829	1840	1936	2007	Park Hill	
19-1235	0496	11/05/2019	11	2033	2033	2044	2056	2149	2210	East Village	
19-1240	0497	11/07/2019	11	2339	2340	2347	2355	0046	0106	Lodge Hill West	
19-1245	0498	11/08/2019	12	1102	1104	1111	1134	1242	1315	Park Hill	
* 19-1250	0499	11/09/2019	11	0156	0159	0203	0206	0259	0330	Lodge Hill East	
19-1258	0500	11/12/2019	11	1748	1749	1757	1818	1918	1946	Pine Knolls	
19-1259	0501	11/13/2019	11	0846	0846	0850	0907	1008	1036	Pine Knolls	
19-1262	0502	11/14/2019	12	1842	1843	1848	1901	2001	2030	Lodge Hill East	
19-1263	0503	11/14/2019	11	1810	1812	1818	1826	1927	1945	Pine Knolls	
* 19-1264	0504	11/15/2019	11	0127	0130	0136	0200	0247	0305	Park Hill	
19-1273	0505	11/17/2019	11	2204	2205	2210	2227	2318	2346	Pine Knolls	
19-1277	0506	11/18/2019	12	1249	1250	1314	1341	1449	1710	North Highway 1	
19-1278	0507	11/18/2019	12	1539	1540	1541	1547	1624	1710	Morro Bay	
19-1279	0508	11/20/2019	12	1327	1328	1334	1349	1452	1517	Happy Hill	
19-1282	0509	11/20/2019	11	1452	1452	1455	1503	1606	1631	East Village	
19-1283	0510	11/20/2019	11	1827	1829	1831	1846	2005	2028	East Village	
* 19-1284	0511	11/20/2019	11	2130	2133	2139	2155	2245	2315	Lodge Hill West	
19-1285	0512	11/21/2019	12	1606	1606	1612	1627	1723	1751	Park Hill	
19-1286	0513	11/22/2019	11	0649	0650	0653	0708	0759	0831	Pine Knolls	
19-1291	0514	11/22/2019	11	1746	1748	1755	1805	1856	1936	Lodge Hill West	
19-1293	0515	11/23/2019	11	0929	0929	0942	0954	1021	1021	Morro Bay	
19-1295	0516	11/23/2019	11	1500	1501	1504	1525	1615	1635	East Village	
* 19-1299	0517	11/23/2019	12	1826	1831	1849	1856	1948	1955	Paso Robles / Templeton	
19-1302	0518	11/26/2019	11	0425	0427	0432	0439	0526	0545	Lodge Hill East	
19-1305	0519	11/26/2019	11	1813	1815	1822	1850	1931	2030	Happy Hill	
* 19-1308	0520	11/27/2019	11	0446	0449	0455	0505	0556	0630	Lodge Hill West	
19-1309	0521	11/27/2019	12	1615	1616	1624	1645	1741	1821	Marine Terrace	
* 19-1315	0522	11/29/2019	11	0636	0639	0645	0654	0737	0803	Lodge Hill West	
19-1316	0523	11/29/2019	12	1357	1358	1400	1406	1450	1520	East Village	

CCHD Response Times (Cambria)
 (responses within Cambria city limits)

Response Time 10 mins or Less: 98.0%

<u>Incident</u>	<u>Incident Dat</u>	<u>Patient #</u>	<u>Responded From</u>	<u>Location</u>	<u>Type</u>	<u>Dispatched</u>	<u>Enroute</u>	<u>On Scene</u>	<u>Duration</u>
19-1198	11/01/2019	0491	Station 81	Lodge Hill West	Medical Transport	0423	0425	0430	7
			Reason for Delay:	-					
19-1201	11/01/2019		Station 81	South Highway 1	Check The Welfare	0846	0846	0846	0
			Reason for Delay:	-					
19-1203	11/01/2019		Station 81	Marine Terrace	Dry Run - Patient Contact	1004	1005	1012	8
			Reason for Delay:	-					
19-1216	11/01/2019	0492	Station 81	Lodge Hill West	Medical Transport	1532	1532	1539	7
			Reason for Delay:	-					
19-1224	11/03/2019		Station 81	Lodge Hill West	Dry Run - Patient Contact	0456	0458	0506	10
			Reason for Delay:	Distance					
19-1228	11/04/2019	0493	Station 81	Lodge Hill West	Medical Transport	1536	1538	1543	7
			Reason for Delay:	-					
19-1230	11/05/2019		Station 81	Leimert	Dry Run - No Patient Contact	1041	1041	1048	7
			Reason for Delay:	-					
19-1231	11/05/2019	0494	Station 81	Lodge Hill East	Medical Transport	1100	1100	1104	4
			Reason for Delay:	-					
19-1233	11/05/2019	0495	Station 81	Park Hill	Medical Transport	1826	1826	1829	3
			Reason for Delay:	-					
19-1235	11/05/2019	0496	Station 81	East Village	Medical Transport	2033	2033	2044	11 *
			Reason for Delay:	Distance					
19-1240	11/07/2019	0497	Station 81	Lodge Hill West	Medical Transport	2339	2340	2347	8
			Reason for Delay:	-					
19-1243	11/07/2019		Station 81	Lodge Hill East	Dry Run - No Patient Contact	2219	2220	2225	6
			Reason for Delay:	-					
19-1244	11/08/2019		Station 81	Lodge Hill East	Dry Run - No Patient Contact	0529	0532	0537	8
			Reason for Delay:	-					

<u>Incident</u>	<u>Incident Dat</u>	<u>Patient #</u>	<u>Responded From</u>	<u>Location</u>	<u>Type</u>	<u>Dispatched</u>	<u>Enroute</u>	<u>On Scene</u>	<u>Duration</u>
19-1245	11/08/2019	0498	Station 81	Park Hill	Medical Transport	1102	1104	1111	9
	Reason for Delay:	-							
19-1249	11/09/2019		Station 81	Lodge Hill East	Dry Run - Patient Contact	0016	0019	0025	9
	Reason for Delay:	-							
19-1250	11/09/2019	0499	Station 81	Lodge Hill East	Medical Transport	0156	0159	0203	7
	Reason for Delay:	-							
19-1254	11/10/2019		Station 81	Park Hill	Dry Run - Patient Contact	1050	1052	1055	5
	Reason for Delay:	-							
19-1258	11/12/2019	0500	Station 81	Pine Knolls	Trauma Transport	1748	1749	1757	9
	Reason for Delay:	-							
19-1259	11/13/2019	0501	RA - Moving	Pine Knolls	Medical Transport	0846	0846	0850	4
	Reason for Delay:	-							
19-1261	11/13/2019		Station 81	Park Hill	Dry Run - No Patient Contact	2130	2133	2138	8
	Reason for Delay:	-							
19-1262	11/14/2019	0502	Station 81	Lodge Hill East	Medical Transport	1842	1843	1848	6
	Reason for Delay:	-							
19-1263	11/14/2019	0503	Station 81	Pine Knolls	Medical Transport	1810	1812	1818	8
	Reason for Delay:	-							
19-1264	11/15/2019	0504	Station 81	Park Hill	Medical Transport	0127	0130	0136	9
	Reason for Delay:	-							
19-1272	11/16/2019		Station 81	East Village	Dry Run - Patient Contact	2019	2022	2027	8
	Reason for Delay:	-							
19-1273	11/17/2019	0505	Station 81	Pine Knolls	Medical Transport	2204	2205	2210	6
	Reason for Delay:	-							
19-1275	11/18/2019		Station 81	Lodge Hill West	Dry Run - No Patient Contact	1118	1119	1126	8
	Reason for Delay:	-							
19-1279	11/20/2019	0508	Station 81	Happy Hill	Medical Transport	1327	1328	1334	7
	Reason for Delay:	-							

<u>Incident</u>	<u>Incident Dat</u>	<u>Patient #</u>	<u>Responded From</u>	<u>Location</u>	<u>Type</u>	<u>Dispatched</u>	<u>Enroute</u>	<u>On Scene</u>	<u>Duration</u>
19-1282	11/20/2019	0509	Station 81	East Village	Medical Transport	1452	1452	1455	3
	Reason for Delay:	-							
19-1283	11/20/2019	0510	Station 81	East Village	Trauma Transport	1827	1829	1831	4
	Reason for Delay:	-							
19-1284	11/20/2019	0511	Station 81	Lodge Hill West	Medical Transport	2130	2133	2139	9
	Reason for Delay:	-							
19-1285	11/21/2019	0512	Station 81	Park Hill	Medical Transport	1606	1606	1612	6
	Reason for Delay:	-							
19-1286	11/22/2019	0513	Station 81	Pine Knolls	Medical Transport	0649	0650	0653	4
	Reason for Delay:	-							
19-1289	11/22/2019		Station 81	Lodge Hill West	Dry Run - No Patient Contact	1311	1312	1317	6
	Reason for Delay:	-							
19-1290	11/22/2019		Station 81	West Village	Dry Run - Patient Contact	1719	1720	1724	5
	Reason for Delay:	-							
19-1291	11/22/2019	0514	Station 81	Lodge Hill West	Medical Transport	1746	1748	1755	9
	Reason for Delay:	-							
19-1294	11/23/2019		Station 81	Marine Terrace	Dry Run - Patient Contact	1256	1258	1303	7
	Reason for Delay:	-							
19-1295	11/23/2019	0516	Station 81	East Village	Medical Transport	1500	1501	1504	4
	Reason for Delay:	-							
19-1300	11/25/2019		Station 81	Lodge Hill West	Dry Run - Patient Contact	0850	0851	0854	4
	Reason for Delay:	-							
19-1302	11/26/2019	0518	Station 81	Lodge Hill East	Medical Transport	0425	0427	0432	7
	Reason for Delay:	-							
19-1303	11/26/2019		Station 81	Lodge Hill West	Dry Run - Patient Contact	0554	0554	0600	6
	Reason for Delay:	-							
19-1304	11/26/2019		Station 81	West Village	Dry Run - Patient Contact	1031	1032	1035	4
	Reason for Delay:	-							

<u>Incident</u>	<u>Incident Dat</u>	<u>Patient #</u>	<u>Responded From</u>	<u>Location</u>	<u>Type</u>	<u>Dispatched</u>	<u>Enroute</u>	<u>On Scene</u>	<u>Duration</u>
19-1305	11/26/2019	0519	Cambria Fire Station	Happy Hill	Medical Transport	1813	1815	1822	9
	Reason for Delay:	-							
19-1306	11/26/2019		Station 81	Lodge Hill West	Dry Run - Patient Contact	2253	2256	2302	9
	Reason for Delay:	-							
19-1307	11/27/2019		Station 81	Lodge Hill West	Dry Run - Patient Contact	0253	0255	0302	9
	Reason for Delay:	-							
19-1308	11/27/2019	0520	Station 81	Lodge Hill West	Medical Transport	0446	0449	0455	9
	Reason for Delay:	-							
19-1309	11/27/2019	0521	Station 81	Marine Terrace	Medical Transport	1615	1616	1624	9
	Reason for Delay:	-							
19-1310	11/27/2019		Station 81	Happy Hill	Dry Run - Patient Contact	2125	2125	2129	4
	Reason for Delay:	-							
19-1315	11/29/2019	0522	Station 81	Lodge Hill West	Medical Transport	0636	0639	0645	9
	Reason for Delay:	-							
19-1316	11/29/2019	0523	Station 81	East Village	Medical Transport	1357	1358	1400	3
	Reason for Delay:	-							
19-1317	11/30/2019		Station 81	East Village	Dry Run - No Patient Contact	0957	0958	0959	2
	Reason for Delay:	-							

CCHD Response Times (San Simeon)
(and communities just outside Cambria city limits)

Response Time 30 mins or Less: 100.0%

<u>Incident #</u>	<u>Incident Date</u>	<u>Patient #</u>	<u>Location</u>	<u>Type</u>	<u>Dispatched</u>	<u>Enroute</u>	<u>On Scene</u>	<u>Duration</u>
19-1253	11/10/2019		South Highway 1	Dry Run - Patient Contact	0931	0931	0938	7
19-1312	11/28/2019		North Highway 1	Dry Run - No Patient Contact	1820	1820	1824	4

CCHD Response Times

(reponses far beyond Cambria city limits)

<u>Incident #</u>	<u>Incident Date</u>	<u>Patient #</u>	<u>Location</u>	<u>Type</u>	<u>Dispatched</u>	<u>Enroute</u>	<u>On Scene</u>	<u>Duration</u>
19-1211	11/01/2019		Morro Bay	Dry Run - No Patient Contact	1431	1431	1452	21
19-1237	11/06/2019		Monterey County	Dry Run - Patient Contact	0851	0858	0947	56
19-1246	11/08/2019		Monterey County	Dry Run - Patient Contact	1540	1541	1625	45
19-1271	11/16/2019		Morro Bay	Dry Run - Patient Contact	1751	1751	1755	4
19-1277	11/18/2019	0506	North Highway 1	Medical Transport	1249	1250	1314	25
19-1278	11/18/2019	0507	Morro Bay	Medical Transport	1539	1540	1541	2
19-1293	11/23/2019	0515	Morro Bay	Medical Transport	0929	0929	0942	13
19-1299	11/23/2019	0517	Paso Robles / Templeton	Medical Transport	1826	1831	1849	23

BUDGET ANALYSIS

FISCAL YEAR 2019-2020

REVENUES	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL	BUDGET	%
AMBULANCE	41,825	48,620	43,596	67,613	36,266								237,920	590,419	40%
GENERAL TAX	7,301	6,353	19,754	33,537	65,926								132,871	550,688	24%
SPECIAL ASSMT	8,127	0		54,823	92,143								155,093	534,717	29%
MONTEREY AGMT	3,000	1,500	0	1,500	0								6,000	18,000	33%
RENT	3,217	3,217	3,217	3,217	3,217								16,085	20,500	78%
AUXILIARY/MISC	63	51		0	0								114	3,600	3%
GEMT REIM.	0	0	0	0	0								0	1	0%
BAD DEBT REC.	1,157	150	2,730	138	0								4,175	6,000	70%
INTEREST	164	0	164	0	0								328	1,100	30%
TOTAL	64,854	59,891	69,461	160,828	197,552	0	552,586	1,725,025	32%						
% OF BUDGET	4%	7%	11%	21%	32%	32%	32%	32%	32%	32%	32%	32%			
FY ELAPSED	8%	16%	25%	33%	42%	50%	58%	67%	75%	83%	92%	100%			
EXPENSES															
ADMINISTRATION	12,727	14,921	20,716	10,834	15,148								74,346	189,492	39%
FULL TIME	38,123	48,935	42,227	46,980	43,425								219,690	567,084	39%
PART TIME	11,356	11,735	6,018	4,704	5,284								39,097	84,504	46%
IT Support	250	250	250	250	250								1,250	3,000	
UNIFORM	316	569	271	574	174								1,904	6,000	32%
PERS	15,544	14,302	16,567	14,128	15,338								75,879	178,751	42%
HEALTH INS	20,270	17,575	18,859	17,766	20,128								94,598	224,280	42%
MEDICARE HOSP	1,662	1,906	1,659	957	957								7,141	21,600	33%
WORKER COMP	8,215	8,215	10,294	8,547	8,379								43,650	59,947	73%
ED/TRAVEL	156	25	57	0	0								238	3,200	7%
LICENSE/PERMIT	0	7,276	50	275	350								7,951	13,500	59%
TRAINING	0	0	30	11	472								513	600	86%
INSURANCE	4,992	5,041	5,293	5,911	5,142								26,379	36,786	72%
AUDIT	2,060	0	0	0	0								2,060	10,500	20%
ELECTION	0	0	0	0	0								0	1	0%
LEGAL	0	10,648	-10,764	1,899	1,000								2,783	30,000	9%
UTILITIES	1,016	1,026	387	1,583	661								4,673	18,000	26%
OFFICE SUPPLIES	872	2,014	2,758	3,561	2,759								11,964	12,000	100%
CONTRACT SER	2,640	3,014	5,416	2,682	4,131								17,883	40,794	44%
FACILITY REPAIR	268	2,524	668	684	2,638								6,782	58,000	12%
FLEET FUEL	4,506	0	0	4,934	0								9,440	20,000	47%
FLEET MTCE	1,351	0	213	44	96								1,704	20,000	9%
MED SUPPLY	3,442	3,949	703	6,313	2,151								16,558	24,000	69%
EQUIPMENT PMTS	7,983	0	0	0	0								7,983	52,072	15%
UNIT REPLACEMENT	0	0	0	0	0								0	0	0%
CONT RESERVES	0	0	325	0	0								325	40,000	1%
PublicOutreach	15	0	228	0	0								243	2,400	10%
Miscellaneous	6,434	96	0	210	0								6,740	6,200	109%
TOTAL	144,198	154,021	122,225	132,847	128,483	0	681,774	1,722,711	40%						
% OF BUDGET	8%	17%	24%	32%	40%	40%	40%	40%	40%	40%	40%	40%			
FY ELAPSED	8%	16%	25%	33%	42%	50%	58%	67%	75%	83%	92%	100%	-129,188	Inc/Dec	

Cambria Community Healthcare District Monthly Financial Report

NOVEMBER 2019

RABOBANK GENERAL ACCOUNT

Beginning Balance	\$132,330.68	
Rent Income	0.00	
Transfer to Payroll Account	(25,000.00)	
Reimbursement Check from retiree for COBRA Dental	0.00	
Miscellaneous Income	0.00	
CalPers Health Premiums	(7,593.48)	
General Tax	158,069.12	
Less Checking Expenses	(104,331.45)	
 ENDING BALANCE		 \$153,474.87

Rabobank Ambulance Income Account

Beginning Balance	9,393.58	
Credit Card Processing Fee	(150.59)	
Bad Debt Income	0.00	
Transfer to Payroll Account	(45,000.00)	
Monterey Income	0.00	
Ambulance Income	39,747.41	
Ending Balance	3,990.40	\$3,990.40

Rabobank Payroll Account

Beginning Balance	3,305.14	
Transfer from Ambulance Account	45,000.00	
Transfer from Operating Account	25,000.00	
Expenses	(58,473.06)	
Ending Balance		\$ 14,832.08

Local Agency Investment Fund Account

Operating Reserves

Beginning Balance	5,673.10	
Transfer from Operating Account		
Interest		
Ending Balance		\$ 5,673.10
Capital Improvement Reserves	\$30,000.00	

Unit Replacement Fund

\$30,000.00

LAIF Ending Balance		\$ 35,673.10
ALL ACCOUNTS TOTAL		<u>\$ 207,970.45</u>

**Cambria Community Healthcare District
Monthly Financial Report - Page Two**

Accounts Prior Year Total Comparison

November	2019	\$ 207,970.45
November	2018	<u>\$90,776.20</u>
Difference		<u>\$ 117,194.25</u>

4:31 PM
12/10/19

Cambria Community Healthcare District Check Detail November 2019

Type	Num	Date	Name	Account	Paid Amount
Check		11/01/2019		1014.10 · Rabobank Operating Acct.	
				6022.00 · PERS/Employer portion	-6,383.38
TOTAL					<u>-6,383.38</u>
Check		11/01/2019		1014.10 · Rabobank Operating Acct.	
				6022.00 · PERS/Employer portion	-7,744.71
TOTAL					<u>-7,744.71</u>
Check		11/12/2019		1014.10 · Rabobank Operating Acct.	
				6022.00 · PERS/Employer portion	-1,210.10
TOTAL					<u>-1,210.10</u>
Check		11/13/2019	PERS Health Benefits	1014.10 · Rabobank Operating Acct.	
				6023.00 · Employee Health Benefits	-16,842.66
TOTAL					<u>-16,842.66</u>
Check	EFT	11/01/2019	Kareo	1014.10 · Rabobank Operating Acct.	
				7005.00 · Contract Services	-189.37
TOTAL					<u>-189.37</u>
Check	4348	11/01/2019	UNITED STAFFING ASSOCIATES, LLC	1014.10 · Rabobank Operating Acct.	
				6010.01 · Full Time Staff	-898.91
TOTAL					<u>-898.91</u>
Check	4349	11/07/2019	Helping Hand Health Ed	1014.10 · Rabobank Operating Acct.	
				6075.00 · CPR Class Expense	-133.00
TOTAL					<u>-133.00</u>
Check	4350	11/07/2019	PG&E	1014.10 · Rabobank Operating Acct.	
				7004.00 · Utilities	-133.51
TOTAL					<u>-133.51</u>
Check	4351	11/07/2019	PG&E	1014.10 · Rabobank Operating Acct.	
				7004.00 · Utilities	-268.49
TOTAL					<u>-268.49</u>
Check	4352	11/07/2019	PG&E	1014.10 · Rabobank Operating Acct.	
				7004.00 · Utilities	-14.71
TOTAL					<u>-14.71</u>
Check	4353	11/07/2019	PG&E	1014.10 · Rabobank Operating Acct.	
				7004.00 · Utilities	-113.33
TOTAL					<u>-113.33</u>
Check	4354	11/07/2019	MED+STOP Urgent Care	1014.10 · Rabobank Operating Acct.	
				6028.00 · License/Permit	-150.00
					<u>-150.00</u>

4:31 PM
12/10/19

Cambria Community Healthcare District
Check Detail
November 2019

Type	Num	Date	Name	Account	Paid Amount
TOTAL					-150.00
Check	4355	11/07/2019	Coast Electronics	1014.10 · Rabobank Operating Acct. 8064.10 · Communication Equipment	-200.00
TOTAL					-200.00
Check	4356	11/07/2019	Airgas West	1014.10 · Rabobank Operating Acct. 8005.00 · Medical Equip/Supply	-404.87
TOTAL					-404.87
Check	4357	11/07/2019	BoundTree Medical	1014.10 · Rabobank Operating Acct. 8005.00 · Medical Equip/Supply	-43.85
TOTAL					-43.85
Check	4358	11/07/2019	GAIA GRAPHICS & ASSOCIATES	1014.10 · Rabobank Operating Acct. 7006.00 · Office/Computer Supply	-600.00
TOTAL					-600.00
Check	4359	11/07/2019	Mission Country Disposal	1014.10 · Rabobank Operating Acct. 7004.00 · Utilities	-100.97
TOTAL					-100.97
Check	4360	11/07/2019	Trophy Hunters	1014.10 · Rabobank Operating Acct. 7006.00 · Office/Computer Supply	-61.42
TOTAL					-61.42
Check	4361	11/07/2019	Poor Richards Press	1014.10 · Rabobank Operating Acct. 7006.00 · Office/Computer Supply	-336.63
TOTAL					-336.63
Check	4362	11/07/2019		1014.10 · Rabobank Operating Acct. 6023.00 · Employee Health Benefits	-118.55
TOTAL					-118.55
Check	4363	11/07/2019	Curtis Reid	1014.10 · Rabobank Operating Acct. 6028.00 · License/Permit	-200.00
TOTAL					-200.00
Check	4364	11/07/2019	UNITED STAFFING ASSOCIATES, LLC	1014.10 · Rabobank Operating Acct. 6010.01 · Full Time Staff	-5,070.00
TOTAL					-5,070.00
Check	4365	11/07/2019	Michael McDonough	1014.10 · Rabobank Operating Acct. 6030.00 · TRAVEL/ADMINISTRATION	-80.50
TOTAL					-80.50
Check	4366	11/07/2019		1014.10 · Rabobank Operating Acct.	

Cambria Community Healthcare District
Check Detail
November 2019

Type	Num	Date	Name	Account	Paid Amount
TOTAL				6023.00 · Employee Health Benefits	-22.45
					-22.45
Check	4367	11/07/2019	Aflac	1014.10 · Rabobank Operating Acct.	
TOTAL				2030.10 · Withheld Deduction Employee	-44.40
					-44.40
Check	4368	11/08/2019	Tyler Loudermilk	1014.10 · Rabobank Operating Acct.	
TOTAL				6010.01 · Full Time Staff	-163.83
					-163.83
Check	4369	11/14/2019	Curtis Reid	1014.10 · Rabobank Operating Acct.	
TOTAL				6010.01 · Full Time Staff	-5.00
					-5.00
Check	4370	11/14/2019		1014.10 · Rabobank Operating Acct.	
TOTAL				6023.00 · Employee Health Benefits	-1,300.00
					-1,300.00
Check	4371	11/14/2019	Tim Benes	1014.10 · Rabobank Operating Acct.	
TOTAL				6027.02 · Employee Mileage Expense	-85.15
					-85.15
Check	4372	11/15/2019	SEIU Local 620	1014.10 · Rabobank Operating Acct.	
TOTAL				2030.10 · Withheld Deduction Employee	-253.89
					-253.89
Check	4373	11/15/2019	Avery Associates, Inc.	1014.10 · Rabobank Operating Acct.	
TOTAL				7003.00 · Legal Expense	-1,000.00
					-1,000.00
Check	4374	11/15/2019	Templeton Uniforms	1014.10 · Rabobank Operating Acct.	
TOTAL				6021.00 · Uniform	-173.70
					-173.70
Check	4375	11/15/2019	Kitzman Water (Culligan)	1014.10 · Rabobank Operating Acct.	
TOTAL				7004.00 · Utilities	-30.00
					-30.00
Check	4376	11/15/2019	BoundTree Medical	1014.10 · Rabobank Operating Acct.	
TOTAL				8005.00 · Medical Equip/Supply	-161.87
					-161.87
Check	4377	11/15/2019	BoundTree Medical	1014.10 · Rabobank Operating Acct.	
TOTAL				8005.00 · Medical Equip/Supply	-145.07
					-145.07

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12/10/19

Cambria Community Healthcare District Check Detail November 2019

Type	Num	Date	Name	Account	Paid Amount
Check	4378	11/15/2019	Airgas West	1014.10 · Rabobank Operating Acct. 8005.00 · Medical Equip/Supply	-729.24
TOTAL					-729.24
Check	4379	11/15/2019	Life Assist	1014.10 · Rabobank Operating Acct. 8005.00 · Medical Equip/Supply	-1,114.07
TOTAL					-1,114.07
Check	4380	11/15/2019		1014.10 · Rabobank Operating Acct. 6023.00 · Employee Health Benefits	-39.99
TOTAL					-39.99
Check	4381	11/15/2019	Kathleen Bramlette	1014.10 · Rabobank Operating Acct. 6029.00 · Training	-15.41
TOTAL					-15.41
Check	4382	11/15/2019	Jeremy Kantner	1014.10 · Rabobank Operating Acct. 7006.00 · Office/Computer Supply	-79.85
TOTAL					-79.85
Check	4383	11/15/2019	Jeremy Kantner	1014.10 · Rabobank Operating Acct. 6027.02 · Employee Mileage Expense	-32.60
TOTAL					-32.60
Check	4384	11/15/2019	ProfitMax MD	1014.10 · Rabobank Operating Acct. 7005.00 · Contract Services	-3,042.60
TOTAL					-3,042.60
Check	4385	11/15/2019	BoundTree Medical	1014.10 · Rabobank Operating Acct. 8005.00 · Medical Equip/Supply	-227.85
TOTAL					-227.85
Check	4386	11/18/2019	Tyler Loudermilk	1014.10 · Rabobank Operating Acct. 6029.00 · Training	-28.50
TOTAL					-28.50
Check	4387	11/18/2019	Matthew K. Westbrook	1014.10 · Rabobank Operating Acct. 6029.00 · Training	-267.00
TOTAL					-267.00
Check	4388	11/18/2019	Coast Unified School Dist	1014.10 · Rabobank Operating Acct. 6027.01 · Mileage Trustee Conf./Meeting	-216.00
TOTAL					-216.00
Check	4389	11/18/2019	Principal Financial Grp	1014.10 · Rabobank Operating Acct. 6023.00 · Employee Health Benefits	-3,285.78

Cambria Community Healthcare District
Check Detail
November 2019

Type	Num	Date	Name	Account	Paid Amount
TOTAL					-3,285.78
Check	4390	11/19/2019	Jeremy Kantner	1014.10 · Rabobank Operating Acct.	
TOTAL					0.00
Check	4391	11/19/2019	Jeremy Kantner	1014.10 · Rabobank Operating Acct. 7006.00 · Office/Computer Supply	-1,372.74
TOTAL					-1,372.74
Check	4392	11/20/2019	County Department of Public Works	1014.10 · Rabobank Operating Acct. 7007.00 · Facility Repair Maintenance	-1,393.00
TOTAL					-1,393.00
Check	4393	11/20/2019	UNITED STAFFING ASSOCIATES, LLC	1014.10 · Rabobank Operating Acct. 7005.00 · Contract Services	-898.91
TOTAL					-898.91
Check	4394	11/25/2019	Curtis Reid	1014.10 · Rabobank Operating Acct. 6029.00 · Training	-28.50
TOTAL					-28.50
Check	4395	11/25/2019	Curtis Reid	1014.10 · Rabobank Operating Acct. 6023.00 · Employee Health Benefits	-245.00
TOTAL					-245.00
Check	4396	11/25/2019	WEX Bank	1014.10 · Rabobank Operating Acct. 8001.00 · Fleet Fuel	-96.07
TOTAL					-96.07
Check	4397	11/25/2019	Cambria Hardware Center	1014.10 · Rabobank Operating Acct. 7007.00 · Facility Repair Maintenance	-175.92
TOTAL					-175.92
Check	4398	11/25/2019	West America Bank	1014.10 · Rabobank Operating Acct. 8008.00 · Vehicle Payment 8020.10 · Interest Expense	-4,229.99 -805.13
TOTAL					-5,035.12
Check	4399	11/26/2019	Jeremy Kantner	1014.10 · Rabobank Operating Acct. 7006.00 · Office/Computer Supply	-267.07
TOTAL					-267.07
Check	4400	11/26/2019	SDRMA	1014.10 · Rabobank Operating Acct. 7000.00 · Liability/Auto/D&O Insurance	-5,141.89
TOTAL					-5,141.89
Check	4401	11/26/2019	SDRMA	1014.10 · Rabobank Operating Acct.	

Cambria Community Healthcare District Check Detail November 2019

Type	Num	Date	Name	Account	Paid Amount
Check				6026.00 · Workers Comp Insurance	-8,378.99
TOTAL					-8,378.99
Check	4402	11/26/2019	Toby's Plumbing	1014.10 · Rabobank Operating Acct.	
				7007.00 · Facility Repair Maintenance	-1,068.73
TOTAL					-1,068.73
Check	4403	11/26/2019	Michael McDonough	1014.10 · Rabobank Operating Acct.	
				6030.00 · TRAVEL/ADMINISTRATION	-40.26
TOTAL					-40.26
Check	4404	11/26/2019	Michael O. Bryant	1014.10 · Rabobank Operating Acct.	
Check				6027.02 · Employee Mileage Expense	-44.08
TOTAL					-44.08
Check	4405	11/26/2019	Simone Rathbun	1014.10 · Rabobank Operating Acct.	
				6027.02 · Employee Mileage Expense	-65.72
TOTAL					-65.72
Check	4406	11/27/2019	Michael McDonough	1014.10 · Rabobank Operating Acct.	
				7006.00 · Office/Computer Supply	-40.93
TOTAL					-40.93

Charge Summary for Period November 2019 - by posting date

<u>Charge Type/Charge Description</u>	<u>Quantity</u>	<u>Amount</u>
Base Rate		
BLSNE Resident Cambria	0	\$0.00
BLSE1 Resident Cambria	0	\$0.00
ALS1 Resident Cambria	24	\$69,600.00
BLSM Treat/Release Cambria	4	\$1,100.00
ALSM Treat/Release Cambria	6	\$3,750.00
BLSE1 Non Resident Cambria	0	\$0.00
ALS1 Non Resident Cambria	4	\$13,000.00
Totals for Base Rate:	38	\$87,450.00
Mileage		
Mileage	883.90	\$53,034.00
Totals for Mileage:	883.90	\$53,034.00
Oxygen		
Oxygen	9	\$882.00
Totals for Oxygen:	9	\$882.00
ALS Disposables		
Disposable Supplies	28	\$700.00
Totals for ALS Disposables:	28	\$700.00
Totals		\$142,066.00

Base Rate	\$87,450.00
Mileage	\$53,034.00
Oxygen	\$882.00
ALS Disposables	\$700.00
Totals	\$142,066.00

Trip Summary for Period November 2019 - by posting date

DOS	# of Trips	Total Charges
11/01/2019	2	\$5,132.00
11/02/2019	0	\$0.00
11/03/2019	1	\$4,989.00
11/04/2019	2	\$10,042.00
11/05/2019	0	\$0.00
11/06/2019	1	\$625.00
11/07/2019	0	\$0.00
11/08/2019	2	\$5,146.00
11/09/2019	1	\$4,899.00
11/10/2019	1	\$625.00
11/11/2019	0	\$0.00
11/12/2019	1	\$5,085.00
11/13/2019	0	\$0.00
11/14/2019	1	\$4,857.00
11/15/2019	1	\$5,001.00
11/16/2019	2	\$900.00
11/17/2019	1	\$5,171.00
11/18/2019	2	\$10,810.00
11/19/2019	0	\$0.00
11/20/2019	4	\$19,824.00
11/21/2019	1	\$5,189.00
11/22/2019	3	\$10,593.00
11/23/2019	4	\$12,860.00
11/24/2019	0	\$0.00
11/25/2019	1	\$625.00
11/26/2019	3	\$10,689.00
11/27/2019	2	\$10,220.00
11/28/2019	0	\$0.00
11/29/2019	2	\$8,784.00
11/30/2019	0	\$0.00
Totals	38	\$142,066.00

Charge Type by Billing Zone - by posting date

Non-Resident

<u>Charge Type</u>	<u>Quantity</u>	<u>Amount</u>
Base Rate		
BLSE1 Non Resident Cambria	0	\$0.00
ALS1 Non Resident Cambria	4	\$13,000.00
Mileage		
Mileage	95.60	\$5,736.00
Oxygen		
Oxygen	0	\$0.00
ALS Disposables		
Disposable Supplies	4	\$100.00
<hr/>		
Total for Non Resident	103.60	\$18,836.00

Resident

<u>Charge Type</u>	<u>Quantity</u>	<u>Amount</u>
Base Rate		
BLSNE Resident Cambria	0	\$0.00
BLSE1 Resident Cambria	0	\$0.00
ALS1 Resident Cambria	24	\$69,600.00
BLSM Treat/Release Cambria	4	\$1,100.00
ALSM Treat/Release Cambria	6	\$3,750.00
Mileage		
Mileage	788.30	\$47,298.00
Oxygen		
Oxygen	9	\$882.00
ALS Disposables		
Disposable Supplies	24	\$600.00
<hr/>		
Total for Resident	855.30	\$123,230.00
<hr/>		
Grand Total	958.90	\$142,066.00

Credit Summary for Period November 2019

<u>Payor Type/Credit Description</u>	<u>Quantity</u>	<u>Amount</u>
Medicare		
Payment/EFT	5	\$10,920.30
Medicare Adjustments	78	\$74,440.35
Manual Contractual Allow-Medicare	0	\$0.00
Total for Medicare	83.00	\$85,360.65
Medi-Cal / CenCal		
Payment/EFT	3	\$5,801.25
Payment/Paper Check	0	\$0.00
Medi-Cal / CenCal Adjustments	55	\$15,433.79
Manual Contractual Allow-CenCal	0	\$0.00
Total for Medi-Cal/CenCal	58.00	\$21,235.04
Insurance		
Payment/EFT	17	\$6,340.55
Payment/Paper Check	7	\$8,216.15
Payment/Credit Card	0	\$0.00
Contractual Adjustments	15	\$11,584.34
Courtesy Adjustments	4	\$1,989.98
Manual Contractual Allowance	0	\$0.00
Total for Insurance	43.00	\$28,131.02
Bill Patient		
Payment/Paper Check	5	\$4,164.10
Payment/Credit Card	3	\$550.00
Payment/Cash	0	\$0.00
Collection Agency Payment/Paper Check	1	\$273.77
Uncollectible	0	\$0.00
Manual Bad Debt Reversal	2	(\$273.77)
Total for Patient	11.00	\$4,714.10
Grand Total	195.00	\$139,440.81

Credit Summary by Post Date for Period November 2019

Post Date	Payments	Contractual Adj	Write-off	Refunds	Revenue Adj
11/01/2019	\$2,242.90	\$18,246.16	\$0.00	\$0.00	\$0.00
11/02/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/03/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/04/2019	\$5,099.73	(\$218.59)	\$0.00	\$0.00	\$0.00
11/05/2019	\$1,556.99	\$7,446.60	\$0.00	\$0.00	\$0.00
11/06/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/07/2019	\$2,498.26	\$300.00	\$0.00	\$0.00	\$0.00
11/08/2019	\$2,377.52	\$14,202.49	\$0.00	\$0.00	\$0.00
11/09/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/10/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/11/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/12/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/13/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/14/2019	\$1,266.74	\$743.09	\$0.00	\$0.00	\$0.00
11/15/2019	\$5,827.59	\$13,044.82	\$0.00	\$0.00	\$0.00
11/16/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/17/2019	\$157.00	\$0.00	\$0.00	\$0.00	\$0.00
11/18/2019	\$0.00	\$0.00	(\$273.77)	\$0.00	\$0.00
11/19/2019	\$1,980.33	\$10,873.44	\$0.00	\$0.00	\$0.00
11/20/2019	\$3,985.86	\$8,359.22	\$0.00	\$0.00	\$0.00
11/21/2019	\$3,707.32	\$18,852.83	\$0.00	\$0.00	\$0.00
11/22/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/23/2019	\$161.57	\$0.00	\$0.00	\$0.00	\$0.00
11/24/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/25/2019	\$4,075.06	\$740.02	\$0.00	\$0.00	\$0.00
11/26/2019	\$763.10	(\$400.00)	\$0.00	\$0.00	\$0.00
11/27/2019	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00
11/28/2019	\$166.15	\$300.00	\$0.00	\$0.00	\$0.00
11/29/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/30/2019	\$0.00	\$10,958.38	\$0.00	\$0.00	\$0.00
Totals	\$36,266.12	\$103,448.46	(\$273.77)	\$0.00	\$0.00

CAMBRIA'S YEAR TO DATE AMBULANCE INCOME REPORT

	REVENUE	MCARE WRITE DOWNS	MCAL WRITE DOWNS	OTHER CONTRACTUAL WRITE DOWNS	NET REVENUE	RECEIPTS	- REFUNDS	NET RECEIPTS	BAD DEBT WRITE OFFS	ADJUSTMENTS	NEW AIR BALANCE
December-18	\$ 151,235.37	\$ 77,889.35	\$ 26,038.19	\$ 1,407.90	\$ 45,899.93	\$ 40,724.94	\$ -	\$ 40,724.94	\$ (945.00)	\$ 211.81	\$ 287,186.43
January-19	\$ 237,429.60	\$ 92,619.91	\$ 31,470.60	\$ 1,674.51	\$ 111,664.58	\$ 35,296.94	\$ -	\$ 35,296.94	\$ (752.41)	\$ (211.81)	\$ 364,094.67
February-19	\$ 162,176.90	\$ 110,642.79	\$ 18,616.69	\$ 16,826.74	\$ 16,090.68	\$ 45,106.93	\$ -	\$ 45,106.93	\$ 10,266.07	\$ -	\$ 324,812.35
March-19	\$ 193,971.10	\$ 85,769.97	\$ 19,892.79	\$ 3,163.66	\$ 85,144.68	\$ 40,444.10	\$ -	\$ 40,444.10	\$ (1,302.85)	\$ -	\$ 370,815.78
April-19	\$ 185,881.80	\$ 121,885.80	\$ 37,892.27	\$ 1,085.50	\$ 25,018.23	\$ 50,023.19	\$ -	\$ 50,023.19	\$ (2,014.57)	\$ 3,822.60	\$ 351,647.99
May-19	\$ 196,482.10	\$ 107,386.38	\$ 28,598.10	\$ 1,761.59	\$ 58,736.03	\$ 33,017.89	\$ -	\$ 33,017.89	\$ (2,400.78)	\$ -	\$ 379,766.91
June-19	\$ 202,584.10	\$ 91,746.40	\$ 21,355.51	\$ 12,195.65	\$ 77,286.54	\$ 40,187.92	\$ -	\$ 40,187.92	\$ 86,897.03	\$ -	\$ 329,968.50
July-19	\$ 224,665.00	\$ 114,240.73	\$ 30,028.07	\$ 2,171.22	\$ 78,224.98	\$ 42,981.51	\$ -	\$ 42,981.51	\$ (5,452.98)	\$ -	\$ 370,664.95
August-19	\$ 237,755.00	\$ 106,071.91	\$ 32,086.47	\$ 5,527.63	\$ 94,068.99	\$ 48,768.79	\$ -	\$ 48,768.79	\$ (360.00)	\$ -	\$ 416,325.15
September-19	\$ 205,905.00	\$ 60,459.22	\$ 25,929.77	\$ 6,282.15	\$ 113,233.86	\$ 46,326.04	\$ -	\$ 46,326.04	\$ (4,561.56)	\$ -	\$ 487,794.53
October-19	\$ 156,560.00	\$ 126,364.73	\$ 17,903.88	\$ 1,666.35	\$ 10,625.04	\$ 67,613.25	\$ -	\$ 67,613.25	\$ (4,103.20)	\$ 250.00	\$ 435,159.52
November-19	\$ 142,066.00	\$ 74,440.35	\$ 15,433.79	\$ 13,574.32	\$ 38,617.54	\$ 36,266.12	\$ -	\$ 36,266.12	\$ (273.77)	\$ (250.00)	\$ 437,534.71
YEAR TO DATE TOTALS	\$ 2,296,711.97	\$ 1,169,517.54	\$ 305,246.13	\$ 67,337.22	\$ 754,611.08	\$ 526,757.62	\$ -	\$ 526,757.62	\$ 74,995.98	\$ 3,822.60	
YTD PERCENTAGE OF REVENUE		50.92%	13.29%	2.93%	32.86%	22.94%	0.00%	22.94%	3.27%	0.17%	
YTD PERCENTAGE OF NET REVENUE								69.81%			

Management Summary Report
Monthly and Fiscal Year to Date
Cambria
December 2018 to November 2019

Financial Class	Number of Accounts	Percent of Total	Year to Date Total Accts.	Percent of Total YTD	Charges	Percent of Total	Year to Date Total Charges	Percent of Total YTD	Payments	Percent of Total	Year to Date Payments	Percent of Total YTD
<i>Medicare</i>	16	42.11%	336	50.15%	\$68,210.00	48.01%	\$1,228,635.40	53.50%	\$10,920.30	30.11%	\$176,352.49	33.72%
<i>Medicare-HMO</i>	5	13.16%	58	8.66%	\$21,261.00	14.97%	\$220,675.90	9.61%	\$4,093.26	11.29%	\$22,800.15	4.36%
<i>Medi-Cal</i>	2	5.26%	20	2.99%	\$9,276.00	6.53%	\$83,718.00	3.65%	\$0.00	0.00%	\$3,893.00	0.74%
<i>Medi-Cal-HMO</i>	3	7.89%	77	11.49%	\$14,649.00	10.31%	\$278,088.10	12.11%	\$6,019.84	16.60%	\$34,822.73	6.66%
<i>Insurance</i>	5	13.16%	79	11.79%	\$11,613.00	8.17%	\$270,605.97	11.78%	\$10,244.85	28.25%	\$187,378.98	35.83%
<i>Private Pay</i>	4	10.53%	74	11.04%	\$6,050.00	4.26%	\$117,665.10	5.12%	\$4,987.87	13.75%	\$53,872.79	10.30%
<i>Kaiser</i>	3	7.89%	26	3.88%	\$11,007.00	7.75%	\$97,323.50	4.24%	\$0.00	0.00%	\$42,393.84	8.11%
<i>Other</i>	0	0.00%	0	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$1,421.04	0.27%
<i>Prior Sales</i>	0	0.00%	0	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
Sub Total	38	100.00%	670	100.00%	\$142,066.00	100.00%	\$2,296,711.97	100.00%	\$36,266.12	100.00%	\$522,935.02	100.00%
<i>Dry Runs</i>												
Total	38	100.00%	670	100.00%	\$142,066.00	100.00%	\$2,296,711.97	100.00%	\$36,266.12	100.00%	\$522,935.02	100.00%

Payor Aging by posting date - Posted as of November 30th 2019

Name	CurrentBalance	Age31_60	Age61_90	Age91_120	AgeOver120	TotalBalance	Credit	Unapplied
AARP - AARP / 36273	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$155.03)	\$0.00
AARP MCR COMP SEC HORZ / 87726	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00	\$1,200.00	\$0.00	\$0.00
Blue Cross - Blue Cross Indemnity / BC001	\$5,457.00	\$3,895.00	\$0.00	\$158.53	\$17,641.73	\$27,152.26	(\$3,357.00)	(\$3,822.60)
Blue Shield - California / BS001	\$4,708.10	\$8,600.00	\$8,795.00	\$8,470.00	\$97.57	\$30,670.67	\$0.00	\$0.00
Blue Shield FEP / BS001	\$158.53	\$0.00	\$0.00	\$0.00	\$0.00	\$158.53	\$0.00	\$0.00
CALVIVA HEALTH / PAPER	\$0.00	\$0.00	\$0.00	\$269.55	\$246.47	\$516.02	\$0.00	\$0.00
CCPN - CCPN / CCPN1	\$12,101.00	\$0.00	\$718.89	\$160.05	\$0.00	\$12,979.94	(\$741.03)	(\$428.08)
Cencal - Cencal MCal SLO / CEN01	\$9,792.00	\$0.00	\$7,545.00	\$4,680.00	\$0.00	\$22,017.00	\$0.00	\$0.00
CHAMPVA / 84146	\$0.00	\$0.00	\$0.00	\$0.00	\$798.27	\$798.27	\$0.00	\$0.00
CIGNA / 62308	\$0.00	\$0.00	\$0.00	\$0.00	\$600.00	\$600.00	\$0.00	\$0.00
FARMERS INSURANCE / PAPER	\$0.00	\$0.00	\$0.00	\$0.00	\$3,822.60	\$3,822.60	\$0.00	\$0.00
First Choice Medical Group / FCMG1	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$2,000.00	\$0.00	\$0.00
GALLAGHER BASSETT SERVICES / PAPER	\$4,340.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,340.00	\$0.00	\$0.00
GOLD COAST HEALTH PLAN	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00	\$0.00
Golden State Phy MG / 68041	\$5,189.00	\$0.00	\$0.00	\$0.00	\$4,615.00	\$9,804.00	\$0.00	\$0.00
Health Net PPO / 95567	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00	(\$251.23)
IEHP MEDI-CAL HMO / 33070	\$0.00	\$0.00	\$0.00	\$0.00	\$400.00	\$400.00	\$0.00	\$0.00
Kaiser EMI / KS003	\$15,547.00	\$4,585.00	\$15,425.00	\$0.00	\$0.00	\$35,557.00	\$0.00	\$0.00
KEY MEDICAL GROUP MCR ADV / IP083	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00	\$0.00
LA CARE HEALTH PLAN / PAPER	\$4,857.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,857.00	\$0.00	\$0.00
Medi-Cal - Medi-Cal / MC051	\$9,276.00	\$8,860.00	\$210.00	\$210.00	\$1,050.00	\$19,606.00	(\$143.77)	(\$205.42)
Medicare - Medicare Noridian JE Part B / MR001	\$62,956.00	\$4,810.00	\$0.00	\$0.00	\$0.00	\$67,766.00	\$0.00	\$0.00
Mutual of Omaha / 71412	\$0.00	\$0.00	\$0.00	\$0.00	\$302.38	\$302.38	\$0.00	\$0.00
Partnership Health Plan / PAPER	\$0.00	\$0.00	\$0.00	\$1,000.00	\$2,000.00	\$3,000.00	\$0.00	\$0.00
Physicians Choice Med Grp - United HealthCare West / t	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$1,500.00	\$0.00	\$0.00
Scan Health Plan / PAPER	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$1,500.00	\$0.00	\$0.00
SELF PAY / PAPER	\$0.00	\$0.00	\$0.00	\$0.00	\$3,196.00	\$3,196.00	\$0.00	\$0.00
STATE COMP INS FUND / PAPER	\$0.00	\$0.00	\$0.00	\$0.00	\$2,400.00	\$2,400.00	\$0.00	\$0.00
State Farm / PAPER	\$0.00	\$0.00	\$0.00	\$0.00	\$3,893.50	\$3,893.50	\$0.00	\$0.00
SUTTER HEALTH / PAPER	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00	\$0.00
TRICARE WEST - TRICARE CLAIMS DEPT / CH003	\$5,506.00	\$0.00	\$0.00	\$0.00	\$5,071.00	\$10,577.00	\$0.00	\$0.00
United Healthcare / 87726	\$0.00	\$0.00	\$0.00	\$0.00	\$169.19	\$169.19	(\$149.96)	(\$947.06)
United HealthCare MCR ADV / 87726	\$5,171.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$6,171.00	\$0.00	\$0.00
UNITY HEALTH INS / 66705	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00	\$0.00
VA Fee Basis Prog / 11215	\$0.00	\$0.00	\$0.00	\$0.00	\$2,531.10	\$2,531.10	\$0.00	\$0.00
ZURICH AMERICAN INS / PAPER	\$0.00	\$0.00	\$0.00	\$0.00	\$4,281.70	\$4,281.70	\$0.00	\$0.00
Insurance AR Totals	\$145,058.63	\$30,750.00	\$32,693.89	\$14,948.13	\$65,316.51	\$288,767.16	(\$4,546.79)	(\$5,554.39)
Bill Patient	\$12,437.53	\$17,860.00	\$9,676.12	\$32,701.57	\$76,092.33	\$148,767.55	(\$644.90)	(\$1,228.52)
Grand AR Totals	\$157,496.16	\$48,610.00	\$42,370.01	\$47,649.70	\$141,408.84	\$437,534.71	(\$5,191.69)	(\$6,782.91)

Cambria Community Healthcare District
Monthly Summary of Revenue and Expenses
Month of November 2019

	Budget	Actual	Variance
Ambulance	\$ 47,025	\$ 36,266	\$ (10,759)
General Tax	\$ 55,122	\$ 65,926	\$ 10,804
Special Assessment	\$ 78,176	\$ 92,143	\$ 13,967
Monterey Contract	\$ 1,500	\$ -	\$ (1,500)
Rent	\$ 3,216	\$ 3,217	\$ 1
Miscellaneous	\$ 300	\$ -	\$ (300)
GEMT Reimbursement		\$ -	\$ -
Bad Debt Recovery	\$ 500	\$ -	\$ (500)
Interest			\$ -
Total Revenue	\$ 185,839	\$ 197,552	\$ 11,713
Administration	\$ 16,416	\$ 15,148	\$ (1,268)
Full-Time Para/EMT/Ops	\$ 47,132	\$ 43,425	\$ (3,707)
Part-Time EMT Medics	\$ 6,667	\$ 5,284	\$ (1,383)
IT Support	\$ 250	\$ 250	\$ -
Uniform	\$ 500	\$ 174	\$ (326)
PERS	\$ 15,014	\$ 15,338	\$ 324
Medical/Dental Ins.	\$ 18,690	\$ 20,128	\$ 1,438
Medicare	\$ 1,800	\$ 957	\$ (843)
Workers Comp.	\$ 5,127	\$ 8,379	\$ 3,252
Trustee Comp.			\$ -
	\$ 111,596	\$ 109,083	\$ (2,513)
Educational/Travel	\$ 267	\$ -	\$ (267)
License/Permits	\$ 1,125	\$ 350	\$ (775)
Training	\$ 50	\$ 472	\$ 422
Liability/Auto Ins.	\$ 3,147	\$ 5,142	\$ 1,995
Audit Fees	\$ -	\$ -	\$ -
Election	\$ -	\$ -	\$ -
Legal	\$ 2,500	\$ 1,000	\$ (1,500)
Utilities	\$ 1,500	\$ 661	\$ (839)
Office Supplies	\$ 1,000	\$ 2,759	\$ 1,759
Contract Services	\$ 3,093	\$ 4,131	\$ 1,038
Facility Repair/Maint.	\$ 5,083	\$ 2,638	\$ (2,445)
	\$ 17,765	\$ 17,153	\$ (612)
Fleet Fuel/Oil	\$ 5,000	\$ -	\$ (5,000)
Fleet Maintenance	\$ 1,667	\$ 96	\$ (1,571)
Medical Equip/Supplies	\$ 2,000	\$ 2,151	\$ 151
Vehicle Pmts/ Comm Eq.	\$ 5,035	\$ -	\$ (5,035)
	\$ 13,702	\$ 2,247	\$ (11,455)
Contingency Reserve	\$ -	\$ -	\$ -
Unit Replacement	\$ -	\$ -	\$ -
Proj. Outreach	\$ 200	\$ -	\$ (200)
Miscellaneous	\$ 100	\$ -	\$ (100)
	\$ 300	\$ -	\$ (300)
Total Expenses	\$ 143,363	\$ 128,483	\$ (14,880)
Increase/(Decrease)	\$ 42,476	\$ 69,069	\$ 26,593

Cambria Community Healthcare District
Summary of Revenue and Expenses
Four Months Ended November 2019

	Budget	Actual	Variance
Ambulance	\$ 211,815	\$ 196,095	\$ (15,720)
General Tax	\$ 102,699	\$ 125,570	\$ 22,871
Special Assessment	\$ 135,379	\$ 146,969	\$ 11,590
Monterey Contract	\$ 6,000	\$ 3,000	\$ (3,000)
Rent	\$ 13,166	\$ 12,868	\$ (298)
Miscellaneous	\$ 1,200	\$ 51	\$ (1,149)
GEMT Reimbursement	\$ -	\$ -	\$ -
Bad Debt Recovery	\$ 2,000	\$ 3,018	\$ 1,018
Interest	\$ 500	\$ 164	\$ (336)
Total Revenue	\$ 472,759	\$ 487,735	\$ 14,976
Administration	\$ 60,664	\$ 61,619	\$ 955
Full-Time Para/EMT/Ops	\$ 189,528	\$ 181,567	\$ (7,961)
Part-Time EMT Medics	\$ 26,668	\$ 27,741	\$ 1,073
IT Support	\$ 1,000	\$ 1,000	\$ -
Uniform	\$ 2,000	\$ 1,588	\$ (412)
PERS	\$ 59,114	\$ 60,335	\$ 1,221
Medical/Dental Ins.	\$ 74,760	\$ 74,328	\$ (432)
Medicare	\$ 7,200	\$ 5,479	\$ (1,721)
Workers Comp.	\$ 20,796	\$ 35,435	\$ 14,639
Trustee Comp.	\$ -	\$ -	\$ -
	\$ 441,730	\$ 449,092	\$ 7,362
Educational/Travel	\$ 1,068	\$ 82	\$ (986)
License/Permits	\$ 4,500	\$ 7,951	\$ 3,451
Training	\$ 200	\$ 513	\$ 313
Liability/Auto Ins.	\$ 12,764	\$ 21,387	\$ 8,623
Audit Fees	\$ -	\$ -	\$ -
Election	\$ -	\$ -	\$ -
Legal	\$ 10,000	\$ 2,783	\$ (7,217)
Utilities	\$ 6,000	\$ 3,657	\$ (2,343)
Office Supplies	\$ 4,000	\$ 10,092	\$ 6,092
Contract Services	\$ 14,065	\$ 15,243	\$ 1,178
Facility Repair/Maint.	\$ 11,332	\$ 6,514	\$ (4,818)
	\$ 63,929	\$ 68,222	\$ 4,293
Fleet Fuel/Oil	\$ 10,000	\$ 4,934	\$ (5,066)
Fleet Maintenance	\$ 6,668	\$ 353	\$ (6,315)
Medical Equip/Supplies	\$ 8,000	\$ 13,116	\$ 5,116
Vehicle Pmts/ Comm Eq.	\$ 10,070	\$ -	\$ (10,070)
	\$ 34,738	\$ 18,403	\$ (16,335)
Contingency Reserve	\$ -	\$ 325	\$ 325
Unit Replacement	\$ -	\$ -	\$ -
Proj. Outreach	\$ 800	\$ 228	\$ (572)
Miscellaneous	\$ 3,733	\$ 306	\$ (3,427)
	\$ 4,533	\$ 859	\$ (3,674)
Total Expenses	\$ 544,930	\$ 536,576	\$ (8,354)
Increase/(Decrease)	\$ (72,171)	\$ (48,841)	\$ 23,330

Cambria Community Healthcare District
 Projected Operating Budget FY 2019 - 2020
 (Revised June 12, 2019)

	Actual					Projected						2019/2020 Projected	2019/2020 Budget	Increase (Decrease)	
	July	Aug.	Sept.	Oct.	Nov.	Dec	Jan	Feb	Mar	April	May				June
Ambulance	\$ 41,825	\$ 48,620	\$ 43,596	\$ 67,613	\$ 36,266	\$ 41,947	\$ 35,087	\$ 45,965	\$ 41,001	\$ 51,034	\$ 67,416	\$ 39,037	\$ 559,407	\$ 590,419	\$ (31,012)
General Tax	\$ 7,301	\$ 6,353	\$ 707	\$ 88,360	\$ 65,926	\$ 212,238	\$ 7,079	\$ 31,645	\$ 19,752	\$ 147,917	\$ 9,995	\$ 11,049	\$ 608,322	\$ 550,688	\$ 57,634
Special Assessment	\$ 8,127	\$ -	\$ 19,047	\$ -	\$ 92,143	\$ 189,245	\$ 5,303	\$ 37,031	\$ 22,029	\$ 116,178	\$ 8,772	\$ 9,737	\$ 507,612	\$ 534,717	\$ (27,105)
Monterey Contract	\$ 3,000	\$ 1,500	\$ -	\$ 1,500	\$ -	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 16,500	\$ 18,000	\$ (1,500)
Rent	\$ 3,217	\$ 3,217	\$ 3,217	\$ 3,217	\$ 9,217	\$ 3,216	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 25,901	\$ 20,500	\$ 5,401
Miscellaneous	\$ 63	\$ 51	\$ 10,764	\$ -	\$ -	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 12,978	\$ 3,600	\$ 9,378
GEMT Reimbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bad Debt Recovery	\$ 1,157	\$ 150	\$ 2,730	\$ 138	\$ -	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 7,675	\$ 6,000	\$ 1,675
Interest	\$ 164	\$ -	\$ 164	\$ -	\$ -	\$ -	\$ 50	\$ -	\$ -	\$ 50	\$ -	\$ -	\$ 428	\$ 1,100	\$ (672)
	\$ 64,854	\$ 59,891	\$ 80,225	\$ 160,828	\$ 203,552	\$ 448,946	\$ 50,119	\$ 116,941	\$ 85,082	\$ 317,779	\$ 88,483	\$ 62,123	\$ 1,738,823	\$ 1,725,024	\$ 13,799
Administration	\$ 12,727	\$ 14,921	\$ 20,716	\$ 10,834	\$ 15,148	\$ 16,416	\$ 16,416	\$ 16,416	\$ 16,416	\$ 16,416	\$ 16,416	\$ 16,416	\$ 189,258	\$ 189,492	\$ (234)
Full-Time Para/EMT/Ops	\$ 38,123	\$ 48,935	\$ 42,227	\$ 46,980	\$ 43,425	\$ 47,132	\$ 47,132	\$ 47,132	\$ 47,132	\$ 47,132	\$ 47,132	\$ 47,132	\$ 549,614	\$ 567,084	\$ (17,470)
Part-Time EMT Medics	\$ 11,356	\$ 11,735	\$ 6,018	\$ 4,704	\$ 5,284	\$ 6,667	\$ 7,417	\$ 7,417	\$ 7,417	\$ 7,417	\$ 7,417	\$ 7,417	\$ 90,266	\$ 84,504	\$ 5,762
IT Support	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 3,000	\$ 3,000	\$ -
Uniform	\$ 316	\$ 569	\$ 271	\$ 574	\$ 174	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 5,404	\$ 6,000	\$ (596)
PERS	\$ 15,544	\$ 14,302	\$ 16,567	\$ 14,128	\$ 15,338	\$ 15,014	\$ 15,014	\$ 15,014	\$ 15,013	\$ 15,013	\$ 15,013	\$ 15,013	\$ 180,973	\$ 178,751	\$ 2,222
Medical/Dental Ins.	\$ 20,270	\$ 17,575	\$ 18,859	\$ 18,723	\$ 20,128	\$ 18,690	\$ 18,690	\$ 18,690	\$ 18,690	\$ 18,690	\$ 18,690	\$ 18,690	\$ 226,385	\$ 224,280	\$ 2,105
Medicare	\$ 1,662	\$ 1,906	\$ 1,659	\$ -	\$ 957	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 18,784	\$ 21,600	\$ (2,816)
Workers Comp.	\$ 8,215	\$ 8,215	\$ 10,294	\$ 8,547	\$ 8,379	\$ 5,080	\$ 28,752	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 77,482	\$ 59,947	\$ 17,535
Trustee Comp.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 108,463	\$ 118,408	\$ 116,861	\$ 104,740	\$ 109,083	\$ 111,549	\$ 135,971	\$ 107,219	\$ 107,218	\$ 107,218	\$ 107,218	\$ 107,218	\$ 1,341,166	\$ 1,334,658	\$ 6,508
Educational/Travel	\$ 156	\$ 25	\$ 57	\$ -	\$ -	\$ 267	\$ 267	\$ 267	\$ 267	\$ 267	\$ 267	\$ 263	\$ 2,103	\$ 3,200	\$ (1,097)
License/Permits	\$ -	\$ 7,276	\$ 50	\$ 275	\$ 350	\$ 1,125	\$ 1,125	\$ 1,125	\$ 1,125	\$ 1,125	\$ 1,125	\$ 1,125	\$ 15,826	\$ 13,500	\$ 2,326
Training	\$ -	\$ -	\$ 30	\$ 11	\$ 472	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 863	\$ 600	\$ 263
Liability/Auto Ins.	\$ 4,992	\$ 5,041	\$ 5,293	\$ 5,911	\$ 5,142	\$ 3,117	\$ 17,641	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 47,137	\$ 36,786	\$ 10,351
Audit Fees	\$ 2,060	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,639	\$ -	\$ 3,383	\$ -	\$ 1,478	\$ -	\$ 12,560	\$ 10,500	\$ 2,060
Election	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Legal	\$ -	\$ 10,648	\$ -	\$ 1,899	\$ 1,000	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 31,047	\$ 30,000	\$ 1,047
Utilities	\$ 1,016	\$ 1,026	\$ 387	\$ 1,583	\$ 661	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 15,173	\$ 18,000	\$ (2,827)
Office Supplies	\$ 872	\$ 2,014	\$ 2,758	\$ 3,561	\$ 2,759	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 18,964	\$ 12,000	\$ 6,964
Contract Services	\$ 2,640	\$ 3,014	\$ 5,416	\$ 2,682	\$ 4,131	\$ 3,490	\$ 2,556	\$ 3,045	\$ 3,447	\$ 3,274	\$ 4,011	\$ 3,359	\$ 41,065	\$ 40,794	\$ 271
Facility Repair/Maint.	\$ 268	\$ 2,524	\$ 668	\$ 684	\$ 2,638	\$ 32,083	\$ 2,083	\$ 2,083	\$ 2,083	\$ 2,083	\$ 2,083	\$ 2,087	\$ 51,367	\$ 58,000	\$ (6,633)
	\$ 12,004	\$ 31,568	\$ 14,659	\$ 16,606	\$ 17,153	\$ 45,132	\$ 34,361	\$ 11,570	\$ 15,355	\$ 11,799	\$ 14,014	\$ 11,884	\$ 236,105	\$ 223,380	\$ 12,725
Fleet Fuel/Oil	\$ 4,506	\$ -	\$ -	\$ 4,934	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ -	\$ 5,000	\$ -	\$ 19,440	\$ 20,000	\$ (560)
Fleet Maintenance	\$ 1,351	\$ -	\$ 213	\$ 44	\$ 96	\$ 1,667	\$ 1,667	\$ 1,667	\$ 1,667	\$ 1,667	\$ 1,667	\$ 1,663	\$ 13,369	\$ 20,000	\$ (6,631)
Medical Equip/Supplies	\$ 3,442	\$ 3,949	\$ 703	\$ 6,313	\$ 2,151	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 30,558	\$ 24,000	\$ 6,558
Vehicle Pmts/ Comm Eq.	\$ 7,983	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,983	\$ 5,035	\$ -	\$ 7,983	\$ 5,035	\$ -	\$ 34,019	\$ 52,072	\$ (18,053)
	\$ 17,282	\$ 3,949	\$ 916	\$ 11,291	\$ 2,247	\$ 3,667	\$ 11,650	\$ 13,702	\$ 3,667	\$ 11,650	\$ 13,702	\$ 3,663	\$ 97,386	\$ 116,072	\$ (18,686)
Contingency Reserve	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	\$ -	\$ -	\$ -	\$ 20,000	\$ -	\$ -	\$ 40,000	\$ 40,000	\$ -
Unit Replacement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Proj. Outreach	\$ 15	\$ -	\$ 228	\$ -	\$ -	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$ 1,643	\$ 2,400	\$ (757)
Miscellaneous	\$ 6,434	\$ 96	\$ 325	\$ 210	\$ -	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100	\$ 7,765	\$ 6,200	\$ 1,565
	\$ 6,449	\$ 96	\$ 553	\$ 210	\$ -	\$ 20,300	\$ 300	\$ 300	\$ 300	\$ 20,300	\$ 300	\$ 300	\$ 49,408	\$ 48,600	\$ 808
Total	\$ 144,198	\$ 154,021	\$ 132,989	\$ 132,847	\$ 128,483	\$ 180,648	\$ 182,282	\$ 132,791	\$ 126,540	\$ 150,967	\$ 135,234	\$ 123,065	\$ 1,724,065	\$ 1,722,710	\$ 1,355
Increase/(Decrease)	\$ (79,344)	\$ (94,130)	\$ (52,764)	\$ 27,981	\$ 75,069	\$ 268,298	\$ (132,163)	\$ (15,850)	\$ (41,458)	\$ 166,812	\$ (46,751)	\$ (60,942)	\$ 14,758	\$ 2,314	\$ 12,444
Cash Balance						\$ 145,110						\$ (130,352)	\$ 14,758		
\$ 319,911	\$ 240,567	\$ 146,437	\$ 93,673	\$ 121,654	\$ 196,723	\$ 465,021	\$ 332,858	\$ 317,008	\$ 275,550	\$ 442,362	\$ 395,611	\$ 334,669			



Administrators Report

Board of Directors Meeting

December 18, 2019

1. Attended the North Coast Advisory Council Meeting 11/20/19.
2. Attended a meeting with the CCSD and CUSD Administrators and Presidents 11/21/19.
3. CCHD Trust update – Progress on setting up an account at a local bank and moving forward with the 1023 application for tax-exempt status.
4. Completed the EMS Billing review process and proposal.
5. Initiated process for uploading documents to auditor.
6. Monterey AMR contract update.
7. Forwarded MP Technologies Subscription agreement to Jeff Minnery for review.
8. Continued the process for becoming an approved GSA surplus equipment recipient through the Department of General Services (DGS).
9. Responded to Public Request for Information from Transparent California researcher, Shaquille Cruz, for our 2017 Employee Compensation Reports.
10. Phone interview with Kathe Tanner, reporter for The Cambrian, on 11/26/19 regarding Resolution 10-19 Ambulance rates. Emailed her prior ambulance rates resolutions, 7/2019 and 11/2017.
11. Staff communicated with CMS requesting the fiscal year 2020-2021 for purposes of Medicare Cost Reporting project.
12. Initiated lease for new copy/fax/scanner for District office, with Finance Committee approval.
13. Parking lot paving project completed.

CAMBRIA COMMUNITY HEALTHCARE DISTRICT

TO: Board of Directors AGENDA NO. E.1

FROM: Michael McDonough, Administrator

BOARD MEETING DATE: December 18, 2019

AGENDA DESCRIPTION: Review a proposal to have the District perform the billing process for ambulance services, for possible action.

BACKGROUND: CCHD operates the 911 Emergency Medical Services ambulances for Cambria and the surrounding defined CCHD boundaries. As this essential service is supported in part by customary billing of the user's insurance and other financial means, the CCHD has utilized the medical billing services of ProfitMax MD. As an off-site vendor ProfitMax MD has processed the invoices for the District and provided the revenue stream as a result. The current contract with ProfitMax is dated 12/1/17, with a 30-day cancellation notice. Their fee for service is based on a 4.5% of net collected receipts each month.

CONCERNS:

1. Staff has received several complaints recently from patients who were frustrated by their attempts to resolve ambulance service billing questions or difficulties related to their insurance or other financial challenges. They cite inabilities in contacting by phone or leaving messages requesting assistance.
2. Staff was told by a ProfitMax MD representative that they are not able to process credit/debit cards for payments by patients.
3. The fee for their services runs approximately \$2000.00 per month, based on accounts receivable.
4. The approximate collection rate related to billable vs. collected accounts is 23%. It is common in the industry to see a range of 27-30% as typical.
5. Accounts Receivable 120-day column has over \$128,000 in uncollected debt with some balances due since 2016.
6. Accounts Receivable contains many stagnant accounts and poor/no log details.
7. ProfitMax MD does not specialize in EMS billing services.

ALTERNATE OPTIONS:

Outsource

Whittman Enterprises

Whittman Enterprises is a California-based outside source vendor specializing in EMS Billing services. Their quote is attached with service detail. Their fee would be 4.5% of net collections for all EMS billing, in a 5-year contract with CCHD or 4.25% of net collections in a 7-year contract.

San Luis Ambulance

San Luis Ambulance would consider taking on the District's EMS billing responsibilities as they utilize their own in-house billing department. Their fee would be \$30.00 per invoice which would average a cost of \$1500.00 per month. There would be other costs involved as they utilize SIMON for their Electronic Patient Care Report (ePCR) and the CCHD would need to switch equipment and software to accommodate their billing services at an estimated cost of \$2500.00 per ambulance.

Billing In-house

The District could move all EMS billing services in-house using existing staff and ePCR resources. The Administrative Assistant and Bookkeeper/Clerical Assistant both possess backgrounds in medical billing services. The CCHD would need to purchase accommodating EMS-specific software to facilitate the processing of claims and adjustments. The improvements to customer service would be evident as local patients as well as other out-of-area patients would be able to interact with our staff to resolve their accounts. Our existing hardware should be more than sufficient to accommodate our needs. The two software vendors who were evaluated to provide EMS-specific data-processing, training and support are:

MP Technologies

AdvanceClaim is the cloud-based product of this company. It would be enabled on our staff's computers to facilitate EMS billing claims processing. Their cost for this product would include a one-time setup fee of \$1,499.00 and a monthly recurring fee of \$599.00 with unlimited users.

AIM

Ambulance Information Management (AIM) has an EMS-specific cloud-based software package that is called "Online EMS Workflow". They would charge a one-time setup fee of \$2500.00 with a monthly reoccurring fee of \$400.00 for 4 users. Additional recurring costs of approximately \$200/month brings their total to \$600 monthly.

Comparative Analysis

Item	AIM	MP Technologies
One-time setup fee	\$2,500	\$1,499
Users Included	2	Unlimited
Additional Users	\$50 each	Included
Clearing House Fee	\$50/month	Included
Additional Clearing House Fees	\$100/month (approx.)	Included
Document Attachment Fee	\$50/month	Included
Patient paper claim form mailed	\$0.60 each	\$0.49 each
Patient Statements printed	\$0.70 each	Included
Nemesis Compliant	Yes	Yes
USPS Address Verification	Yes	Yes
Eligibility Searches	Yes – Via Clearinghouse	Yes – Via Clearinghouse
Auto Coding Feature	No	Yes
Medicare Electronic Claims & Reconciliation	Yes	Yes
Commercial Electronic Claims & Reconciliation	Yes	Yes
Operations Portal	No	Yes
Customizable Reports Design	\$300/hour	Included
Account Log	Yes	Yes
Import Data from ImageTrend ePCR	Manual	Automatic
Initial training for staff	10 hours included \$150/hour additional	Unlimited
Follow up training for new employees	\$150/hour	Included

RECOMMENDATION: Based on all of the available information and beneficial factors, the Administrator recommends the option of bringing the EMS billing services in-house and terminating the agreement with ProfitMax MD, after the new system is prepared to go online. The timeline for implementation would include setup, training, system validation, provider notification and testing of mirrored claims. The estimated time from initiation to full implementation is expected to be within 60 to 90 days after Board approval. Based on the product reference/review, demonstrations and staff feedback the most financially comparable, user friendly and feature complete EMS software package is the MP Technologies product.

FISCAL IMPACT: Staff costs for the startup would be negligible as training and support is included in the vendor package. Associated costs for the project implementation would include the software and setup as described above. The predicted revenue increase, based on a expected 5% increase in revenue collection would approximate \$2600 per month or \$31,000 annually. In addition, using the MP billing process will save the District more than \$18,000 annually due to loss in paying the current billing vendors. Therefore, total predicted annual financial impact is a positive \$49,000.

DISCUSSION: With the concerns with the current EMS billing vendor and the apparent customer service-related issues, it appears that the logical choice is to move forward with a new in-house system. Due to the perceived advantages in providing diligent, customer-oriented billing management, the value of bringing this function in-house is evident. The staff is capable in following up with hospitals and payers as well as working closely with patients to resolve their account needs.

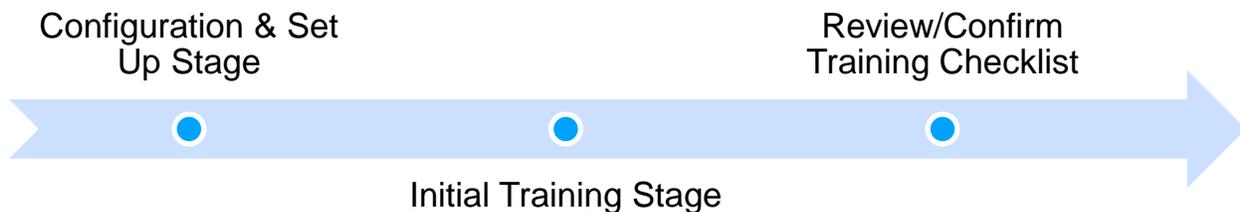
Attachments:

Attachment A

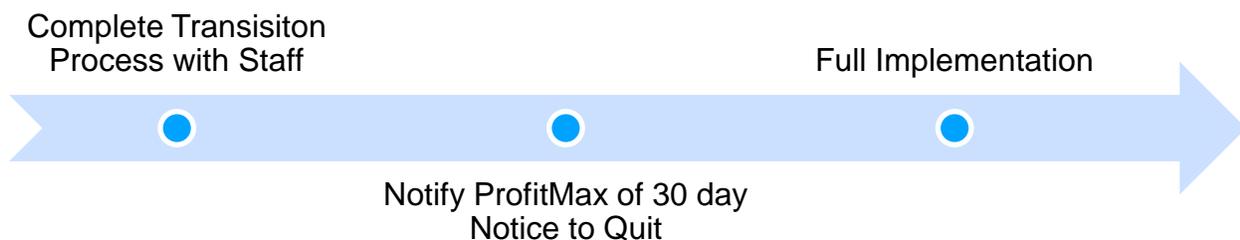
Timeline

(See Attachment B for Detail)

Day 1 – Day 30



Day 30 – Day 90



Attachment B

January 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6 Teleconference with MP Project Manager – Configuration/setup	7 Begin Configuration & Setup phase	8	9	10	11
12	13 ePCR Interface Setup	14 Client/Agency Enrollment Setup	15	16	17	18
19	20 Client/Agency Enrollment Setup	21	22	23	24	25
26	27 Client/Agency Enrollment Setup	28	29	30	31	

February 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 Initial Training Stage	4	5	6	7	8
9	10 Initial Training Stage	11	12	13	14 Module 1 Completed	15
16	17 Confirmation of Agency/Payer Integrations	18	19	20	21 Module 2 Completed	22
23	24 Final Setup Completion & System Testing	25	26	27	28 Notify ProfitMax of 30 Day cancellation	29

March 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Begin Transfer of Billing Services	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30 Completion of Transition Process	31 Full Implementation				

BOARD ACTION: Date of Vote:

UNANIMOUS: _____

GRAY_____ MILEUR_____ FEDOROFF_____ RICE_____ HERNANDEZ_____

CAMBRIA COMMUNITY HEALTHCARE DISTRICT

TO: Board of Directors AGENDA NO. E.2

FROM: Michael McDonough, Administrator

BOARD MEETING DATE: December 18, 2019

AGENDA DESCRIPTION: Pass/adopt a Resolution to allow the District Administrator to participate in the California Department of General Services surplus acquisition program.

BACKGROUND: As part of the process to enroll the District in the State and Federal surplus equipment acquisition programs, the Board is required to pass a resolution on SASP form 202-2019 authorizing the Administrator to act as the representative(s) to acquire surplus property through the auspices of the California State Agency for Surplus Property and accept responsibility for payment of incidental fees by the surplus property agency.

RECOMMENDATION(S): Administrator is recommending the Board pass the attached SASP resolution authorizing the Administrator to act as the representative for the surplus acquisition program.

FISCAL IMPACT: Minimal costs related to shipping of any items acquired through the surplus program.

DISCUSSION:

Attachments:

1. California Department of General Services Resolution State Agency for Surplus Property (SASP) form 202-2019.
2. SASP Terms and Conditions

BOARD ACTION: Date of Vote:

UNANIMOUS: ____

*GRAY*____ *MILEUR*____ *FEDOROFF*____ *RICE*____ *HERNANDEZ*____

RESOLUTION

"BE IT RESOLVED by the Governing Board, and hereby ordered that the official(s) and/or employee(s) whose name(s), title(s), and signature(s) are listed below shall be and is (are) hereby authorized as our representative(s) to acquire surplus property through the auspices of the California State Agency for Surplus Property and accept responsibility for payment of incidental fees by the surplus property agency under the Terms and Conditions accompanying this form or listed on the reverse side of this form."

NAME (Print or Type)	TITLE	SIGNATURE*	E-MAIL ADDRESS
A. Michael McDonough	Administrator		mmcdonough@cambria-healthcare.org
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Note: All signatures must be in original form. No copied or stamped signatures**

B. The above resolution was PASSED AND ADOPTED this _____ day of _____, 20____, by the Governing Board of the:
 _____ by the following vote: AYES: _____; NOES: _____; ABSENT: _____
 Agency Name

I, _____ Clerk of the Governing Board known as _____

Do hereby certify that the foregoing is a full, true and correct resolution adopted by the governing board of the below named organization at the meeting thereof held at its regular place of meeting on this date and by the vote above stated, a copy of said resolution is on file in the principap office of the Governing Board.

Signed by: _____

_____ Name of Organization
 Cambria Community Healthcare District

 2535 Main Street Mailling Address

 Cambria / ### / San Luis Obispo
 City Zip Code County

NOTE: ALL LOCAL GOVERNMENT & NON-PROFIT INCORPORATED ORGANIZATIONS HAVE A GOVERNING BOARD, THEREFORE COMPLETE ONLY SECTIONS "A" & "B". THE FOLLOWING SECTION "C" IS FOR STATE AGENCIES ONLY

C. AUTHORIZED this _____ day of _____ 20____, by: _____
 Signature of Administrative Officer

 Printed Name of Chief Administrative Officer Title

 Organization Name Street Address

 City ZIP Code County

STATE OF CALIFORNIA AGENCIES ARE REQUIRED TO PROVIDE THEIR STATE BILLING CODE: _____

**Certifications and Agreements including Terms, Conditions, Reservations and Restrictions to be included
On Agency Issued or Distribution Documents**

A) The Donee Certifies That:

- 1) It is a public agency; or an approved non-profit institution or organization, exempt from taxation under Section 501 of the Internal Revenue Code of 1986; within the meaning of Section 203(j) of the Federal Property and Administrative Services Act of 1949, as amended, and the regulations of the General Services Administration (GSA).
- 2) The property is needed and will be used by the recipient for carrying out for the residents of a given political area one or more public purposes, or, if a nonprofit tax-exempt institution or organization or 8(a) business, the property is needed for and will be used by the recipient for educational or public health purposes, or for programs for older individuals, or for business purposes. The property is not acquired for any other use or purpose, or for sale or other distribution; or for permanent use outside the State, except with prior approval of the CSASP.
- 3) Funds are available to pay any and all costs and charges incidental to the receipt of surplus property, and that property is not being acquired for any other use(s) or purpose(s), is not for sale. The fee schedule is available upon request from the CSASP.
- 4) Any transaction shall be subject to the nondiscrimination regulations governing the donation of federal surplus personal property issued under Title VI of the Civil Rights Act of 1964 (41 USC 2000d-2000d-4a), as amended, section 504 of the Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments of 1972, as amended, section 303 of the Age Discrimination Act of 1975, and the Civil Rights Restoration Act of 1987.
- 5) If the Donee is designated by the Federal Small Business Administration 8(a) Program as a socially and economically disadvantaged small business and the SBA and CSASP have both determined the Donee is eligible to receive federal surplus property as a donation, the Donee certifies that the property acquired is needed and will be used solely for the conduct of the Donee's business enterprise: and the Donee certifies to A. (3), (4) and (5),

B) The Donee Agrees to the Following Federal Conditions:

- 1) All items of property, other than items with a unit acquisition cost of \$5000 or more and passenger motor vehicles, regardless of acquisition cost, shall be placed in use for the purpose(s) for which it was acquired within one year or receipt, and shall be placed in continuous use for one year from the date the property was placed in use. In the event the Donee does not place the property in use, or continuous use, the Donee shall immediately notify the CSASP, and, at the Donee's expense, make the property available for transfer or other disposal as directed by the CSASP.
- 2) Special handling or use limitations as are imposed by Federal GSA on any item(s) under which the item(s) are being allocated to the Donee.
- 3) In the event the Donee does not use the property as required by *Sections C (1) and (2)* below, at the option of the GSA, title and right to the possession of such property shall revert to the United States of America and, upon demand, the Donee shall release such property to such person as GSA or its designee shall direct.

C) The Donee Agrees to the Following Conditions Applicable to Items with a Unit Acquisition Cost of \$5,000 or More and Passenger Motor Vehicles, Regardless of Cost. Except Vessels 50 Feet or More in Length and Aircraft Regardless of Acquisition Cost:

- 1) The property shall be placed in use within one year of receipt, and shall be used only for the purpose(s) for which it was acquired and for no other purpose(s).
- 2) There shall be a period of restriction which will expire after such property has been used for the purpose(s) for which it is acquired for a period of 18 months from the date the property is placed in use, except for such item(s) of major equipment for which the CSASP designates a further period of restriction.
- 3) In the event the property is not so used as required by *Sections C (1) and (2)*, at the option of the CSASP, title and right to the possession of such property shall, at the option of the CSASP, revert to the State of California, and the Donee shall release such property to such person as the CSASP shall direct.

D) The Donee Agrees to the Following Terms, Reservations and Restrictions:

- 1) From the date it receives the property and throughout the time period(s) imposed by Sections B and C (as applicable) remain in effect, the Donee shall not sell, trade, lease, lend, bail, cannibalize, encumber, or otherwise dispose of such property, or remove it permanently, for use outside the State of California, without the prior approval of GSA or the CSASP. The proceeds from any sale, trade, lease, loan, bailment, encumbrance or other disposal of the property, when the GSA or the CSASP authorizes such action, shall be remitted promptly by the Donee to GSA or the CSASP, as applicable. If the Donee takes action in ignoring or disregarding the foregoing restrictions after the date the Donee received the property and before expiration of the time periods imposed by Sections C or D as applicable, at the option of the GSA or the CSASP, the Donee shall pay to the GSA or the CSASP any proceeds derived from the disposal, and/or the fair market or rental value of the property at the time of such unauthorized disposal as determined by the GSA or the CSASP as applicable.
- 2) If at any time, from the date the Donee receives the property throughout the time periods by Sections B and C as applicable, the Donee determines that some or all of the property is no longer suitable, usable, or further needed for the purpose(s) for which it was acquired, the Donee shall promptly notify the CSASP and shall, as directed by the CSASP, return the property to the CSASP, or release the property to another Donee or another state agency, or a department or agency of the United States, or sell or otherwise dispose of the property. The Donee shall remit the proceeds from the sale promptly to the CSASP.
- 3) The Donee shall make reports to the CSASP which shall state the use, condition, and location of the property, and shall report on other pertinent matters as may be required from time to time by the CSASP.
- 4) At the option of the CSASP, the Donee may abrogate the conditions set forth in Section B and the terms, reservations and restrictions pertaining in Section D by payment of an amount as determined by the CSASP.

E) The donee Agrees to the Following Conditions, Applicable to all Items of Property:

- 1) The property acquired by the Donee is on an "As Is," "where is" basis, without warranty of any kind.
- 2) If the Donee carries insurance against damages to or loss of property due because of fire or other hazards, and the damage to, loss or destruction to donated property with unexpired terms, conditions, reservations or restrictions, occurs, the CSASP will be entitled to reimbursement from the Donee out of the insurance proceeds, in an amount equal to the unamortized portion of the fair value of the damaged or destroyed donated property.

F) Terms, conditions, reservations and restrictions set forth in the Conditional Transfer Document executed by the authorized Donee representative are applicable to the donation of Aircraft and Vessels of 50 Feet or more in length having an acquisition cost of \$5,000 or more in length or more, regardless of the purpose for which acquired.

SIGNATURE: _____

DATE: _____

CAMBRIA COMMUNITY HEALTHCARE DISTRICT

TO: Board of Directors AGENDA NO. E.3

FROM: Michael McDonough, Administrator

BOARD MEETING DATE: December 18, 2019

AGENDA DESCRIPTION: Discuss for consideration an estimate for a CPA to prepare IRS form 1023 for the District Trust.

BACKGROUND: As part of the process for the completion of the District Trust fund project, it is required for the District Trust to submit a form 1023 to the IRS for the establishment of a tax exemption under Section 501(c)(3) of the Internal Revenue Code.

RECOMMENDATION(S): The Administrator is recommending to complete the 1023 application, with review by an experienced CPA, for the purpose of establishing the tax exempt status of the District Trust.

FISCAL IMPACT: Estimate from a CPA to complete and file 1023 application is \$2500-\$3500. If the Administrator completes the form and sends it to CPA for review, prior to submission to the IRS, the fee would be approximately \$1500-\$2000, for their services.

DISCUSSION:

Attachments: Form 1023 CCHD Trust

BOARD ACTION: Date of Vote:

UNANIMOUS: ___

GRAY___ MILEUR___ FEDOROFF___ RICE___ HERNANDEZ___

**Application for Recognition of Exemption
 Under Section 501(c)(3) of the Internal Revenue Code**

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Go to www.irs.gov/Form1023 for instructions and the latest information.**

OMB No. 1545-0056
Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I – XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)	2 c/o Name (if applicable)								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> 3 Mailing address (Number and street) (see instructions) </td> <td style="width:10%; vertical-align: top;"> Room/Suite </td> <td style="width:40%; vertical-align: top;"> 4 Employer Identification Number (EIN) </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> City or town, state or country, and ZIP + 4 </td> <td style="vertical-align: top;"> 5 Month the annual accounting period ends (01 – 12) </td> </tr> </table>	3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 – 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; vertical-align: top;"> 6 Primary contact (officer, director, trustee, or authorized representative) a Name: </td> <td style="width:40%; vertical-align: top;"> b Phone: c Fax: (optional) </td> </tr> </table>	6 Primary contact (officer, director, trustee, or authorized representative) a Name:	b Phone: c Fax: (optional)
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)							
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 – 12)							
6 Primary contact (officer, director, trustee, or authorized representative) a Name:	b Phone: c Fax: (optional)								
7 Are you represented by an authorized representative, such as an attorney or accountant? If “Yes,” provide the authorized representative’s name, and the name and address of the authorized representative’s firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative. <input type="checkbox"/> Yes <input type="checkbox"/> No									
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If “Yes,” provide the person’s name, the name and address of the person’s firm, the amounts paid or promised to be paid, and describe that person’s role. <input type="checkbox"/> Yes <input type="checkbox"/> No									
9a Organization’s website:									
b Organization’s email: (optional)									
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If “Yes,” explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ. <input type="checkbox"/> Yes <input type="checkbox"/> No									
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) / /									
12 Were you formed under the laws of a foreign country ? If “Yes,” state the country. <input type="checkbox"/> Yes <input type="checkbox"/> No									

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. See instructions. **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. **Yes** **No**
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. **Yes** **No**
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. **Yes** **No**
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. **Yes** **No**
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. **Yes** **No**
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. **Yes** **No**

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language.
Location of Purpose Clause (Page, Article, and Paragraph): _____
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. _____
- c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past*, *present*, and *planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)

c List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

2a Are any of your officers, directors, or trustees **related** to each other through **family** or **business relationships**? If "Yes," identify the individuals and explain the relationship. **Yes** **No**

b Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. **Yes** **No**

c Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. **Yes** **No**

3a For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

b Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. **Yes** **No**

4 In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

a Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? **Yes** **No**

b Do you or will you approve compensation arrangements in advance of paying compensation? **Yes** **No**

c Do you or will you document in writing the date and terms of approved compensation arrangements? **Yes** **No**

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? Yes No
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source? Yes No
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.
-
- 5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. Yes No
- b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?
Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.
-
- 6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
-
- 7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. Yes No
- b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. Yes No
-
- 8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. Yes No
- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.
-
- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past*, *present*, and *planned* activities. See instructions.

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. Yes No
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. Yes No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. Yes No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. Yes No

Part VII Your History

The following "Yes" or "No" questions relate to your history. See instructions.

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to nonprofit status. If "Yes," complete Schedule G. Yes No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. Yes No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past*, *present*, and *planned* activities. See instructions.

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. Yes No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. Yes No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. Yes No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. Yes No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

- 4a** Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. See instructions. **Yes** **No**
- mail solicitations
 - email solicitations
 - personal solicitations
 - vehicle, boat, plane, or similar donations
 - foundation grant solicitations
 - phone solicitations
 - accept donations on your website
 - receive donations from another organization's website
 - government grant solicitations
 - Other

Attach a description of each fundraising program.

- b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. **Yes** **No**
- c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. **Yes** **No**
- d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.
- e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. **Yes** **No**

5 Are you **affiliated** with a governmental unit? If "Yes," explain. **Yes** **No**

6a Do you or will you engage in **economic development**? If "Yes," describe your program. **Yes** **No**

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. **Yes** **No**

b Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. **Yes** **No**

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. **Yes** **No**

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. **Yes** **No**

b Do you provide childcare so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

c Of the children for whom you provide childcare, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. **Yes** **No**

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. **Yes** **No**
-
- 12a** Do you or will you operate in a **foreign country or countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. **Yes** **No**
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
-
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. **Yes** **No**
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. **Yes** **No**
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following.
- (i)** Do you require an application form? If "Yes," attach a copy of the form. **Yes** **No**
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. **Yes** **No**
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
-
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. **Yes** **No**
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. **Yes** **No**
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. **Yes** **No**
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. **Yes** **No**
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. **Yes** **No**

Part VIII Your Specific Activities (Continued)

- | | | | |
|-----------|--|-------------------------------------|------------------------------------|
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16 | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17 | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18 | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19 | Do you or will you operate a school ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20 | Is your main function to provide hospital or medical care ? If "Yes," complete Schedule C. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21 | Do you or will you provide low-income housing or housing for the elderly or handicapped ? If "Yes," complete Schedule F. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22 | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- Note: Private foundations** may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years.

1. If in existence less than 5 years, complete the statement for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of:
 - a. Three years of financial information if you have not completed one tax year, or
 - b. Four years of financial information if you have completed one tax year. See instructions.
2. If in existence 5 or more years, complete the schedule for the most recent 5 tax years. You will need to provide a separate statement that includes information about the most recent 5 tax years because the data table in Part IX has not been updated to provide for a 5th year. See instructions.

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		(a) From _____ To _____	(b) From _____ To _____	(c) From _____ To _____	(d) From _____ To _____		
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)						
	2 Membership fees received						
	3 Gross investment income						
	4 Net unrelated business income						
	5 Taxes levied for your benefit						
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)						
	7 Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)						
	8 Total of lines 1 through 7						
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)						
	10 Total of lines 8 and 9						
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)						
	12 Unusual grants						
	13 Total Revenue Add lines 10 through 12						
Expenses	14 Fundraising expenses						
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)						
	16 Disbursements to or for the benefit of members (attach an itemized list)						
	17 Compensation of officers, directors, and trustees						
	18 Other salaries and wages						
	19 Interest expense						
	20 Occupancy (rent, utilities, etc.)						
	21 Depreciation and depletion						
	22 Professional fees						
	23 Any expense not otherwise classified, such as program services (attach itemized list)						
	24 Total Expenses Add lines 14 through 23						

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

Table with columns for line numbers, descriptions of assets and liabilities, and year end. Includes sections for Assets, Liabilities, and Fund Balances or Net Assets.

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status.

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed.
b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3).
2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities...
3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI.
4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?
5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.
c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, h, or i or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

Part X Public Charity Status (Continued)

- e 509(a)(4) – an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv) – an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(ix) – an agricultural research organization directly engaged in the continuous active conduct of agricultural research in conjunction with a college or university.
- h 509(a)(1) and 170(b)(1)(A)(vi) – an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- i 509(a)(2) – an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- j A publicly supported organization, but unsure if it is described in 5h or 5i. You would like the IRS to decide the correct status.

6 If you checked box h, i, or j in question 5 above, and you have been in existence more than 5 years, you must confirm your public support status. Answer line 6a if you checked box h in line 5 above. Answer line 6b if you checked box i in line 5 above. If you checked box j in line 5 above, answer both lines 6a and 6b.

- a (i) Enter 2% of line 8, column (e) on Part IX-A Statement of Revenues and Expenses _____
- (ii) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," state this.
- b (i) For each year amounts are included on lines 1, 2, and 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name and amount received from each **disqualified person**. If the answer is "None," state this.
- (ii) For each year amounts were included on line 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of Line 10, Part IX-A Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," state this.

7 Did you receive any unusual grants during any of the years shown on Part IX-A Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. **Yes** **No**

Part XI User Fee Information and Signature

You must include the correct user fee payment with this application. If you do not submit the correct user fee, we will not process the application and we will return it to you. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "Exempt Organizations User Fee" in the search box, or call Customer Account Services at 1-877-829-5500 for current information.

Enter the amount of the user fee paid: _____

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here

(Signature of Officer, Director, Trustee, or other authorized official)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

Schedule A. Churches

1a	Do you have a written creed, statement of faith, or summary of beliefs? If "Yes," attach copies of relevant documents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Do you have a form of worship? If "Yes," describe your form of worship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2a	Do you have a formal code of doctrine and discipline? If "Yes," describe your code of doctrine and discipline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Do you have a distinct religious history? If "Yes," describe your religious history.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Do you have a literature of your own? If "Yes," describe your literature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Describe the organization's religious hierarchy or ecclesiastical government.		
4a	Do you have regularly scheduled religious services? If "Yes," describe the nature of the services and provide representative copies of relevant literature such as church bulletins.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	What is the average attendance at your regularly scheduled religious services?		
5a	Do you have an established place of worship? If "Yes," refer to the instructions for the information required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Do you own the property where you have an established place of worship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Do you have an established congregation or other regular membership group? If "No," refer to the instructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	How many members do you have?		
8a	Do you have a process by which an individual becomes a member? If "Yes," describe the process and complete lines 8b–8d, below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If you have members, do your members have voting rights, rights to participate in religious functions, or other rights? If "Yes," describe the rights your members have.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	May your members be associated with another denomination or church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Are all of your members part of the same family ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Do you conduct baptisms, weddings, funerals, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Do you have a school for the religious instruction of the young?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11a	Do you have a minister or religious leader? If "Yes," describe this person's role and explain whether the minister or religious leader was ordained, commissioned, or licensed after a prescribed course of study.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Do you have schools for the preparation of your ordained ministers or religious leaders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is your minister or religious leader also one of your officers, directors, or trustees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Do you ordain, commission, or license ministers or religious leaders? If "Yes," describe the requirements for ordination, commission, or licensure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Are you part of a group of churches with similar beliefs and structures? If "Yes," explain. Include the name of the group of churches.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	Do you issue church charters? If "Yes," describe the requirements for issuing a charter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	Did you pay a fee for a church charter? If "Yes," attach a copy of the charter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	Do you have other information you believe should be considered regarding your status as a church? If "Yes," explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Schedule B. Schools, Colleges, and Universities

If you operate a school as an activity, complete Schedule B

Section I Operational Information

- 1a** Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on? If "No," do not complete the remainder of Schedule B. **Yes** **No**
- b** Is the primary function of your school the presentation of formal instruction? If "Yes," describe your school in terms of whether it is an elementary, secondary, college, technical, or other type of school. If "No," do not complete the remainder of Schedule B. **Yes** **No**
-
- 2a** Are you a public school because you are operated by a state or subdivision of a state? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B. **Yes** **No**
- b** Are you a public school because you are operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated wholly or predominantly from government funds or property. Submit a copy of your funding agreement regarding government funding. Do not complete the remainder of Schedule B. **Yes** **No**
-
- 3** In what public school district, county, and state are you located?
-
- 4** Were you formed or substantially expanded at the time of public school desegregation in the above school district or county? **Yes** **No**
-
- 5** Has a state or federal administrative agency or judicial body ever determined that you are racially discriminatory? If "Yes," explain. **Yes** **No**
-
- 6** Has your right to receive financial aid or assistance from a governmental agency ever been revoked or suspended? If "Yes," explain. **Yes** **No**
-
- 7** Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," explain how that entity is selected, explain how the terms of any contracts or other agreements are negotiated at arm's length, and explain how you determine that you will pay no more than fair market value for services. **Yes** **No**
- Note:** Make sure your answer is consistent with the information provided in Part VIII, line 7a.
-
- 8** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. **Yes** **No**
- Note:** Answer "Yes" if you manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

Section II Establishment of Racially Nondiscriminatory PolicyInformation required by **Revenue Procedure 75-50.**

- 1** Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body? If "Yes," state where the policy can be found or supply a copy of the policy. If "No," you must adopt a nondiscriminatory policy as to students before submitting this application. See Pub. 557. **Yes** **No**
-
- 2** Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy? **Yes** **No**
- a** If "Yes," attach a representative sample of each document.
- b** If "No," by checking the box to the right you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement.
-
- 3** Have you published a notice of your nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community? See the instructions for specific requirements. If "No," explain. **Yes** **No**
-
- 4** Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to admissions; use of facilities or exercise of student privileges; faculty or administrative staff; or scholarship or loan programs? If "Yes," for any of the above, explain fully. **Yes** **No**

Schedule B. Schools, Colleges, and Universities (Continued)

5 Complete the table below to show the racial composition for the current academic year and projected for the next academic year, of: (a) the student body, (b) the faculty, and (c) the administrative staff. Provide actual numbers rather than percentages for each racial category.

If you are not operational, submit an estimate based on the best information available (such as the racial composition of the community served).

Racial Category	(a) Student Body		(b) Faculty		(c) Administrative Staff	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
Total						

6 In the table below, provide the number and amount of loans and scholarships awarded to students enrolled by racial categories.

Racial Category	Number of Loans		Amount of Loans		Number of Scholarships		Amount of Scholarships	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
Total								

7a Attach a list of your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

b Do any of these individuals or organizations have an objective to maintain segregated public or private school education? If "Yes," explain. **Yes** **No**

8 Will you maintain records according to the nondiscrimination provisions contained in Revenue Procedure 75-50? If "No," explain. See instructions. **Yes** **No**

Schedule C. Hospitals and Medical Research Organizations

Check the box if you are a **hospital**. See the instructions for a definition of the term "hospital," which includes an organization whose principal purpose or function is providing **hospital** or **medical care**. Complete Section I below.

Check the box if you are a **medical research organization** operated in conjunction with a hospital. See the instructions for a definition of the term "medical research organization," which refers to an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research in conjunction with a hospital. Complete Section II.

Section I Hospitals

- 1a** Are all the doctors in the community eligible for staff privileges? If "No," give the reasons why and explain how the medical staff is selected. **Yes** **No**
- 2a** Do you or will you provide medical services to all individuals in your community who can pay for themselves or have private health insurance? If "No," explain. **Yes** **No**
- b** Do you or will you provide medical services to all individuals in your community who participate in Medicare? If "No," explain. **Yes** **No**
- c** Do you or will you provide medical services to all individuals in your community who participate in Medicaid? If "No," explain. **Yes** **No**
- 3a** Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services? If "Yes," explain. **Yes** **No**
- b** Does the same deposit requirement, if any, apply to all other patients? If "No," explain. **Yes** **No**
- 4a** Do you or will you maintain a full-time emergency room? If "No," explain why you do not maintain a full-time emergency room. Also, describe any emergency services that you provide. **Yes** **No**
- b** Do you have a policy on providing emergency services to persons without apparent means to pay? If "Yes," provide a copy of the policy. **Yes** **No**
- c** Do you have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? If "Yes," describe the arrangements, including whether they are written or oral agreements. If written, submit copies of all such agreements. **Yes** **No**
- 5a** Do you provide for a portion of your services and facilities to be used for charity patients? If "Yes," answer 5b through 5e. **Yes** **No**
- b** Explain your policy regarding charity cases, including how you distinguish between charity care and bad debts. Submit a copy of your written policy.
- c** Provide data on your past experience in admitting charity patients, including amounts you expend for treating charity care patients and types of services you provide to charity care patients.
- d** Describe any arrangements you have with federal, state, or local governments or government agencies for paying for the cost of treating charity care patients. Submit copies of any written agreements.
- e** Do you provide services on a sliding fee schedule depending on financial ability to pay? If "Yes," submit your sliding fee schedule. **Yes** **No**
- 6a** Do you or will you carry on a formal program of medical training or medical research? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs. **Yes** **No**
- b** Do you or will you carry on a formal program of community education? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs. **Yes** **No**
- 7** Do you or will you provide office space to physicians carrying on their own medical practices? If "Yes," describe the criteria for who may use the space, explain the means used to determine that you are paid at least fair market value, and submit representative lease agreements. **Yes** **No**
- 8** Is your board of directors comprised of a majority of individuals who are representative of the community you serve? Include a list of each board member's name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative. **Yes** **No**
- 9** Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all agreements. **Yes** **No**

Note: Make sure your answer is consistent with the information provided in Part VIII, line 8.

Schedule C. Hospitals and Medical Research Organizations (Continued)**Section I Hospitals (Continued)**

- 10** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. **Yes** **No**
- Note:** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.
- 11** Do you or will you offer recruitment incentives to physicians? If "Yes," describe your recruitment incentives and attach copies of all written recruitment incentive policies. **Yes** **No**
- 12** Do you or will you lease equipment, assets, or office space from physicians who have a financial or professional relationship with you? If "Yes," explain how you establish a fair market value for the lease. **Yes** **No**
- 13** Have you purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons with whom you have a business relationship, aside from the purchase? If "Yes," submit a copy of each purchase and sales contract and describe how you arrived at fair market value, including copies of appraisals. **Yes** **No**
- 14** Have you adopted a **conflict of interest policy** consistent with the sample health care organization conflict of interest policy in Appendix A of the instructions? If "Yes," submit a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," explain how you will avoid any conflicts of interest in your business dealings. **Yes** **No**

Section II Medical Research Organizations

- 1** Name the hospitals with which you have a relationship and describe the relationship. Attach copies of written agreements with each hospital that demonstrate continuing relationships between you and the hospital(s).
- 2** Attach a schedule describing your present and proposed activities for the direct conduct of medical research; describe the nature of the activities, and the amount of money that has been or will be spent in carrying them out.
- 3** Attach a schedule of assets showing their fair market value and the portion of your assets directly devoted to medical research.

Schedule D. Section 509(a)(3) Supporting Organizations

Section I Identifying Information About the Supported Organization(s)

1 State the names, addresses, and EINs of the supported organizations. If additional space is needed, attach a separate sheet.

Table with 3 columns: Name, Address, EIN. Includes dashed lines for additional rows.

2 Are all supported organizations listed in line 1 public charities under section 509(a)(1) or (2)? If "Yes," go to Section II. If "No," go to line 3.

3 Do the supported organizations have tax-exempt status under section 501(c)(4), 501(c)(5), or 501(c)(6)? If "Yes," for each 501(c)(4), (5), or (6) organization supported, provide the following financial information.

- Part IX-A. Statement of Revenues and Expenses, lines 1-13, and
• Part X, lines 6b(i), 6b(ii), and 7.

If "No," attach a statement describing how each organization you support is a public charity under section 509(a)(1) or (2).

Section II Relationship with Supported Organization(s) - Three Tests

To be classified as a supporting organization, an organization must meet one of three relationship tests.

- Test 1: "Operated, supervised, or controlled by" one or more publicly supported organizations, or
Test 2: "Supervised or controlled in connection with" one or more publicly supported organizations, or
Test 3: "Operated in connection with" one or more publicly supported organizations.

1 Information to establish the "operated, supervised, or controlled by" relationship (Test 1)
Is a majority of your governing board or officers elected or appointed by the supported organization(s)?

2 Information to establish the "supervised or controlled in connection with" relationship (Test 2)
Does a majority of your governing board consist of individuals who also serve on the governing board of the supported organization(s)?

3 Information to establish the "operated in connection with" responsiveness test (Test 3)
Are you a trust from which the named supported organization(s) can enforce and compel an accounting under state law?

4 Information to establish the alternative "operated in connection with" responsiveness test (Test 3)
a Do the officers, directors, trustees, or members of the supported organization(s) elect or appoint one or more of your officers, directors, or trustees?

b Do one or more members of the governing body of the supported organization(s) also serve as your officers, directors, or trustees or hold other important offices with respect to you?

c Do your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of the supported organization(s)?

d Do the supported organization(s) have a significant voice in your investment policies, in the making and timing of grants, and in otherwise directing the use of your income or assets?

e Describe and provide copies of written communications documenting how you made the supported organization(s) aware of your supporting activities.

5 Information to establish the "operated in connection with" integral part test (Test 3)
Do you conduct activities that would otherwise be carried out by the supported organization(s)?

Schedule D. Section 509(a)(3) Supporting Organizations (Continued)**Section II Relationship with Supported Organization(s)—Three Tests (Continued)**

- 6** Information to establish the alternative “operated in connection with” integral part test (Test 3)
- a** Do you distribute at least 85% of your annual **net income** to the supported organization(s)? If “Yes,” go to line 6b. See instructions. **Yes** **No**
- If “No,” state the percentage of your income that you distribute to each supported organization. Also explain how you ensure that the supported organization(s) are attentive to your operations.
- b** How much do you contribute annually to each supported organization? Attach a schedule.
- c** What is the total annual revenue of each supported organization? If you need additional space, attach a list.
- d** Do you or the supported organization(s) **earmark** your funds for support of a particular program or activity? If “Yes,” explain. **Yes** **No**
-
- 7a** Does your organizing document specify the supported organization(s) by name? If “Yes,” state the article and paragraph number and go to Section III. If “No,” answer line 7b. **Yes** **No**
- b** Attach a statement describing whether there has been an historic and continuing relationship between you and the supported organization(s).

Section III Organizational Test

- 1a** If you met relationship Test 1 or Test 2 in Section II, your organizing document must specify the supported organization(s) by name, or by naming a similar purpose or charitable class of beneficiaries. If your organizing document complies with this requirement, answer “Yes.” If your organizing document does not comply with this requirement, answer “No,” and see the instructions. **Yes** **No**
- b** If you met relationship Test 3 in Section II, your organizing document must generally specify the supported organization(s) by name. If your organizing document complies with this requirement, answer “Yes,” and go to Section IV. If your organizing document does not comply with this requirement, answer “No,” and see the instructions. **Yes** **No**

Section IV Disqualified Person Test

You do not qualify as a supporting organization if you are **controlled** directly or indirectly by one or more **disqualified persons** (as defined in section 4946) other than **foundation managers** or one or more organizations that you support. Foundation managers who are also disqualified persons for another reason are disqualified persons with respect to you.

- 1a** Do any persons who are disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If “Yes,” (1) describe the process by which disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons and the foundation managers they appoint, and (3) explain how control is vested over your operations (including assets and activities) by persons other than disqualified persons. **Yes** **No**
- b** Do any persons who have a family or business relationship with any disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If “Yes,” (1) describe the process by which individuals with a family or business relationship with disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons, the individuals with a family or business relationship with disqualified persons, and the foundation managers appointed, and (3) explain how control is vested over your operations (including assets and activities) in individuals other than disqualified persons. **Yes** **No**
- c** Do any persons who are disqualified persons, (except individuals who are disqualified persons only because they are foundation managers), have any influence regarding your operations, including your assets or activities? If “Yes,” (1) provide the names of these disqualified persons, (2) explain how influence is exerted over your operations (including assets and activities), and (3) explain how control is vested over your operations (including assets and activities) by individuals other than disqualified persons. **Yes** **No**

Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation

Schedule E is intended to determine whether you are eligible for tax exemption under section 501(c)(3) from the postmark date of your application or from your date of incorporation or formation, whichever is earlier.

- 1** Are you a church, association of churches, or integrated auxiliary of a church? If "Yes," complete Schedule A and stop here. Do not complete the remainder of Schedule E. **Yes** **No**
-
- 2a** Are you a public charity with annual **gross receipts** that are normally \$5,000 or less? If "Yes," stop here. Answer "No" if you are a private foundation, regardless of your gross receipts. **Yes** **No**
- b** If your gross receipts were normally more than \$5,000, are you filing this application within 90 days from the end of the tax year in which your gross receipts were normally more than \$5,000? If "Yes," stop here. **Yes** **No**
-
- 3a** Were you included as a subordinate in a group exemption application or letter? If "No," go to line 4. **Yes** **No**
- b** If you were included as a subordinate in a group exemption letter, are you filing this application within 27 months from the date you were notified by the organization holding the group exemption letter or the Internal Revenue Service that you cease to be covered by the group exemption letter? If "Yes," stop here. **Yes** **No**
- c** If you were included as a subordinate in a timely filed group exemption request that was denied, are you filing this application within 27 months from the postmark date of the Internal Revenue Service final adverse ruling letter? If "Yes," stop here. **Yes** **No**
-
- 4** Were you created on or before October 9, 1969? If "Yes," stop here. Do not complete the remainder of this schedule. **Yes** **No**
-
- 5** If you answered "No" to lines 1 through 4, we cannot recognize you as tax exempt from your date of formation unless you qualify for an extension of time to apply for exemption. Do you wish to request an extension of time to apply to be recognized as exempt from the date you were formed? If "Yes," attach a statement explaining why you did not file this application within the 27-month period. Do not answer lines 6 or 7. If "No," go to line 6a. **Yes** **No**
-
- 6a** If you answered "No" to line 5, you can only be exempt under section 501(c)(3) from the postmark date of this application. Therefore, do you want us to treat this application as a request for tax exemption from the postmark date? **Yes** **No**
- Note:** Be sure your ruling eligibility agrees with your answer to Part X, line 6.
- b** Do you anticipate significant changes in your sources of support in the future? If "Yes," complete line 7 below. **Yes** **No**

Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation (Continued)

7 Complete this item only if you answered "Yes" to line 6b. Include projected revenue for the first two full years following the current tax year.

Type of Revenue	Projected revenue for 2 years following current tax year		
	(a) From _____ To _____	(b) From _____ To _____	(c) Total
1 Gifts, grants, and contributions received (do not include unusual grants)			
2 Membership fees received			
3 Gross investment income			
4 Net unrelated business income			
5 Taxes levied for your benefit			
6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)			
7 Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)			
8 Total of lines 1 through 7			
9 Gross receipts from admissions, merchandise sold, or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)			
10 Total of lines 8 and 9			
11 Net gain or loss on sale of capital assets (attach an itemized list)			
12 Unusual grants			
13 Total revenue. Add lines 10 through 12			

Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing**Section I General Information About Your Housing**

- 1** Describe the type of housing you provide.
-
- 2** Provide copies of any application forms you use for admission.
-
- 3** Explain how the public is made aware of your facility.
-
- 4a** Provide a description of each facility.
- b** What is the total number of residents each facility can accommodate?
- c** What is your current number of residents in each facility?
- d** Describe each facility in terms of whether residents rent or purchase housing from you.
-
- 5** Attach a sample copy of your residency or homeownership contract or agreement.
-
- 6** Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all joint venture agreements. **Yes** **No**
- Note:** Make sure your answer is consistent with the information provided in Part VIII, line 8.
-
- 7** Do you or will you contract with another organization to develop, build, market, or finance your housing? If "Yes," explain how that entity is selected, explain how the terms of any contract(s) are negotiated at arm's length, and explain how you determine you will pay no more than fair market value for services. **Yes** **No**
- Note:** Make sure your answer is consistent with the information provided in Part VIII, line 7a.
-
- 8** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. **Yes** **No**
- Note:** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.
-
- 9** Do you participate in any government housing programs? If "Yes," describe these programs. **Yes** **No**
-
- 10a** Do you own the facility? If "No," describe any enforceable rights you possess to purchase the facility in the future; go to line 10c. If "Yes," answer line 10b. **Yes** **No**
- b** How did you acquire the facility? For example, did you develop it yourself, purchase a project, etc. Attach all contracts, transfer agreements, or other documents connected with the acquisition of the facility.
- c** Do you lease the facility or the land on which it is located? If "Yes," describe the parties to the lease(s) and provide copies of all leases. **Yes** **No**

Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing (Continued)**Section II Homes for the Elderly or Handicapped**

- 1 a** Do you provide housing for the elderly? If "Yes," describe who qualifies for your housing in terms of age, infirmity, or other criteria and explain how you select persons for your housing. **Yes** **No**
- b** Do you provide housing for the handicapped? If "Yes," describe who qualifies for your housing in terms of disability, income levels, or other criteria and explain how you select persons for your housing. **Yes** **No**
-
- 2 a** Do you charge an entrance or founder's fee? If "Yes," describe what this charge covers, whether it is a one-time fee, how the fee is determined, whether it is payable in a lump sum or on an installment basis, whether it is refundable, and the circumstances, if any, under which it may be waived. **Yes** **No**
- b** Do you charge periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined. **Yes** **No**
- c** Is your housing affordable to a significant segment of the elderly or handicapped persons in the community? Identify your **community**. Also, if "Yes," explain how you determine your housing is affordable. **Yes** **No**
-
- 3 a** Do you have an established policy concerning residents who become unable to pay their regular charges? If "Yes," describe your established policy. **Yes** **No**
- b** Do you have any arrangements with government welfare agencies or others to absorb all or part of the cost of maintaining residents who become unable to pay their regular charges? If "Yes," describe these arrangements. **Yes** **No**
-
- 4** Do you have arrangements for the healthcare needs of your residents? If "Yes," describe these arrangements. **Yes** **No**
-
- 5** Are your facilities designed to meet the physical, emotional, recreational, social, religious, and/or other similar needs of the elderly or handicapped? If "Yes," describe these design features. **Yes** **No**

Section III Low-Income Housing

- 1** Do you provide low-income housing? If "Yes," describe who qualifies for your housing in terms of income levels or other criteria, and describe how you select persons for your housing. **Yes** **No**
-
- 2** In addition to rent or mortgage payments, do residents pay periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined. **Yes** **No**
-
- 3 a** Is your housing affordable to low income residents? If "Yes," describe how your housing is made affordable to low-income residents. **Yes** **No**
- Note:** Revenue Procedure 96-32, 1996-1 C.B. 717, provides guidelines for providing low-income housing that will be treated as charitable. (At least 75% of the units are occupied by low-income tenants or 40% are occupied by tenants earning not more than 120% of the very low-income levels for the area.)
- b** Do you impose any restrictions to make sure that your housing remains affordable to low-income residents? If "Yes," describe these restrictions. **Yes** **No**
-
- 4** Do you provide social services to residents? If "Yes," describe these services. **Yes** **No**

Schedule G. Successors to Other Organizations

1a Are you a successor to a for-profit organization? If "Yes," explain the relationship with the predecessor organization that resulted in your creation and complete line 1b. [] Yes [] No

b Explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status.

2a Are you a successor to an organization other than a for-profit organization? Answer "Yes" if you have taken or will take over the activities of another organization; or you have taken or will take over 25% or more of the fair market value of the net assets of another organization. If "Yes," explain the relationship with the other organization that resulted in your creation. [] Yes [] No

b Provide the tax status of the predecessor organization.

c Did you or did an organization to which you are a successor previously apply for tax exemption under section 501(c)(3) or any other section of the Code? If "Yes," explain how the application was resolved. [] Yes [] No

d Was your prior tax exemption or the tax exemption of an organization to which you are a successor revoked or suspended? If "Yes," explain. Include a description of the corrections you made to re-establish tax exemption. [] Yes [] No

e Explain why you took over the activities or assets of another organization.

3 Provide the name, last address, and EIN of the predecessor organization and describe its activities.

Name: _____ EIN: _____

Address: _____

4 List the owners, partners, principal stockholders, officers, and governing board members of the predecessor organization. Attach a separate sheet if additional space is needed.

Table with 3 columns: Name, Address, Share/Interest (If a for-profit). Multiple rows for listing individuals.

5 Do or will any of the persons listed in line 4, maintain a working relationship with you? If "Yes," describe the relationship in detail and include copies of any agreements with any of these persons or with any for-profit organizations in which these persons own more than a 35% interest. [] Yes [] No

6a Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof. [] Yes [] No

b Were any restrictions placed on the use or sale of the assets? If "Yes," explain the restrictions. [] Yes [] No

c Provide a copy of the agreement(s) of sale or transfer.

7 Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed. [] Yes [] No

8 Will you lease or rent any property or equipment previously owned or used by the predecessor for-profit organization, or from persons listed in line 4, or from for-profit organizations in which these persons own more than a 35% interest? If "Yes," submit a copy of the lease or rental agreement(s). Indicate how the lease or rental value of the property or equipment was determined. [] Yes [] No

9 Will you lease or rent property or equipment to persons listed in line 4, or to for-profit organizations in which these persons own more than a 35% interest? If "Yes," attach a list of the property or equipment, provide a copy of the lease or rental agreement(s), and indicate how the lease or rental value of the property or equipment was determined. [] Yes [] No

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures
Section I *Names of individual recipients are not required to be listed in Schedule H.*

Public charities and private foundations complete lines 1a through 7 of this section. See the instructions to Part X if you are not sure whether you are a public charity or a private foundation.

- 1 a** Describe the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc.
- b** Describe the purpose and amount of your scholarships, fellowships, and other educational grants and loans that you award.
- c** If you award educational loans, explain the terms of the loans (interest rate, length, forgiveness, etc.).
- d** Specify how your program is publicized.
- e** Provide copies of any solicitation or announcement materials.
- f** Provide a sample copy of the application used.
-
- 2** Do you maintain case histories showing recipients of your scholarships, fellowships, educational loans, or other educational grants, including names, addresses, purposes of awards, amount of each grant, manner of selection, and relationship (if any) to officers, trustees, or donors of funds to you? If "No," refer to the instructions. **Yes** **No**
-
- 3** Describe the specific criteria you use to determine who is eligible for your program. (For example, eligibility selection criteria could consist of graduating high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.)
-
- 4 a** Describe the specific criteria you use to select recipients. (For example, specific selection criteria could consist of prior academic performance, financial need, etc.)
- b** Describe how you determine the number of grants that will be made annually.
- c** Describe how you determine the amount of each of your grants.
- d** Describe any requirement or condition that you impose on recipients to obtain, maintain, or qualify for renewal of a grant. (For example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.)
-
- 5** Describe your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Describe whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated.
-
- 6** Who is on the selection committee for the awards made under your program, including names of current committee members, criteria for committee membership, and the method of replacing committee members?
-
- 7** Are relatives of members of the selection committee, or of your officers, directors, or **substantial contributors** eligible for awards made under your program? If "Yes," what measures are taken to ensure unbiased selections? **Yes** **No**
- Note:** If you are a private foundation, you are not permitted to provide educational grants to **disqualified persons**. Disqualified persons include your substantial contributors and foundation managers and certain family members of disqualified persons.

Section II **Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section.**

- 1 a** If we determine that you are a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures? **Yes** **No** **N/A**
- b** For which section(s) do you wish to be considered?
- 4945(g)(1)—Scholarship or fellowship grant to an individual for study at an educational institution
 - 4945(g)(3)—Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particular skill of the grantee or to produce a specific product
-
- 2** Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring? **Yes** **No**
-
- 3** Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in line 2? **Yes** **No**

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures (Continued)**Section II Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section. (Continued)**

- 4a** Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an *employee of a particular employer*? If "Yes," complete lines 4b through 4f. **Yes** **No**
- b** Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives? (See lines 4c, 4d, and 4e, regarding the percentage tests.) **Yes** **No**
- c** Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer? **Yes** **No** **N/A**
 If "Yes," will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? **Yes** **No**
- d** Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer? **Yes** **No** **N/A**
 If "Yes," will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? If "No," go to line 4e. **Yes** **No**
- e** If you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer, will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39? **Yes** **No** **N/A**
 If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution. If "No," go to line 4f.
Note: Statistical or sampling techniques are not acceptable. See Revenue Procedure 85-51, 1985-2 C.B. 717, for additional information.
- f** If you provide scholarships, fellowships, or educational loans to attend an educational institution to *children of employees of a particular employer* without regard to either the 25% limitation described in line 4d, or the 10% limitation described in line 4e, will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances that you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test described in line 4d or the 10% test described in line 4e. **Yes** **No**

CAMBRIA COMMUNITY HEALTHCARE DISTRICT

TO: Board of Directors AGENDA NO. E.4

FROM: Michael McDonough, Administrator

BOARD MEETING DATE: December 18, 2019

AGENDA DESCRIPTION: Review a proposal to replace the current District website.

BACKGROUND: The current District website (www.cambria-healthcare.org) has been in place for approximately 20 years. The system in place is inadequate to meet the needs of the Administrator for purposes of communicating with the public and staff. The current website generates approximately 3 visitors a month, so a goal is to generate more traffic to the website by providing accessibility, a better user experience, easier content management for webpage updates, and better communication with the public.

RECOMMENDATION(S): The Administrator requests the Board to authorize the replacement of the current District website with a new improved platform. The project foundation has been created and demonstrated in-house and content editing will commence upon approval. The new website will not go live until the content has been updated to meet current needs and compliances.

FISCAL IMPACT: Minimal. Costs for the website hosting are already in the existing budget. In-house staff will work with the Administrator on the necessary content and structural editing to create the new website for launch at current cost for IT services.

DISCUSSION: The proposed new webpages are designed to be accessible to people with disabilities by conforming to the Section 508 standards for government-wide accessibility. "Mobile-first" design, in simple terms, is where the website layout automatically adapts to smartphone, tablet, netbook, notebook, and desktop devices, by focusing design towards the ever-growing mobile device traffic first. Mobile devices (excluding tablets) account for over 51% of worldwide internet traffic today. This design approach greatly reduces the users' need to pan, zoom, or scroll when browsing webpages. In order to achieve this, the design started from the mobile device end which has more restrictions, then expanded to include larger screen devices. A powerful server-side framework to support future growth to include:

- Ability for Ad Hoc and Standing Committees to manage updates/news, reportable actions, etc. through their own portal.
- Better management of public records.
- Electronic surveys.
- Email newsletters.

Attachments: None

BOARD ACTION: Date of Vote:

UNANIMOUS: ____

*GRAY*____ *MILEUR*____ *FEDOROFF*____ *RICE*____ *HERNANDEZ*____

CAMBRIA COMMUNITY HEALTHCARE DISTRICT

TO: Board of Directors AGENDA NO. E.5

FROM: Michael McDonough, Administrator

BOARD MEETING DATE: December 18, 2019

AGENDA DESCRIPTION: Establish the regular meeting calendar for 2020.

BACKGROUND: Each calendar year, the Board establishes a new regular Board meeting calendar.

RECOMMENDATION(S): The Administrator recommends that the Board approve placing the regular Board meetings for the 2020 calendar year on the third Wednesday of each month, at 1:00 p.m.

FISCAL IMPACT: None.

DISCUSSION:

Attachments: Proposed Board Meeting Schedule 2020

BOARD ACTION: Date of Vote:

UNANIMOUS: ____

*GRAY*____ *MILEUR*____ *FEDOROFF*____ *RICE*____ *HERNANDEZ*____

Proposed Board Meeting Schedule 2020

All regular meetings of the Cambria Community Healthcare District will be held, unless otherwise announced, at the Old Cambria Grammar School, 1350 Main Street Cambria, California.

- Wednesday January 15, 2020 at 1:00 p.m.
- Wednesday February 19, 2020 at 1:00 p.m.
- Wednesday March 18, 2020 at 1:00 p.m.
- Wednesday April 15, 2020 at 1:00 p.m.
- Wednesday May 20, 2020 at 1:00 p.m.
- Wednesday June 17, 2020 at 1:00 p.m.
- Wednesday July 15, 2020 at 1:00 p.m.
- Wednesday August 19, 2020 at 1:00 p.m.
- Wednesday September 16, 2020 at 1:00 p.m.
- Wednesday October 21, 2020 at 1:00 p.m.
- Wednesday November 18, 2020 at 1:00 p.m.
- Wednesday December 16, 2020 at 1:00 p.m.

CAMBRIA COMMUNITY HEALTHCARE DISTRICT

TO: Board of Directors AGENDA NO. E.6

FROM: Michael McDonough, Administrator

BOARD MEETING DATE: December 18, 2019

AGENDA DESCRIPTION: Election of Board Officers

BACKGROUND: Board Officers are elected at the December regular Board meeting for the coming calendar year.

RECOMMENDATION(S): Board members will elect new officers at the December regular Board meeting for the 2020 calendar year.

FISCAL IMPACT: None.

DISCUSSION:

Attachments:

BOARD ACTION: Date of Vote:

UNANIMOUS: ___

GRAY___ MILEUR___ FEDOROFF___ RICE___ HERNANDEZ___