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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
GROSSMONT HOSPITAL FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8695 SPECTRUM CENTER BLVD

City or town, state or country, and ZIP + 4
SAN DIEGO, CA 921231489

D Employer identification number
33-0124488

E Telephone number
(858) 499-5150

G Gross receipts $ 7,151,387

F Name and address of Principal Officer
Elizabeth Morgante
8695 SPECTRUM CENTER BLVD
SAN DIEGO, CA 921231489

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www sharp com

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1985

M State of legal domicile CA

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	187
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	5,502,062	5,099,306
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	514,416	297,565
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-96,422	38,632
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,920,056	5,435,503
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,851,376	3,883,226
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	730,269	884,770
16a	Professional fundraising fees (Part IX, column (A), line 11e)		10,411
b	(Total fundraising expenses, Part IX, column (D), line 25 779,062)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	345,816	194,259
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	4,927,461	4,972,666
19	Revenue less expenses Subtract line 18 from line 12	992,595	462,837

		Beginning of Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	10,667,441	11,008,823
21	Total liabilities (Part X, line 26)	497,527	432,324
22	Net assets or fund balances Subtract line 21 from line 20	10,169,914	10,576,499

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-08-10

Elizabeth Morgante VP philanthropy
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Ernst & Young US LLP
4370 La Jolla Village Dr Suite 500
San Diego, CA 92122

EIN ▶

Phone no ▶ (858) 535-7200

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,956,931 including grants of $ 3,883,226) (Revenue $ 0)

Provide support to Grossmont Hospital Corporation

4b (Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

See Schedule O for Community Benefits Report

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 3,956,931 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	35		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 17		
b	Enter the number of voting members that are independent . .	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Staci Dickerson
8695 Spectrum Center Blvd
San Diego, CA 92123
(858) 499-5150

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☑ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								0	224,924	26,566

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 803				
	b	Membership dues	1b				
	c	Fundraising events	1c 762,496				
	d	Related organizations	1d 1,111,966				
	e	Government grants (contributions)	1e 1,071,685				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,152,356				
	g	Noncash contributions included in lines 1a-1f $ 63,290					
	h	**Total (Add lines 1a-1f)** ▶		5,099,306			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $					
	3	Investment income (including dividends, interest other similar amounts) ▶		395,266			395,266
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,320,967 / 1,105				
	b	Less cost or other basis and sales expenses	1,418,073 / 1,700				
	c	Gain or (loss)	-97,106 / -595				
	d	Net gain or (loss) ▶		-97,701			-97,701
Other Revenue	8a	Gross income from fundraising events (not including $ 315,586 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 762,496					
	b	Less direct expenses b 287,752					
	c	Net income or (loss) from fundraising events ▶		27,834			27,834
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a 19,157					
	b	Less direct expenses b 8,359					
	c	Net income or (loss) from gaming activities ▶		10,798			10,798
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d** ▶ $					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		5,435,503	0	0	336,197

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,883,226	3,883,226		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	218,151	15,271	43,630	159,250
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	526,730	36,870		384,514
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	23,744	1,662	4,749	17,333
9 Other employee benefits	67,330	4,712	13,466	49,152
10 Payroll taxes	48,815	3,417	9,763	35,635
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising *See Part IV, line 17*	10,411			10,411
f Investment management fees	26,079		26,079	
g Other	8,259	578	1,652	6,029
12 Advertising and promotion	23,693	1,659	4,738	17,296
13 Office expenses	105,272	7,368	21,053	76,851
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	7,588	531	1,518	5,539
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	4,833	338	967	3,528
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a other	14,365	1,007	2,878	10,480
b Dues and subscriptions	4,170	292	834	3,044
c				
d				
e				
d				
e				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	4,972,666	3,956,931	236,673	779,062
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	2,353,909	2	2,524,485
	3	Pledges and grants receivable, net	420,076	3	451,316
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis 10a			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* 10b		10c	
	11	Investments—publicly traded securities	6,495,574	11	6,752,460
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	1,397,882	15	1,280,562
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	10,667,441	16	11,008,823
Liabilities	17	Accounts payable and accrued expenses	53,835	17	61,586
	18	Grants payable		18	
	19	Deferred revenue	443,692	19	370,738
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*		25	
	26	**Total liabilities.** *Add lines 17 through 25*	497,527	26	432,324
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,205,518	27	1,246,820
	28	Temporarily restricted net assets	7,644,599	28	8,009,795
	29	Permanently restricted net assets	1,319,797	29	1,319,884
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	10,169,914	33	10,576,499
	34	Total liabilities and net assets/fund balances	10,667,441	34	11,008,823

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			No
b	Were the organization's financial statements audited by an independent accountant?	2b			No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a			No
b	If "Yes," did the organization undergo the required audit or audits?	3b			

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,321,396	6,380,325	5,319,132	5,502,062	5,099,306	24,622,221
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	2,321,396	6,380,325	5,319,132	5,502,062	5,099,306	24,622,221
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						836,939
6 **Public Support** subtract line 5 from line 4						23,785,282

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,321,396	205,259	5,319,132	5,502,062	5,099,306	24,622,221
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102,107	205,259	386,003	507,737	395,266	1,596,372
9 Net income from unrelated business activities, whether or not the business is regularly carried on	262,905	245,721	256,057	207,133	334,743	1,306,559
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						27,525,152

12 Gross receipts from related activities, etc (See instructions)	12	

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**86.410 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**89.500 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

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

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 33-0124488
Name: GROSSMONT HOSPITAL FOUNDATION

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Andrew alongi md , director	2 00	X						0	0	0
dee ammon , director	6 00	X						0	0	0
joanne boyle , vice chair	5 00	X		X				0	0	0
connie conard , director	2 00	X						0	0	0
john dapolito md , director	1 00	X						0	0	0
teri featheringill , chair	2 00	X		X				0	0	0
ann goldberg , director	2 00	X						0	0	0
erwin handley md , sectetary	1 00	X		X				0	0	0
roxanne hon md , director	3 00	X						0	0	0
Joseph hughes , director	2 00	X						0	0	0
diane keltner , director	50	X						0	0	0
alejandro matuk , director	2 00	X						0	0	0
mikalyn mellby , treasurer	1 00	X		X				0	0	0
jim miller jr , director	2 00	X						0	0	0
shirley murphy , director	2 00	X						0	0	0
william pogue md , director	1 00	X						0	0	0
peter preovolos , director	2 00	X						0	0	0
elizabeth morgante , VP philanthropy	40 00			X				0	172,161	21,200
donna mulvaney , former director	0 00						X	0	52,763	5,366

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	2,245,171				
b	Contributions	75,087				
c	Investment earnings or losses	11,354				
d	Grants or scholarships	0				
e	Other expenditures for facilities and programs	0				
f	Administrative expenses	0				
g	End of year balance	2,331,612				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 20 000 %
- b Permanent endowment ▶ 80 000 %
- c Term endowment ▶ 0 %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
deferred planned gifts	813,725
long-term receivable from Sharp Healthcare foundation	429,273
miscellaneous receivable	4,995
beneficiary to life insurance policy	2,765
intercompany receivable	29,804
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,280,562

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,435,503
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,972,666
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	462,837
4	Net unrealized gains (losses) on investments	4	-56,252
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-56,252
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	406,585

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,590,776
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-56,252		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	235,796		
e	Add lines **2a** through **2d**			2e	179,544
3	Subtract line **2e** from line **1**			3	1,411,232
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,180		
b	Other (Describe in Part XIV)	4b	3,990,091		
c	Add lines **4a** and **4b**			4c	4,024,271
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	5,435,503

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,549,474
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	235,796		
e	Add lines **2a** through **2d**			2e	235,796
3	Subtract line **2e** from line **1**			3	1,313,678
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,180		
b	Other (Describe in Part XIV)	4b	3,624,808		
c	Add lines **4a** and **4b**			4c	3,658,988
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,972,666

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Grossmont Hospital Foundation has 19 board designated and permanent endowments restricted for a variety of purposes, such as hospice and hospice homes, diabetes, nursing education, cancer treatement, hospital equipment and technology, and more
Part XII, Line 2d - Other Adjustments		direct expenses for fundraising events & gaming activities loss on sale of assets
Part XII, Line 4b - Other Adjustments		temporarily restricted revenue permanently restricted revenue
Part XIII, Line 2d - Other Adjustments		direct expenses for fundraising events & gaming activities loss on sale of assets
Part XIII, Line 4b - Other Adjustments		temporarily restricted expenses

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Golf Tournament (event type)	(b) Event #2 Gala (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	368,962	426,213	282,907	1,078,082
	2 Less Charitable contributions	241,279	318,003	203,214	762,496
	3 Gross revenue (line 1 minus line 2)	127,683	108,210	79,693	315,586
Direct Expenses	4 Cash Prizes	0	0	0	
	5 Non-cash Prizes	12,569	28,802	17,388	58,759
	6 Rent/Facility costs	21,682	0	3,550	25,232
	7 Other direct expenses	75,589	80,044	48,128	203,761
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				287,752
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				27,834

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			19,157	19,157
Direct Expenses	2 Cash prizes			0	
	3 Non-cash prizes			8,359	8,359
	4 Rent/facility costs			0	
	5 Other direct expenses			0	
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				8,359
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				10,798

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

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a** 0 %		
b	An outside facility	**13b** 100 000 %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ Susan Stewart			
	Address ▶ 8695 Spectrum Center Blvd San Diego, CA 921231489			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶ Susan Stewart			
	Gaming manager compensation ▶ $ 786			
	Description of services provided ▶ Recordkeeping, money counting, and bank deposits for the gaming operations			
	☐ Director/officer ☑ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grossmont Hospital Corporation5555 Grossmont Center Drive La Mesa,CA 91942	33-0449527	501(c)3		680	FMV	Contributed Capital	Contributed Capital
Grossmont Hospital Corporation5555 Grossmont Center Drive La Mesa,CA 91942	33-0449527	501(c)3	4,118,341				Program Service Support

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The organization raises funds on behalf of and provides assistance to Grossmont Hospital Corporation The funds raised may be restricted by the donor for a specific purpose or may be unrestricted Grossmont Hospital Corporation submits requests for support based on the availability of these specifically designated funds The organization may also utilize unrestricted funds to provide additional support In these instances, a committee comprised of organization management and board members reviews proposals and requests for funding and determines which projects to fund In all cases, the Hospital submits documentation verifying completion and payment of the project and is subsequently reimbursed by the organization Additionally, the Management team evaluates requests for contributions from outside organizations taking into account how they align with the organization's mission

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
elizabeth morgante	(i)							
	(ii)	149,468	17,777	4,916	8,758	12,442	193,361	131,142
donna mulvaney	(i)							
	(ii)	52,434	306	23	404	4,962	58,129	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Information	Part III	Part I, Line 3 The Compensation and Benefits department of Sharp HealthCare, the parent organization, establishes the compensation ranges for the Executive Director The Compensation and Benefits department engages independent compensation consultants and the Executive Director's compensation is determined by the Senior Vice President and approved by the Board of Directors

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art	X	1	450	Donor Valuation
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		34,738	Donor Valuation
6	Cars and other vehicles	X	1	1,700	Sale proceeds
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	10	2,800	Donor Valuation
19	Food inventory				
20	Drugs and medical supplies	X	2	180	Donor Valuation
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe Gift Cards)	X	45	23,422	FMV & Donor Valuation
26	Other (describe)				
27	Other (describe)				
28	Other (describe)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	The number of contributors is based on the number of donated gifts or gift packages
Third Party Use	Part I, Line 32b	Vehicles are sold at auction

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Grossmont Hospital Corporation (FEIN 33-0449527) has the right to elect directors to Grossmont Hospital Foundation's governing body

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Grossmont Hospital Corporation (FEIN 33-0449527) approves changes to Grossmont Hospital Foundation's bylaws and approves the election of Grossmont Hospital Foundation board members

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The final Form 990 is placed on the organization's intranet, prior to the filing date, where it is viewable for comment from all members of the governing body The review process includes multiple levels of review including key corporate and entity finance department personnel comprised of the Accounting Manager, Corporate Controller, Vice President of Finance, Senior Vice President and Chief Financial Officer, and entity Executive Director Additionally, the organization contracts with Ernst & Young, an independent accounting firm, for review of the Form 990

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Corporation is committed to preventing any Participant of the Corporation from gaining any personal benefit from information received or from any transaction of Sharp Board Members, Corporate Officers, Senior Vice Presidents and Chief Executive Officer(s) are required to submit a conflict of interest statement annually to Legal Services/Senior Vice President of Legal Services who will review all statements In connection with any transaction or arrangement, which may create an actual or possible conflict of interest, the person shall disclose in writing the existence and nature of his/her financial interest and all material facts Board Members, Corporate Officers, Senior Vice Presidents, and Chief Executive Officer(s) shall make such disclosures directly to the Chairman of the Sharp HealthCare Board, and to the members of the committee with the board designated powers considering the proposed transaction or arrangement Upon disclosure of the financial interest and all materials facts, the Board Member, Corporate Officer, Senior Vice President or Chief Executive Officer(s) making such disclosures shall leave the board or the committee meeting while the financial interest is discussed and voted upon The remaining board or committee members shall decide if a conflict of interest exists In certain instances, such as if someone takes a board seat on a competitor's board of directors or has a role with an organization whereby the information that they may obtain from Sharp would put them in a consistent conflict with their two roles, the conflict could call for the individual's removal from the board The bylaws for the organization provide for the ability to remove directors in accordance with Section 5222 of the California Corporations Code This can generally be done on a "for cause" or a "no cause" basis by the action of a majority of the board of directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Personnel Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions The information is presented to the Personnel Committee of the Board of Directors by the independent consultant The Personnel Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization The Personnel Committee approves the total compensation for the President/Chief Executive Officer and reviews and approves the compensation and compensation salary ranges for the remainder of the executive team The Personnel Committee presents its decision to the Board of Directors The Personnel Committee retains minutes of its meetings The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees The independent third party compares base salaries to similar positions with like institutions The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval The compensation study was last conducted in November/December 2008

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Policies are considered proprietary information, however in Sharp HealthCare's publicly available Code of Conduct, Sharp outlines its Conflict of Interest policies in a user friendly manner The annual audited financial statements of the consolidated group are published on the dacbond com website (www dacbond com) and are available upon request The annual audited financial statements include combining schedules which disclose the financial results (Balance Sheet, Statement of Operations, Statement of Changes in Net Assets) for each entity of the consolidated group Quarterly financial statements of Sharp's obligated group are published on the dacbond com website (www dacbond com)

Identifier	Return Reference	Explanation
Form 990, Part XI, line 2b		The organization is a member of a consolidated group which has its financial statements audited by an independent accountant

Identifier	Return Reference	Explanation
Form 990, Part XI, line 2c		The organization is a member of a consolidated group which has an audit committee that assumes the oversight of the audited financial statements and the selection of the independent auditors

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 1	Description of Organization Mission	Grossmont Hospital Foundation is a non-profit, philanthropic organization that was established in 1985 to enhance the current and future health care needs of East County and San Diego communities Grossmont Hospital Foundation funds patient care services, hospice, health education, clinical research and major capital projects affiliated with Sharp Grossmont Hospital

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 1		The purpose of this corporation is to provide assistance and support to Grossmont Hospital Corporation in the development of high quality, accessible and affordable inpatient and outpatient services

Identifier	Return Reference	Explanation
Form 990, Part IV, line 12		The organization is a member of a consolidated group which did receive audited financial statements in accordance with GAAP for the return period

Identifier	Return Reference	Explanation
Form 990, Part V, Line 2a	Number of Employees	Grossmont Hospital Foundation employees' salaries and wages are paid under Grossmont Hospital Corporation's tax ID number (EIN 33-0449527), and as such are reported on Grossmont Hospital Corporation's Form 990

Identifier	Return Reference	Explanation
Form 990, Part III, line 4b	Community Benefits Report	An Overview of Sharp HealthCare Sharp is an integrated, regional health care delivery system based in San Diego, Calif The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 20 medical clinics, five urgent care facilities, three skilled nursing facilities, two inpatient rehabilitation programs, home health, hospice and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp also has a Knox-Keene-licensed health maintenance organization, Sharp Health Plan (SHP) Serving a population of approximately three million in San Diego County, as of September 30, 2009, Sharp is licensed to operate 2,060 beds, has approximately 2,600 Sharp-affiliated physicians and nearly 15,000 employees FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 beds) The largest provider of health care services in south San Diego County, one of the fastest growing areas in California Sharp Chula Vista Medical Center (SCVMC) operates the busiest Emergency Department (ED) in San Diego's South Bay and is the closest hospital to the busiest international border in the world Sharp Coronado Hospital and Healthcare Center (204 beds) This acute care hospital provides services that include sub-acute and long-term care, rehabilitation therapies, hospice and emergency services Sharp Grossmont Hospital (536 beds) The largest provider of health care services in San Diego's East County, and one of the busiest Emergency Departments in San Diego County Sharp Memorial Hospital (643 beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopaedics, organ transplantation, cardiology and rehabilitation THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & Newborns (169 beds) A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology and neonatal intensive care Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other private hospital in California Sharp Mesa Vista Hospital (149 beds) The largest private freestanding psychiatric hospital in California and a premier provider of psychiatric services Sharp Vista Pacifica Hospital (16 beds) Sharp Vista Pacifica (SVP) is San Diego County's only licensed chemical dependency recovery hospital Collectively, the operations of SMH, SMBHWN, SMV, and SVP are reported under the nonprofit public benefit corporation of SMH The operations of Sharp Rees-Stealy Medical Centers (SRS) are reported within the nonprofit public benefit corporation of Sharp, the parent organization The operations of Sharp Grossmont Hospital (SGH) are reported under the nonprofit public benefit corporation Grossmont Hospital Corporation Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations, and are provided in a caring, convenient, cost-effective, and accessible manner Vision Sharp's vision is to transform the health care experience through a culture of caring, quality, service, innovation, and excellence Sharp will be recognized by employees, physicians, patients, volunteers, and the community as the best place to work, the best place to practice medicine, and the best place to receive care Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well being of those it serves Sharp will become the best health system in the universe Values * Integrity - Trustworthiness, Respect, Commitment to Organizational Values, and Decision Making * Caring - Service Orientation, Communication, Teamwork and Collaboration, Serving and Developing Others, and Celebration * Innovation - Creativity, Continuous Improvement, Initiating Breakthroughs, and Self-Development * Excellence - Quality, Safety, Operational and Service Excellence, Financial Results, and Accountability Awards Sharp recently received the following awards * Sharp is a recipient of the 2007 Malcolm Baldrige National Quality Award, the nation's highest Presidential honor for quality and organizational performance excellence Sharp is the first health care system in California and eighth in the nation to receive this recognition * Sharp was named the No 1 "best integrated health-care network" in Southern Calif and No 6 nationally by Modern Healthcare magazine in 2010 The rankings are part of the "Top 100 Most Highly Integrated Healthcare Networks (IHN)", an annual survey conducted by health care data analyst SDI This is the twelfth year running that Sharp has placed among the top in the state in the survey * Sharp was ranked 47th by Modern Healthcare in its 2008 "100 Best Places to Work" The awards and honors program recognizes workplaces in health care that enable employees to perform at their optimum level to provide patients and customers with the best possible care and services * Sharp was named "Best Hospital" by San Diego Union-Tribune readers participating in the paper's "Best of San Diego" Readers Poll published August 2, 2009 * SGH and SMH have both received MAGNET Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC) The Magnet Recognition Program is the highest level of honor bestowed by the ANCC and is accepted nationally as the gold standard in nursing excellence * Sharp was named one of the nation's "Most Wired" health care systems for the eleventh consecutive year by Hospitals & Health Networks magazine in the annual Most Wired Survey and Benchmark Study "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff Culture The Sharp Experience For more than nine years, Sharp has been on a journey to transform the health care experience Through a sweeping organizational improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purpose, worthwhile work and making a difference, and to the fundamentals that have made Sharp one of the nation's top-ranked health care systems This renewed sense of direction has added discipline and focus to every part of the organization Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation the people Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be * The best place to work Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe " * The best place to practice medicine Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's preeminent medical institution * The best place to receive care Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate Through all of this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population This is something Sharp has been doing for more than half a century Pillars of Excellence The six pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas Quality - Demonstrate and improve clinical excellence and patient safety to set community standards and exceed patient expectations Service - Create exceptional experiences at every touch point for customers, physicians, and partners by demonstrating service excellence People - Create a workforce culture that attracts, retains, and promotes the best and brightest people, who are committed to Sharp's mission, vision, and values

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		Finance - Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology, and investment in the organization Growth - Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements, and support innovative development Community - Be an exemplary community citizen Patient Financial Assistance Program Sharp offers financial assistance for medically necessary services provided to uninsured patients with no ability to pay or insured patients with inadequate coverage and no ability to pay No patient requiring emergency medical care is refused service at Sharp Health Professions Training Internships Students and recent health care graduates are a valuable asset to the community, and Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid, and career pipeline programs There were nearly 4,700 student interns within the Sharp system in FY 2009, providing more than 528,000 hours in disciplines including nursing, allied health, and professional educational programs Sharp provides education and training programs for students in the continuum of nursing (e g , critical care, medical/surgical, behavioral health, women's services, and wound care) and allied health professions such as rehab therapies (speech, physical, occupational, and recreational therapy), pharmacy, dietetics, lab, imaging (all the radiology professions), social work, psychology, and public health Students from local community colleges, such as Grossmont College and Southwestern College (SWC), local and national university campuses, such as San Diego State University (SDSU), University of California, San Diego (UCSD), University of San Diego (USD), and Point Loma Nazarene University (PLNU), and vocational schools, such as Kaplan College, participate in Sharp's health professions training College Collaborations Sharp's partnership with the University of Oklahoma (OU) College of Nursing, SDSU and SWC provides clinical, real-world experience in San Diego County for students enrolled in the OU Online Accelerated Second Degree Bachelor of Science in Nursing (BSN) Program and the OU Career Mobility Registered Nurse (RN) to BSN Program The partnership seeks to boost the number of new nurse graduates by offering programs with increased flexibility and access for students The Accelerated Second Degree BSN Program is for individuals with a bachelor's degree or higher in a non-nursing major The program includes over 600 hours of online course work and nearly 900 hours of clinical experience at Sharp facilities Candidates may earn a BSN from OU in 14 months, as well as become eligible to sit for the National Council Licensing Examination for Registered Nurses (NCLEX-RN) The Career Mobility RN to BSN Program offers licensed RNs an accelerated education to achieve a BSN from OU within nine months, providing them with greater opportunity for career mobility and advancement The Career Mobility RN to BSN Program began in May 2006, and the OU Online Accelerated Second Degree BSN Program began in August 2007 The first Career Mobility RN to BSN class graduated students in May 2007 In December 2008, the first Accelerated Second Degree BSN class graduated students The Health Academy The SCVMC Health Academy educates the next generation of health care professionals by introducing local elementary school students to a wide variety of health care careers Since 2005, this program has provided hospital tours to hundreds of fifth graders, who have benefited from interactive learning in various areas of the hospital, including the laboratory, pharmacy, and billing departments In the fall of 2008, a two-year grant from the California Endowment allowed for the expansion of the program to provide a diversity initiative to high school students The Health Care Career Pipeline Partnership (HCCPP) is a collaboration among the hospital, Barrio Logan College Institute (BLCI), San Ysidro High School (SYH), SWC, and the San Diego chapter of the National Association of Hispanic Nurses The program has had tremendous success since its inception, and in FY 2009, SCVMC won a partnership award from the San Diego Science Alliance for its work in the HCCPP The award recognizes a San Diego business or employer that partners with the youth in the community Health Sciences High and Middle College Sharp has teamed up as an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide students broad exposure to careers available in health care During FY 2009, 294 HSHMC students participated on Sharp campuses for a total of 89,837 student hours The collaboration between Sharp and HSHMC prepares high school students to consider and enter health science and medical technology careers within the following five career pathways Biotechnology Research and Development, Diagnostic Services, Health Informatics, Support Services, and Therapeutic Services During a 16-week period, supervised students rotate through instructional pods in various departments such as nursing, ob/gyn, occupational and physical therapy, behavioral health, Surgical Intensive Care Unit (SICU), Medical Intensive Care Unit (MICU), imaging, rehabilitation, laboratory, pharmacy, pulmonary, cardiac services, and operations HSHMC students not only receive hands-on experience in patient care, but also guidance from Sharp staff on professionalism, career ladder development, and job/education requirements HSHMC students earn high school diplomas, complete college entrance requirements, and have opportunities to earn community college credits, degrees, or vocational certificates With the HSHMC program, Sharp is linking students with health care professionals through job shadowing and internships, to explore real-world applications of their school-based knowledge and skills The program began with HSHMC students on the campuses of SGH and SMH, and in FY 2009 expanded to include SMV and SMBHWN Also in FY 2009, the program at SMH expanded to include all levels of high school students (grades nine through 12) Lectures and Continuing Education Sharp also contributes to the academic environment of many colleges and universities in San Diego In FY 2009, Sharp staff committed more than 500 hours providing lectures, courses, and presentations on numerous college/university campuses throughout San Diego Through the delivery of a variety of guest lectures, including, "The Role of the Clinical Nurse Specialist" at PLNU, pharmacy practice lectures at UCSD, and a variety of health administration lectures to public health graduate students at SDSU, Sharp staff remain active and engaged with San Diego's academic health care community Sharp's Office of Continuing Medical Education (CME) assesses, designs, implements, and evaluates educational and training initiatives for Sharp's affiliated physicians, pharmacists, and other health professionals in order to better serve the health care needs of the San Diego community In FY 2009, the professionals at Sharp's Office of CME invested approximately 1,200 hours in myriad CME activities open to San Diego health care providers, ranging from annual conferences in diabetes, coagulation therapy, and psychiatry, to presentations on patient safety, clinical effectiveness, and quality improvement Volunteer Service Sharp Lends a Hand In FY 2009, Sharp continued its system-wide community service program, Sharp Lends a Hand, in order to further support the San Diego communities it serves In March 2009, Sharp promoted the program both internally and in the community, requesting project ideas that focused on improving the health and well-being of San Diego in a broad, positive way, relied on Sharp for volunteer labor only, supported nonprofit initiatives, community activities or other programs that serve the residents of San Diego County, and had a completion date by September 30, 2009 Sharp employees voted on the qualified projects posted on Sharp's internal website, SharpNET They selected five projects Stand Down for Homeless Veterans, San Diego Food Bank, San Diego River Clean-up, Fourth of July Beach Clean-up, and San Diego Habitat for Humanity In support of these projects, more than 1,400 Sharp employees, family members, and friends volunteered more than 5,500 hours During three days in July 2009, 563 Sharp employees, family members, and friends provided support, including food, clothing, medical services, and companionship, to hundreds of homeless veterans at Stand Down for Homeless Veterans, an annual event sponsored by Veterans Village of San Diego

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		The San Diego Food Bank feeds people in need throughout San Diego County, and advocates and educates the public about hunger-related issues During March, May, and August 2009, 566 Sharp Lends a Hand volunteers inspected and sorted donated food, assembled boxes, and cleaned the San Diego Food Bank warehouse Habitat for Humanity coordinated a summer "Building Blitz" in which construction companies donated materials and labor to construct homes for needy San Diego families In July 2009, 165 Sharp volunteers supported the builders by directing traffic, serving meals, keeping the site clean, and organizing workers Finally, Sharp helped put the sparkle back in San Diego communities in 2009 with 145 employees, families, and friends volunteering to clean local beaches following the revelry of July 4th, and working with I Love a Clean San Diego and the San Diego River Park Foundations to help keep San Diego's watershed beautiful and pollution-free Volunteers scoured the beaches and river for garbage and debris Sharp Humanitarian Service Program In FY 2009, three Sharp employees were funded through Sharp's Humanitarian Service Program This program allows employees to participate in service programs that provide health care and/or other supportive services to underserved or adversely affected populations In FY 2009, Sharp employees devoted their time and energy to organizations that included Cross-Cultural Solutions, which provides a variety of international volunteer opportunities in caregiving, teaching, health care, and community development, and Opportunity International, which provides basic microfinance services - lending, savings, and insurance - as well as transformational training to empower people in underdeveloped communities to work their way out of chronic poverty In addition, in FY 2009, a Sharp-affiliated surgeon led a team of ninety-four medical and surgical professionals from Southern California on a medical mission trip to Joyaba, Guatemala through HELPS International, a nonprofit relief organization The medical/surgical team delivered needed medical care to rural Guatemala during their 10-day medical mission The team built six operating rooms, a pharmacy, and specialty clinics in the impoverished Guatemalan community Over the remaining days, the Sharp-led team delivered a range of critical services, both basic and complex, including treatments for a variety of infections and diseases such as cancer, an array of surgeries, including cataract surgery and amputation, and a multitude of screenings and diagnoses for patients who had not seen a physician in years - many in their entire lives A documentary on the project, 10 Days in Guatemala, aired on Cox Cable's Channel 4 this past year Sharp funded the production costs of the documentary Community Walks In April 2009, more than 500 Sharp team members, families, and friends participated in the annual March of Dimes March for Babies Sharp is a strong supporter of the event and raised nearly $85,000 for the organization Sharp is a proud supporter of the American Heart Association annual Heart Walk In September 2009, more than 800 walkers represented Sharp at the San Diego Heart Walk held in Balboa Park Sharp was the No 2 Heart Walk team in San Diego, raising more than $125,000 for the American Heart Association Sharp Volunteers Sharp volunteers are a critical component of Sharp's dedication to the San Diego community Sharp provides a multitude of volunteer opportunities throughout San Diego County for individuals to serve the community, meet new people, and assist programs ranging from pediatrics to Senior Resource Centers Volunteers devote their time and compassion to patients as well as to the general public, and are an essential element to many of Sharp's programs, events, and initiatives Sharp volunteers spend their time within hospitals, in the community, and in support of the Sharp HealthCare Foundation, Grossmont Hospital Foundation, and Coronado Hospital Foundation Sharp employees also donate time to Sharp as volunteers for the Sharp organization In FY 2009, there were 2,764 total volunteers at Sharp, contributing 231,299 hours of their time in service to Sharp and its initiatives Over 13,000 of these hours were provided externally to the San Diego community, through activities such as delivering meals to homebound seniors and assisting with health fairs and events Table 1 details the number of individual volunteers and the hours provided in service to each entity Volunteers spent additional hours supporting Sharp's three foundations for events such as Grossmont Hospital Foundation's annual Golf Tournament, the SMBHWN Stewardship Committee, galas held for SCVMC, Sharp Coronado Hospital and Healthcare Center (SCHHC), and SGH, and other events in support of Sharp entities and services Sharp Volunteers and Volunteer Hours - FY 2009 Sharp Entity Number of Volunteers (Individuals) Volunteer Hours Sharp Chula Vista Medical Center 360 46,269 Sharp Coronado Hospital and Healthcare Center 170 8,627 Sharp Grossmont Hospital 1,200 115,746 Sharp Mary Birch Hospital for Women & Newborns 146 10,511 Sharp Memorial Hospital 838 44,247 Sharp Mesa Vista Hospital 14 2,007 Sharp Rees-Stealy 36 3,892 ALL ENTITIES 2,764 231,299 Sharp employees also volunteer their time for the Cabrillo Credit Union Sharp Division Board, the Sharp and Children's MRI Board, the UCSD Medical Center/Sharp Bone Marrow Transplant Program Board, Grossmont Imaging LLC Board, and the SCVMC - SDI Imaging Center Executive Summary This Executive Summary provides an overview of community benefits planning at Sharp, a listing of community needs addressed in this Community Benefits Report, and a summary of community benefits programs and services provided by Sharp in FY 2009 (October 1, 2008 through September 30, 2009) In addition, the economic value of community benefits provided by Sharp, according to the framework specifically identified in Senate Bill 697, is reported for the following * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital * Sharp Health Plan Community Benefits Planning at Sharp HealthCare Sharp bases its community benefits planning on the triennial community health needs assessment conducted by the Community Health Improvement Partners (CHIP) combined with the expertise in programs and services of each Sharp hospital Listing of Community Needs Addressed in This Community Benefits Report The following community needs are addressed by one or more Sharp hospitals in this Community Benefits Report * Access to care for individuals without a medical provider * Focused education and screening programs on health conditions, such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries, and behavioral health * Health education and screening activities for seniors * Outreach for flu vaccinations * Special support services for hospice patients and their families, and the community * Support of community nonprofit health organizations * Education and training of health care professionals * Collaboration with local schools to promote interest in health care careers * Welfare of seniors and disabled people * Cancer education, patient navigator services, and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their families * Mental health and substance abuse education for the community Highlights of Community Benefits Provided by Sharp in FY 2009 Some examples of community benefits programs and services provided by Sharp hospitals or entities in FY 2009 include * Unreimbursed Medical Care Services, including uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and (TRICARE) - the regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors, and unreimbursed costs of workers' compensation programs Also included is financial support for onsite workers to process Medi-Cal eligibility forms

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		* Other Benefits for Vulnerable Populations, including van transportation for patients to and from medical appointments, financial and other support to community clinics to assist in providing health services, and improving access to health services, Project HELP, a fund that provided monies for medications, transportation, and other needs to assist patients who cannot afford to pay, Project CARE (Community Action to Reach the Elderly), a community program that places computerized telephone calls to seniors and disabled individuals to ensure they are safe in their homes, contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans, and the San Diego Food Bank, financial and other support to the Sharp Humanitarian Service Program, and other assistance for the needy * Other Benefits for the Broader Community, including health education and information, participation in community health fairs and events addressing the unique needs of the community, providing flu vaccinations, and health screenings Sharp collaborated with local schools to promote interest in health care careers, the use of Sharp facilities by community groups at no charge, and executive leadership and staff actively participated in numerous community organizations, committees, and coalitions to improve the health of the community * Health Research, Education, and Training Programs, including education and training programs for medical, nursing, and other health care professionals To increase the pool of nursing graduates, Sharp and other area health care providers continued sponsorship of health-related programs, classes, and professors at SDSU (Nurses Now Partnership) and UCSD Sharp also partnered with SWC, SDSU, and OU College of Nursing to provide clinical experience in San Diego County for students enrolled in the OU Online Accelerated Second Degree BSN Program Additionally, Sharp continued its five-year agreement with SDSU for financial support of the Sharp Human Patient Simulation Center, to provide specialized education to nursing students Sharp again collaborated with Rady Children's Hospital - San Diego and Scripps Health in support of the National Partnership for Smoke-Free Families, a program designed to help pregnant smokers quit to improve their health and protect the health of their unborn babies Economic Value of Community Benefits Provided in FY 2009 In FY 2009, Sharp provided a total of $342,530,870 in community benefits programs and services that were unreimbursed Table 1 shows a listing of these unreimbursed costs provided by each Sharp entity Table 1 Total Economic Value of Community Benefits Provided Sharp HealthCare Entities - FY 2009 Sharp HealthCare Entity Estimated FY 2009 Unreimbursed Costs Sharp Chula Vista Medical Center $54,126,954 Sharp Coronado Hospital and Healthcare Center $12,893,531 Sharp Grossmont Hospital $112,169,265 Sharp Mary Birch Hospital for Women & Newborns $14,142,167 Sharp Memorial Hospital $143,764,626 Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital $5,227,313 Sharp Health Plan $207,014 ALL ENTITIES $342,530,870 Table 2 includes a summary of unreimbursed costs for each Sharp entity based on the categories specifically identified in Senate Bill 697 As shown in Table 2, Sharp leads the community in unreimbursed medical care services, among San Diego County's Senate Bill 697 hospitals and health care systems Table 2 FY 2009 Detailed Economic Value of Community Benefits at Sharp HealthCare Entities Based on Senate Bill 697 Categories Sharp HealthCare Entity SENATE BILL 697 CATEGORY Estimated FY 2009 Unreimbursed Costs Medical Care Services Other Benefits for Vulnerable Populations Other Benefits for the Broader Community Health Research, Education, and Training Programs Sharp Chula Vista Medical Center $52,813,462 $260,472 $513,512 $539,508 $54,126,954 Sharp Coronado Hospital and Healthcare Center $12,468,646 $22,901 $131,274 $270,710 $12,893,531 Sharp Grossmont Hospital $109,834,421 $622,649 $841,274 $870,921 $112,169,265 Sharp Mary Birch Hospital for Women & Newborns $13,426,245 $34,583 $351,614 $329,725 $14,142,167 Sharp Memorial Hospital $141,570,894 $725,827 $775,897 $692,008 $143,764,626 Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital $4,365,401 $639,173 $183,205 $39,534 $5,227,313 Sharp Health Plan $0 $18,181 $174,670 $14,163 $207,014 ALL ENTITIES $334,479,069 $2,323,786 $2,971,446 $2,756,569 $342,530,870 Community Benefits Planning Process Each year, Sharp bases its community benefits planning on findings from the community health needs assessments conducted by CHIP and the expertise in programs and services of each Sharp hospital Methodology to Conduct the 2007 Community Needs Assessment Since 1995, Sharp has participated in a countywide collaborative - including a broad range of hospitals, health care organizations and community agencies - to conduct a triennial community needs assessment In 2007, the CHIP Needs Assessment Committee, under the direction of the CHIP Steering Committee, determined a methodology and approach to the needs assessment, which included information from the following sources * Analysis of health-related statistics gathered and analyzed by the County of San Diego Health and Human Services Agency (HHSA), supplemented by data from the California Health Interview Survey (CHIS), the California OSHPD and the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System and Behavior Risk Surveillance System * Review of health-related scientific literature * Review of results of facilitated discussions held with seven focus groups representing a cross-section of the San Diego County community * Results of a process used by members of CHIP to set priorities among various health issues Determination of Priority Community Needs Sharp HealthCare The 2007 Community Health Needs Assessment conducted by CHIP was reviewed by each Sharp hospital and used to determine priority needs for their communities In identifying these priorities, each entity considered the expertise and mission of the hospital in providing services, in addition to the unique regional, age group, and/or health topics that comprise the entity's service area For example, the specialty hospitals - SMBHWN, SMV, and SVP - reviewed the needs assessment priorities, specifically focusing on issues relevant to women and infants, behavioral health, and substance abuse, respectively Sharp's general acute care hospitals reviewed the needs assessment with a focus on the region and/or subregional areas, with the goal of matching community benefit programs and services to the unique needs of the region Steps Completed to Prepare an Annual Community Benefits Report On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefits Report * Establishes and/or reviews hospital-specific measurable objectives * Verifies the need for an ongoing focus on identified community needs and/or adds new identified community needs * Reports on activities conducted in the prior fiscal year - FY 2009 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2010 Plan * Reports and categorizes the economic value of community benefits provided in FY 2009, according to the framework specifically identified in Senate Bill 697 * Reviews and approves a Community Benefits Plan * Distributes the Community Benefits Report to members of the Sharp Board of Directors and Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year Ongoing Commitment to CHIP In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of San Diego County residents, Sharp remains active in CHIP efforts In addition to the CHIP Board, Sharp executive leadership and other staff are actively involved in the following CHIP committees and work teams Public Policy Committee, Care Coordination Work Committee, Steering Committee, Needs Assessment Committee, Access to Care Committee, Access to Care Health Literacy Initiative, Behavioral Health Work Team, Immunize San Diego Coalition, San Diego Diabetes Coalition, San Diego Childhood Obesity Initiative (SDCOI), SDCOI Healthy Eating, Active Communities, and Safety Net Connect Sharp Grossmont Hospital * SGH is located at 5555 Grossmont Center Drive, in La Mesa ZIP code 91942 * Sharp HospiceCare is located at 8881 Fletcher Parkway, in La Mesa ZIP code 91942

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		FY 2009 Community Benefits Program Highlights SGH provided a total of $112,169,265 in community benefits in FY 2009 See Table 1 for a summary of unreimbursed costs based on the categories identified in SB 697 Table 1 Economic Value of Community Benefits Provided Sharp Grossmont Hospital - FY 2009 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2009 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms $38,977,207 Shortfall in Medicare $36,054,990 Shortfall in San Diego County Indigent Medical Services $7,678,916 Charity Care and Bad Debt $27,123,308 Other Benefits for Vulnerable Populations Patient transportation, Project HELP, contribution of funds to a community clinic, and other assistance for the needy $622,649 Other Benefits for the Broader Community Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donations of time to community organizations, and cost of fundraising for community events $841,274 Health Research, Education, and Training Programs Education and training programs for students, interns, and health care professionals $870,921 TOTAL $112,169,265 Key highlights * Unreimbursed Medical Care Services, including uncompensated care for patients who are unable to pay for services, the unreimbursed costs of public programs such as Medi-Cal, Medicare, and San Diego County Indigent Medical Services, and financial support for onsite workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations, including van transportation for patients to and from medical appointments, financial and other support to Neighborhood Healthcare, Project HELP, a fund that provides monies for medication, transportation and other essentials to assist patients who cannot afford to pay, Project CARE, a community program that places computerized telephone calls to seniors and disabled individuals to ensure that they are safe in their homes, contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans, and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for the needy * Other Benefits for the Broader Community, including health education and information on a variety of topics, participation in community health fairs and events and health screenings for stroke, blood pressure and diabetes A dedicated Senior Resource Center offered flu vaccinations and specialized education and information SGH staff collaborated with local schools to promote interest in health care careers SGH also offered meeting room space at no charge to community groups In addition, staff at the hospital actively participated in community boards, committees and civic organizations, such as Aging and Independence Services (AIS), La Mesa Park and Recreation Foundation, Communities Against Substance Abuse, East County Chamber of Commerce, Neighborhood Healthcare Community Clinics, Santee Chamber of Commerce, Salvation Army Kroc Center Board, Meals on Wheels Advisory Board, San Diego Nutrition Council, San Diego County Social Services Advisory Board, and YMCA * Health Research, Education, and Training Programs, including education and training of health care professionals, student and intern supervision, and financial support of SDSU Human Patient Simulation Center, Nurses Now Partnership, and Partnership for Smoke-Free Families Definition of Community The community served by SGH includes the entire East Region of San Diego County, including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley, and Mountain Empire Approximately 5 percent of the population lives in remote or rural areas of this region Description of Community Health In 2005, 92 percent of children and 80 percent of nonelderly adults had health insurance in the East Region, failing to meet the HP 2010 national targets24 for health insurance coverage See Table 2 for a summary of key indicators of access to care Table 2 Health Care Access in East Region 2005 Description Rate Year 2010 Target Health Insurance Coverage Children 0 to 17 Years 92% 100% Adults 18 to 64 Years 80% 100% Have Regular Source of Medical Care Children 0 to 17 Years 90% 85% Adults 18 to 64 Years 87% 85% Source Charting the Course V 2007 San Diego County Health Needs Assessment, 2005 CHIS Heart disease and cancer were the top two leading causes of death in the East Region See Table 3 for a summary of leading causes of death in the East Region Table 3 Leading Causes of Death in the East Region Three-Year Average (2004 through 2006) Cause of Death Number of Deaths Percent of Total Deaths Heart disease 942 26 5% Cancer (all sites) 809 22 7% Chronic lower respiratory diseases 238 6 7% Stroke 220 6 2% Alzheimer's disease 204 5 7% Unintentional injuries (all types) 140 3 9% Diabetes 119 3 3% Influenza and pneumonia 86 2 4% Suicide 54 1 5% Essential hypertension and hypertensive renal disease 54 1 5% Chronic liver disease and cirrhosis 41 1 2% Parkinson's disease 39 1 1% Nephritis, nephrotic syndrome and nephrosis 32 0 9% Homicide 24 0 7% Conditions originating in the perinatal period 11 0 3% All Other Deaths 544 15 3% Total Deaths 3,557 100 0% Notes Ranking of leading causes of death based on the countywide rank among San Diego residents in 2006 Deaths due to homicide and conditions originating in the perinatal period based on two years of data Source County of San Diego, HHSA, Public Health Services, Community Epidemiology Branch Community Benefits Planning Process In addition to the steps outlined regarding community benefits planning, SGH * Incorporates community priorities and community input into its strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels * Prepares and distributes a monthly report of community activities to its board of directors, describing community benefits provided such as education, screenings, and flu vaccinations * Prepares and distributes information on community benefits programs and services through its foundation and community newsletters * Consults with representatives from a variety of departments, to discuss, plan, and implement community activities Priority Community Needs Addressed in Community Benefits Report The following identified community needs are addressed in SGH's Community Benefits Report * Stroke education and screening * Heart and vascular disease education and screening * Cancer education and participation in clinical trials * Diabetes education and testing * Outreach for flu vaccinations * Health education and screening for seniors * Prevention of unintentional injuries * Special support services for hospice patients and their families, and the community * Collaboration with local schools to promote interest in health care careers * Women's and prenatal health services and education For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2009 Report of Activities conducted in support of the objective(s) and FY 2010 Plan of Activities Identified Community Need Stroke Education and Screening Rationale * Stroke is a leading cause of disability and the third leading cause of death in San Diego County * CHIP members identified heart disease and stroke as the most important health issue for senior adults 65 years of age and older * On average, there were 220 deaths a year due to stroke in the East Region during the three-year period from 2004 through 2006 In San Diego County, the age-adjusted death rate due to stroke during this period was 43 7 deaths per 100,000 population, meeting the HP 2010 target of 50 0 deaths per 100,000 * In 2005, there were 1,099 hospitalizations due to stroke in the East Region, the rate of hospitalizations for stroke was 241 6 per 100,000 population The stroke hospitalization rate in the region was the highest in San Diego County's regions and higher than the County average of 210 3 stroke hospitalizations per 100,000 population * In FY 2006, there were 215 stroke-related ED visits in the East Region The rate of visits was 47 4 per 100,000 population The stroke-related ED visit rate in the region was comparable to the County average of 45 1 per 100,000 population

Identifier	Return Reference	Explanation
		* Behavioral and social risk factors associated with heart disease and stroke deaths include poor nutrition, lack of physical activity, lack of appropriate medical care, substance abuse, and stressful circumstances Intermediate outcomes associated with these conditions include high blood pressure, high cholesterol, diabetes, obesity, and cardiovascular disease, according to findings presented in the 2004 CHIP Community Needs Assessment * Although the east suburban area has the same percentage of seniors age 65 and over as the county of San Diego (11 percent), a higher percentage (15 2 percent) of the east rural area population is seniors SGH cared for 858 stroke and transient ischemic attack patients in FY 2009 Measurable Objective * Provide stroke education and screening services for the community, with an emphasis on seniors FY 2009 Report of Activities Note SGH is certified by The Joint Commission as a Primary Stroke Center The program is nationally recognized for its outreach, education, and thorough screening procedures, as well as documentation of its success rate SGH's Stroke Center conducted stroke screening and educational events to educate the public on stroke risk factors, warning signs and appropriate interventions, including arrival at hospitals within early onset of symptoms In FY 2009, the hospital conducted six community screenings in East San Diego County, serving 197 people, and four community stroke education presentations Screenings and education were held at the YMCA La Mesa, YMCA Santee, Sharp Senior Resource Center, East County Senior Health Fair, Mended Hearts meeting, Summer Healthcare Saturday at Grossmont Center, and the Salvation Army El Cajon SGH provided education and advised behavior modification including smoking cessation, weight reduction, and stress reduction for community members with health risk factors identified during the stroke screenings In FY 2009, the SGH Outpatient Rehabilitation Department offered a stroke support group In addition, SGH actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve San Diego County stroke care and discuss issues impacting stroke care in San Diego County FY 2010 Plan SGH Stroke Center will conduct the following activities * Participate in stroke screening and education events in East San Diego County * Provide education for individuals with identified risk factors * Offer a stroke support group, in conjunction with the hospital's Outpatient Rehabilitation Department * Participate with other hospitals in San Diego County in the Stroke Consortium Identified Community Need Heart and Vascular Disease Education and Screening Rationale * Heart disease is the leading cause of death in San Diego County, as in the nation Heart disease is a leading cause of premature disability among U S workers CHIP members identified heart disease and stroke as the most important health issue for senior adults 65 years and older * Vascular disease affects approximately 12 percent of the population in U S , but most do not have symptoms Among persons over age 55 years, 10 to 25 percent are affected Those with vascular disease have a six-fold higher death rate due to cardiovascular disease than those without vascular disease * On average, there were 942 deaths a year due to heart disease in the East Region during the three-year period from 2004 through 2006 In San Diego County, the age-adjusted death rate due to coronary heart disease during this period was 131 2 deaths per 100,000 population, meeting the HP 2010 target of 162 0 deaths per 100,000 * In 2005, there were 2,132 hospitalizations due to coronary heart disease in the East Region, a rate of 468 6 per 100,000 population The hospitalization rate in the region was the highest in San Diego County's regions and higher than the County average of 396 6 coronary heart disease hospitalizations per 100,000 population * In FY 2006, there were 140 coronary heart disease-related ED visits in the East Region The rate of visits was 30 9 per 100,000 population The coronary heart disease-related ED visit rate in the region was comparable to the County average of 29 3 per 100,000 population * In 2005, 8 0 percent of adults in the East Region participating in the 2005 CHIS indicated that they were ever diagnosed with heart disease, higher than the County experience of 5 9 percent * Participants in the CHIP Needs Assessment focus groups recognized the importance of various types of health screenings such as blood pressure checks, eating well, and lowering cholesterol in preventing disease * Behavioral and social risk factors associated with heart disease and stroke deaths include overweight/obesity, poor nutrition, lack of physical activity, lack of appropriate medical care, smoking or tobacco smoke exposure, excessive alcohol consumption, and stressful circumstances Intermediate outcomes associated with these conditions include high blood pressure, high cholesterol, diabetes, obesity, and cardiovascular disease, according to findings presented in the 2004 CHIP Community Needs Assessment Measurable Objectives * Provide heart and vascular education and screening services for the community, with an emphasis on adults, women, and seniors * Participate in programs to improve the care and outcomes of individuals with heart and vascular disease FY 2009 Report of Activities Note In FY 2009, SGH was recognized as a Blue Cross Blue Distinction Center for Cardiac Care for demonstrated expertise in delivering quality cardiac health care SGH offered bimonthly cardiac education classes or screenings, serving 150 people in FY 2009 Educational topics included risk factors for heart disease, lifestyle modifications to decrease risk factors for heart and vascular disease and various cardiac diagnoses, and treatment plans SGH offered a four-session lecture series during January, March, July, and September titled "Vascular Disease Silent Killers" on vascular disease, serving 240 people There were also four Congestive Heart Failure classes held in FY 2009, serving 40 people Topics of the CHF classes included exercise, nutrition, treatment plans, and symptoms In FY 2009, SGH participated in the Grossmont Center Health Fair and community lectures (including a lecture to the Mended Hearts organization), providing education and blood pressure screenings In FY 2009, SGH offered preventive vascular screenings from October 2008 through May 2009, serving 224 people SGH also conducted a flu vaccination clinic for heart disease patients and high-risk adults, as well as a cardiac screening day in May 2009 focused on women and recognition of heart disease risk, serving 70 people In FY 2009, SGH provided expert speakers on heart disease and heart failure for various professional events, including the American Heart Association, the Association of California Nurse Leaders, the Institute for Healthcare Improvement, the American Association of Heart Failure Nurses, SGH's Cardiac Symposium, and SGH's Vascular Symposium In FY 2009, SGH participated in several programs to improve the care and outcomes of individuals with heart and vascular disease SGH is a recipient of the American Heart Association's Get With the Guidelines (GWTG) Gold Performance Achievement Award for Coronary Artery Disease and Heart Failure The American Heart Association's GWTG is a national effort focused on ensuring evidence-based therapies are used with heart attack and congestive heart failure patients To assist in improving care for acutely ill patients in the County, SGH provided data on STEMI (ST Elevation myocardial infarction or acute heart attack) to San Diego County Emergency Medical Services In addition, the hospital completed the first year of a National Institutes of Health research study of premature heart disease in women age 55 and younger known as VIRGO (Variation in Recovery Role of Gender on Outcomes in Young AMI patients) In FY 2009, SGH successfully enrolled 10 patients, and screened 30, with goals to expand enrollment in FY 2010 In FY 2009, SGH enrolled in the GWTG ACTION registry for heart attack patients, sponsored by the American Heart Association and American College of Cardiology FY 2010 Plan SGH will conduct the following activities * Provide scheduled bimonthly cardiac education classes * Provide three congestive heart failure education classes * Provide community lecture series on heart and vascular disease, in conjunction with the Sharp Senior Resource Center * Provide cardiac education and/or screening events through participation in one to two community events such as health fairs and lectures * Provide weekly preventive vascular screenings with the addition of a cardiac screening * Provide a flu vaccination clinic to cardiac rehabilitation patients and other senior community members

Identifier	Return Reference	Explanation
		* Offer educational speakers to the professional community on topics such as performance improvements in congestive heart failure and acute myocardial infarction, as invited * Continue GWTG ACTION registry for heart attack patients, sponsored by the American Heart Association and American College of Cardiology * Provide timely data on STEMI patients to San Diego County Emergency Medical Services * Enroll additional patients in the second year of the VIRGO observational research study conducted in conjunction with Yale University School of Medicine * Provide a continuing medical education conference on vascular disease for community physicians * Seek enrollment in the Gold Plus award from GWTG for Congestive Heart Failure - a new award rewarding hospitals for 12 months of superior performance * Apply for participation in the American Heart Association international Ischemia Study to better understand this condition in the general population Identified Community Need Cancer Education and Participation in Clinical Trials Rationale * Cancer is the second leading cause of death in San Diego County, accounting for approximately a quarter of all deaths * CHIP members identified cancer as the second most important health issue for two age groups - adults 25 to 64 years of age, and senior adults age 65 years and older * On average, there were 809 deaths a year due to cancer (all sites) in the East Region during the three-year period from 2004 through 2006 In San Diego County, the age-adjusted death rate due to cancer during this period was 165 1 deaths per 100,000 population, failing to meet the HP 2010 target of 158 6 deaths per 100,000 * In 2006, 24 percent of all cancer deaths in the East Region were due to lung cancer, 10 percent to female breast cancer, 9 percent to colorectal cancer, 7 percent to prostate cancer, and 1 percent to cervical cancer * Participants in the CHIP Needs Assessment focus groups recognized the importance of various types of cancer screenings, such as mammography, pap smears and prostate examinations, in preventing disease * Behavioral and social risk factors associated with cancer deaths include overweight/obesity, poor nutrition, lack of physical activity, lack of appropriate medical care, smoking or tobacco smoke exposure, exposure to carcinogens (e g , radon, asbestos, and certain minerals), air pollution, and use of hormones or contraceptives, according to findings presented in the 2004 CHIP Community Needs Assessment * Breast cancer patient navigation is an intervention that addresses barriers to quality standard care by providing individualized assistance to patients, cancer survivors, and their families Measurable Objectives * Provide cancer education and support services to the community * Participate in cancer clinical trials, including screening and enrolling patients FY 2009 Report of Activities In FY 2009, SGH Cancer Center participated in community cancer educational sessions Events included Super Saturday at Grossmont Center, Learn and Live Events for Breast, Colon and Prostate Cancer, Hablando de la Salud de la Mujer - Sharp's annual Latina women's health conference, the Breast Cancer Run in El Cajon, Cancer Survivorship Community Celebration at Bloch Survivor Park in San Diego, Lakeside Health Fair, Susan B Komen Race for the Cure in Balboa Park, ACS Making Strides Against Breast Cancer, East County Senior Health Fair, and San Diego Science Fair SGH Cancer Center also actively participated in the ACS and Susan G Komen for the Cure Coalition of San Diego County In addition, SGH planned the Power Shop for the Cure event SGH Cancer Center continued to offer support programs for cancer patients, including the Cancer Center's breast cancer support group (meetings held twice a month), educational lectures on "What To Expect During Radiation Treatments," held at New Day's Dawn Resource Center, and the "Look Good Feel Better" program (classes held four times a year) In FY 2009, SGH Cancer Center screened approximately 100 patients for participation in cancer clinical trials, and enrolled approximately 25 patients in cancer research studies In FY 2009, SGH hired a Breast Health Navigator through a four-year grant from the Susan G Komen Foundation, Ralphs Supermarkets, and Grossmont Hospital Foundation The Breast Health Navigator has specialized training, certification, and experience to assist patients from early detection through diagnosis, and treatment This service allows breast cancer patients and their families to receive personalized support, guidance, education, and information FY 2010 Plan SGH Cancer Center will conduct the following activities * Provide biweekly breast cancer support groups * Provide quarterly "Look Good Feel Better" classes * With grant funding support from the Susan G Komen Breast Cancer Foundation and SGH fundraisers, provide Breast Health Navigation, ongoing personalized education and information, support, and guidance to breast cancer patients and their families as they move through the continuum of care * Coordinate a Power Shop for the Cure event to support the SGH Breast Health Navigator Program * Screen and enroll oncology patients in clinical trials for research studies * Provide educational lectures to the community on leading forms of cancer and radiation oncology treatment options Identified Community Need Diabetes Education and Testing Rationale * CHIP members identified diabetes as the third most important health issue overall as well as an important health issue among the four established age groups (0-14, 15-24, 25-64, and ages 65 and older) * On average, there were 119 deaths a year due to diabetes in the East Region during the three-year period from 2004 through 2006 In San Diego County, the age-adjusted death rate due to diabetes during this period was 20 7 deaths per 100,000 population (Note Diabetes is also a contributing cause of death) * In 2005, there were 594 hospitalizations due to diabetes in the East Region, the rate of hospitalizations for diabetes was 130 6 per 100,000 population The hospitalization rate in the region was among the highest in San Diego County's regions and higher than the County average of 112 1 diabetes hospitalizations per 100,000 population * In FY 2006, there were 660 diabetes-related ED visits in the East Region The rate of visits was 145 6 per 100,000 population The diabetes-related ED visit rate in the region was among the highest in San Diego County's regions and higher than the County average of 136 1 per 100,000 population * In 2005, 9 0 percent of adults in the East Region participating in the 2005 CHIS indicated that they were ever diagnosed with diabetes The rate was the highest among San Diego County's regions and higher than the County experience of 5 8 percent of adults The HP 2010 objective is to reduce the overall rate of diabetes to 2 5 cases per 100 population * Behavioral and social risk factors associated with diabetes include lack of physical activity, poor nutrition, tobacco use, and lack of appropriate medical care Other environmental risk factors include race/ethnicity, genetics and family history, poverty, and age greater than 45 years, according to findings presented in the 2004 CHIP Community Needs Assessment Measurable Objective * Provide diabetes education and testing in the East Region of San Diego County FY 2009 Report of Activities SGH Diabetes Education Program is recognized by the American Diabetes Association and meets national standards for excellence and quality in diabetes education In FY 2009, the SGH Diabetes Education Program conducted five community educational lectures and eight blood glucose screening events at hospital and offsite locations, testing 463 people As a result of these screenings 71 people were identified with elevated blood glucose levels These screening events included Diabetes month at the Grossmont Health District Library, Senior Health Fair at La Mesa YMCA, and the Cuyamaca College fair SGH's Diabetes Education Program conducted community lectures on diabetes at libraries, community centers, educational institutions, national conferences, and other hospitals In addition, the SRS Diabetes Education Program conducted a screening event in East County at the Summer HealthCare Saturday at Grossmont Shopping Center The SRS Diabetes Education Program tested 88 people, as a result of these screenings, 15 people were identified with elevated blood glucose levels During the year, SGH's Diabetes Education Program also conducted educational seminars for health care professionals, discussing topics such as management of diabetes in hospitalized patients and outpatients

Identifier	Return Reference	Explanation
		In FY 2009, SGH's Diabetes program provided targeted outreach to the newly immigrated Iraqi Chaldean population in San Diego The Program facilitated translation, as well as provided materials and resources to better understand the cultural needs of this newly immigrated population FY 2010 Plan The SGH Diabetes Education Program will conduct the following activities * Coordinate and implement blood glucose screenings at community and hospital sites in the East Region * Conduct educational lectures at various community venues * Support the Juvenile Diabetes Research Foundation - Walk to Cure Diabetes * Work with the Diabetes Coalition in identifying persons with diabetes and providing education and other resources for individuals who have been diagnosed with diabetes * Conduct educational symposiums for health care professionals * Explore additional opportunities for culturally competent diabetes education and/or outreach to newly immigrated populations Identified Community Need Outreach for Flu Vaccinations Rationale * Pneumonia and influenza ranked as the eighth leading cause of death in San Diego County * On average, there were 86 deaths a year in the East Region due to pneumonia and influenza during the three-year period from 2004 through 2006 In San Diego County, the age-adjusted death rate due to pneumonia and influenza during this period was 14 5 deaths per 100,000 population * In San Diego County, an estimated 76 percent of seniors 65 years and older were vaccinated for influenza in 2004, failing to meet the HP 2010 target of at least 90 percent of adults 65 years and older vaccinated annually for influenza * Participants in the CHIP Needs Assessment focus groups recognized the importance of flu vaccinations in preventing disease * The CDC recommends annual vaccination against influenza for the following people age 50 years and older, adults and children with a chronic health condition, children age 6 months up to their 19th birthday, pregnant women, people who live in nursing homes and other long-term care facilities, and people who live with or care for those at high risk for complications from flu, including health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children less than 5 years of age * Flu clinics offered in community settings at no/low cost improve access for those who may experience transportation, cost, or other barriers Measurable Objectives * In collaboration with community partners, offer seasonal flu vaccination clinics at convenient locations for seniors and high-risk adults in the community * Provide information at the seasonal flu clinics about other Senior Resource Center programs and other health education materials FY 2009 Report of Activities In FY 2009, SGH's Senior Resource Center participated in the CHIP Immunize San Diego Coalition and the San Diego Immunization Coalition, working to educate high-risk adults about the importance of seasonal flu immunizations and organizing seasonal flu clinics at convenient locations for seniors and high-risk adults SGH's Senior Resource Center coordinated notification of availability and provision of seasonal flu vaccines in selected community settings through activity reminders, newspaper notices, the CHIP telephone hotline and website, and through channels at San Diego County Health and Human Services and AIS The SGH Senior Resource Center provided 1,701 seasonal flu vaccinations at 18 community sites to high-risk adults, including seniors and those with chronic illnesses Sites included senior centers, mobile home parks, senior housing complexes, and various hospital departments At these community sites, SGH provided activities calendars for the Senior Resource Center and upcoming community events, including blood pressure clinics, community senior programs, and Project CARE FY 2010 Plan The SGH Senior Resource Center will conduct the following activities * Participate in the San Diego County Immunization Coalition, working to identify sites to provide seasonal flu immunizations to high-risk adults * Work with community agencies to ensure seasonal flu immunizations are offered at sites convenient to seniors and chronically ill adults * Provide seasonal flu vaccinations at seven community sites for seniors with limited mobility and access to transportation * Coordinate the notification of seniors regarding the availability of seasonal flu vaccines and the provision of seasonal flu vaccines to high-risk individuals in select community settings * Provide information to the community regarding who is at risk for the Influenza A (H1N1) flu virus and where H1N1 flu vaccinations may be available * Direct seniors and other chronically ill adults to available seasonal and H1N1 flu clinics, including physicians' offices, pharmacies and public health centers Identified Community Need Health Education and Screening for Seniors Rationale * CHIP members identified heart disease and stroke, cancer, diabetes, arthritis, overweight and obesity, and chronic respiratory disease as the top six health issues facing seniors age 65 years and older * In 2006, the top 10 leading causes of death among senior adults age 65 years and older in San Diego County were heart disease, cancer, stroke, Alzheimer's disease, chronic lower respiratory diseases, diabetes, influenza and pneumonia, unintentional injuries, hypertension and hypertensive renal disease, and Parkinson's disease * In 2005, rates of hospitalization among senior adults age 65 years and older in San Diego County were higher than the general population due to coronary heart disease, cancer, stroke, diabetes, chronic lower respiratory diseases, non-fatal unintentional injuries (including falls), and arthritis and dorsopathy * In FY 2006, the top causes of ED utilization among persons age 65 years and older were falls, arthritis, chronic lower respiratory diseases, diabetes, and stroke * All 15 seniors participating in a CHIP Needs Assessment focus group reported having some type of medical insurance, including Medicare, Medi-Cal, VA coverage, or a private health insurance plan * Older adults consume more ambulatory care, hospital services, nursing home services, and home health services than young people * There are an estimated four million family caregivers in California today, according to the California Caregiver Resource Center Whether aging Californians live in their own homes, with a relative, in an assisted-living residential facility, or in a nursing home, one of the keys to their care is family caregiving - defined as those family members and informal care providers who assist with the care of disabled elderly relatives Reaching out to families and community members who are caring for an older adults helps to maintain the health of older adults as well as their caregivers * Project CARE is a cooperative safety net designed to ensure the well-being and independence of older persons and persons with disabilities in the community, according to Project CARE of San Diego County Through its component services, Project CARE helps people live independently in their homes The East Region autonomously administers a local Project CARE site, located at SGH's Senior Resource Center, to meet its unique needs Measurable Objectives * Host a variety of senior health education and screening programs * Produce calendars of activities four times a year * Act as lead agency for East County Project CARE, a community service program that helps seniors stay in their homes FY 2009 Report of Activities In FY 2009, the SGH Senior Resource Center provided free health education programs (1,141 people attended) and health screenings (797 people screened) Health education programs were provided on topics such as hearing, stroke, heart health and vascular disease, osteoporosis, hip replacement, weight loss, diabetes, incontinence and pelvic pain, senior services, Vial of Life, Advance Directives for Health Care, financial issues, memory loss, caregiver resources, end-of-life issues, Medicare, and urinary incontinence Educational programs were offered at the hospital campus, the Grossmont Healthcare District Conference Center, and in various communities in East County In addition, the hospital offered free monthly blood pressure screenings at community sites, along with six balance/fall prevention screenings, and four hand screenings The hospital also offered health screenings for depression, lung function, hearing, peripheral artery disease, vascular disease, carotid artery disease, and abdominal aortic disease (those with abnormal results were referred to physicians for follow-up) In addition, the hospital provided education for seniors on how to communicate with their providers, as well as education for caregivers

Identifier	Return Reference	Explanation
		Calendars highlighting SGH's Senior Resource Center activities were mailed four times a year to approximately 8,000 households The hospital distributed 500 advance directives for health care, as well as 1,500 Vials of Life, which provide important medical information to emergency personnel for seniors and disabled people living in their homes Project CARE is a community program that includes the County's AIS, U S Postal Service, San Diego Gas & Electric, local senior centers, sheriff and police, and many others The Senior Resource Center provided daily computerized phone calls - at regularly scheduled times selected by participants - to an average of 40 East County seniors who live alone (a total of 12,387 phone calls were placed to seniors or disabled individuals in FY 2009) Staff completed 194 follow-up phone calls with friends or neighbors to ensure participants were okay if they were unable to reach the participants at home In FY 2009, the Senior Resource Center partnered with the Arthritis Foundation to host an Arthritis Awareness Day that featured speakers on medications, exercise, and alternative treatments In collaboration with the San Diego Caregiver Coalition, the Senior Resource Center provided a Caregiver Conference at the La Mesa Community Center for family caregivers focusing on emotional issues, physical aspects of care giving, and community resources The Senior Resource Center coordinated an end of life conference with Sharp HospiceCare, including information on Advance Directives, end of life issues, and conversations with families The Senior Resource Center also participated in health fairs in Lakeside, Santee, La Mesa, and San Diego In addition, the Senior Resource Center assisted in the planning and coordination of a Meet-the-Pharmacist event at the La Mesa YMCA The Senior Resource Center also participated in the AIS Vital Aging Conference, which focused on healthy aging In FY 2009, the Senior Resource Center maintained active relationships with organizations serving seniors, enhancing networking among East County professionals and providing quality programming for seniors These organizations included AIS (Project CARE, Health Promotion Committee, and Caregiver Coalition), East County Senior Service Providers, Meals-on-Wheels Greater San Diego, the CHIP Immunize San Diego Coalition, and the San Diego Immunization Coalition FY 2010 Plan SGH's Senior Resource Center will conduct the following activities * Enhance resources on the Sharp website by adding periodic Healthy Aging podcast segments * Provide resources at the Senior Resource Center to address relevant concerns of seniors, including health information and community resources through educational programs, monthly blood pressure clinics, and four to eight health screenings annually * Utilize Sharp experts in the field for 12 seminars per year that focus on issues of concern to seniors * Maintain daily contact through phone calls with individuals (many are home bound) in rural and suburban settings who are at-risk for injury or illness, and continue supporting Project CARE services for the East County community * Participate in six community health fairs and special events targeting seniors * Coordinate two conferences - one dedicated to family caregiver issues in collaboration with San Diego Caregiver Coalition, and the other for end-of-life issues in collaboration with Sharp HospiceCare * Produce and distribute quarterly calendars highlighting events of interest to seniors and family caregivers * Provide 2,000 Vials of Life to seniors Identified Community Need Prevention of Unintentional Injuries Rationale * Unintentional injuries - motor-vehicle crashes, drowning, poisoning, recreational and sports-related injuries, burns, choking, falls, unintentional shootings, and suffocation - are the leading cause of death for individuals under the age of 44 nationally and the sixth leading cause of death overall in San Diego County * CHIP members identified injury and violence prevention as the fifth most important health issue overall, as well as an important health issue among each of the four established age groups (0-14, 15-24, 25-64, and ages 65 and older) * On average, there were 140 unintentional injury deaths a year in the East Region during the three-year period from 2004 through 2006 In San Diego County, the age-adjusted death rate due to unintentional injuries during this period was 28 7 deaths per 100,000 population, failing to meet the HP 2010 target of 17 1 deaths per 100,000 * In FY 2006, there were 25,983 unintentional injury-related ED visits in the East Region The rate of visits was 5,732 7 per 100,000 population The unintentional injury-related ED visit rate in the region was the highest among San Diego County's regions and higher than the County average of 5,037 4 per 100,000 population * Behavioral and social risk factors associated with motor-vehicle-related deaths among individuals age 15 to 24 years include substance abuse, unsafe and inexperienced driving, nighttime driving and failure to use seat belts, according to the findings presented in the 2004 CHIP Community Needs Assessment Environmental methods of prevention, such as use of helmets while participating in sports activities, operating motorcycles or bicycles, mandatory fencing around swimming pools, and child safety caps on medications, pesticides and home-cleaning chemicals, have been shown to be extremely effective in reducing deaths due to unintentional injuries Educational efforts, teaching safety and violence prevention, are also known to be effective in reducing injuries and fatalities FY 2009 Report of Activities In FY 2009, ThinkFirst/Sharp on Survival participated in 71 programs at elementary, middle, and high schools in East County, serving 3,923 students During these one-hour classes, students learned about modes of injury, the anatomy and physiology of the brain and spinal cord, and disability awareness They also heard personal testimonies from individuals, known as Voices for Injury Prevention (VIPs), with traumatic brain or spinal cord injuries On a regular basis, ThinkFirst/Sharp on Survival speaks to at-risk youth about the consequences of violence, gangs, reckless driving, and making poor choices In addition, ThinkFirst/Sharp on Survival provided free helmet fittings in FY 2009 for 35 children attending the Canyon Rim Children's Center, a local day care facility ThinkFirst/Sharp on Survival participated in seven community events, serving 1,550 people Community events included presentations for youth and their parents at health and safety-related fairs and community groups Additionally, 150 college students attending SDSU benefited from receiving injury prevention education and learning about spinal cord injury and disability awareness FY 2010 Plan ThinkFirst/Sharp on Survival will conduct the following activities * With funding support from grants, provide educational programming for local schools * With funding support from grants, increase community awareness of the program through attendance and participation at community events and health fairs * Evolve program curricula to meet the needs of Health Career Pathway classes and AVID (Advancement via Individual Determination) classes in the Grossmont Unified High School District Identified Community Need Special support services for hospice patients and their families, and the community Rationale * A 2004 Journal of the American Medical Association (JAMA) study (Source JAMA January 7, 2004) titled, "Quality of End-of-Life Care and Last Place of Care," looked at 1,578 family members of people who died in the year 2000 of non-traumatic causes Families were asked about the quality of patients' experiences at the last place where they spent more than 48 hours Significant findings of the study include More than one-third of those cared for by nursing homes, hospitals, and home health agencies reported either insufficient or problematic emotional support for the patient and/or family, compared to one-fifth of those in hospice * As patients and their families deal with death and dying, many experience intense grief over the loss of life, yet have the opportunity to experience a profound transformation A hospice model - combining medical, spiritual, emotional, and other support services - can offer many patients and their families assistance, information, and strategies related to bereavement, grief, and healing Measurable Objective * Provide counseling and support, education and referral services to hospice patients and their families, and the community in San Diego County

Identifier	Return Reference	Explanation
		FY 2009 Report of Activities Sharp HospiceCare serves patients and their families through a hospice model of care In FY 2009, key services included individual and family bereavement counseling and support, volunteer training programs, the Memory Bear Program, and community education and referral services FY 2009 highlights of these services are described below Using a flexible approach, Sharp HospiceCare offered a variety of bereavement service options, including professional bereavement counseling through individual/family and group therapy, education, support groups, and monthly newsletter mailings In FY 2009, Sharp HospiceCare devoted over 1,150 hours to home, office, and phone contacts made to patients and families, providing them with pre-bereavement and bereavement counseling services by professionals with specific training in grief and loss In FY 2009, nine regularly offered and specialty bereavement groups were provided free of charge, serving 126 participants Facilitated by skilled mental health care professionals who specialize in the needs of the bereaved, support groups met once a week for 10 weeks A special group, "Healing Through the Holidays," served 99 adolescents and adults with discussions on coping with grief during the holiday season, spirituality during the holidays, and a family's grief journey through the holidays In further support of bereavement counseling, 1,143 people received 13 monthly issues of bereavement support newsletters, "Healing Through Grief" (for individuals 12 years and older) and "Journey to My Heart" (for children under 12 years) In addition, Sharp HospiceCare bereavement counselors provided approximately 230 hours of referrals to needed community services - including ongoing mental health services, financial assistance, child protective services, drug and alcohol counseling, parent education courses, and anger management Sharp HospiceCare provided extensive training for 72 new volunteers in FY 2009 As part of the hospice interdisciplinary team, volunteers provided services through direct patient care as well as clerical and administrative support, devoting 6,193 hours in total to this project In addition, volunteers acted as informal spokespeople in churches, groups, clubs, and other organizations, encouraging others to complete pre-planning for Durable Power of Attorney for Health Care and financial arrangements The Sharp HospiceCare program supported volunteers with a volunteer support group (offered monthly) and recognition during National Volunteer Month and National Hospice Month In FY 2009, Sharp HospiceCare provided training and supervision to 16 premedical students through the Pre-Professional Program at SDSU The Teen Volunteer Program trained 10 high school-age teens (14 to 18 years old) during FY 2009 The teen program's special interest is in helping to create family videos and memory scrapbooks, and assisting patients and their families in writing down life memories through journals Teens are also assigned special projects in the office or have patient assignments at LakeView Home Sharp HospiceCare hosted two interns from San Diego Metropolitan Regional & Technical High School during FY 2009 Students spent one four-hour shift per week in Sharp HospiceCare's administrative office, and another four-hour shift in a hospice home, which provided them with extensive experience in hospice care through case conferences, interdisciplinary team (IDT) meetings, and a variety of other tasks The Memory Bear Program, a component of the Volunteer Program, provides a unique keepsake for families by making teddy bears from garments of the family member who has passed on For surviving family members, these bears become a permanent reminder of their loved ones Sharp HospiceCare volunteers, who handcraft all bears stitch-by-stitch, devoted over 5,000 hours to craft approximately 900 bears during FY 2009 In FY 2009, Sharp HospiceCare provided community and physician education for approximately 700 people Topics discussed included end-of-life care and management, information about hospice, the grieving process, death and dying as well as hospice programs, including volunteer opportunities In addition, Sharp HospiceCare conducted in-services on pain management to skilled nursing facilities, hospitals, and health care facilities staff, serving 1,140 people In FY 2009, Sharp HospiceCare participated in multiple events and community forums at various sites throughout the San Diego community, including service clubs, senior centers, community centers, churches, libraries, colleges, and universities Sharp HospiceCare also participated in the AIS Vital Aging Conference, which focused on healthy aging In addition, Sharp HospiceCare coordinated a wig donation program that is open to community members who have suffered hair loss FY 2010 Plan Sharp HospiceCare will conduct the following activities * Offer individual and family bereavement counseling and support * Conduct bereavement mailings * Provide volunteer training programs for adults and teens * Offer a Memory Bear program * Conduct community education and referral services * Conduct outreach activities to service clubs, community centers, churches, senior centers, health care facilities, colleges, and universities Identified Community Need Collaboration with Local Schools to Promote Interest in Health Care Careers Rationale * The demand for registered nurses and other health care personnel in the United States will continue to rise with the growing health care needs of the 78 million baby boomers that will begin to retire in 2010 The DHHS estimates that by 2020, there will be a need for 2 8 million nurses, one million more than the projected supply In 2006, the U S Department of Labor ranked RN as the occupation with the highest demand rate According to the CHA, San Diego County will face a significant shortage of RNs over the next 20 years, currently there is an estimated shortage of over 2,000 nurses in the County * The Department of Labor reports that allied health professions represent about 60 percent of the American health care work force and projects severe shortages of many allied health care professionals Areas of particular need include technicians in respiratory therapy, radiology, and clinical laboratory * There is a growing demand for health care workers who are sensitive to languages and cultures - to improve access to care and health outcomes, and reduce disparities in health status * According to the San Diego Workforce Partnership 2006 report titled, "San Diego's Health Care Sector A Prescription for Strength," the health care sector is predicted to grow 23 percent between 2004 and 2013 in San Diego Despite the expected growth, the challenge becomes filling open positions with qualified candidates Projected shortfalls continue to increase as the population ages, current health care professionals approach retirement, and educational programs in the health care field remain inadequate to serve the demand * One recommendation from the San Diego Workforce Partnership is the continued expansion of high school academies as a vehicle to encourage interest in the field Measurable Objective * In collaboration with local schools, offer opportunities for students to explore a vast array of health care professions FY 2009 Report of Activities In collaboration with Grossmont Union High School District, SGH participated in the Health-careers Exploration Summer Institute (HESI), providing 12 students with opportunities for classroom instruction, job shadowing observations, and limited hands-on experiences in hospital departments At the conclusion of the Institute, students presented their experiences as case studies to family members, educators, and hospital staff, those completing the program received high school credits equal to two summer school sessions In FY 2009, SGH expanded its student participation in the HSHMC program and provided early professional development for 144 students from a broad array of backgrounds in grades nine through 11 Students spent a total of 80,352 hours with approximately 50 health professionals in 33 different departments and nursing areas, and were in direct contact with health care professionals throughout the hospital During each 16-week period, students were supervised in different "levels" of the HSHMC program as they rotated through instructional pods in areas such as nursing, obstetrics, occupational and physical therapy, behavioral health, SICU, MICU, imaging, rehabilitation, laboratory, pharmacy, pulmonary, cardiac services, and food services

Identifier	Return Reference	Explanation
		Level I of the HSHMC program is the entry level for all students and is conducted over a 16-week period Level I students - for FY 2009 , 51 ninth graders - shadow primarily in non-nursing areas of the hospital, including physical therapy, food services, laboratory, cardiac services, imaging, physician offices, pulmonary, pharmacy, and radiation therapy Level II of the HSHMC program offers patient interaction, where students are trained in Tender Loving Care (TLC) functions and then paired with a Certified Nursing Assistant (CNA) on nursing floors Students assist the CNA with patient ambulation, personal hygiene, etc In FY 2009, 29 11th graders and 64 10th graders participated in the Level II TLC program, experiencing college-level clinical rotations, hands-on experience, TLC function patient care, and mentoring Students were placed in a new assignment every four to six weeks for a variety of patient care experiences, and also took additional health-related coursework at Mesa College, including Anatomy, Physiology, and Human Behavior courses In addition, SGH staff provided HSHMC students instruction on educational requirements, career ladder development, and job requirements FY 2010 Plan SGH will conduct the following activities * In collaboration with Grossmont Union High School District, participate in the HESI * In collaboration with HSHMC, expand participation to include students in grade 12, in addition to grades nine, 10 and 11, expand program scope for students in grades 10 and 11 to include greater exposure to patient care Identified Community Need Women's and Prenatal Health Services and Education Note This need was added to the report and plan in FY 2009 Rationale * According to a 2006 report by the CDC, progress in the United States to improve pregnancy outcomes - including low birth weight, premature birth, and infant mortality - has slowed, in part because of inconsistent delivery and implementation of interventions before pregnancy to detect, treat, and help women modify behaviors, health conditions, and risk factors that, contribute to adverse maternal and infant outcomes * Between 2000 and 2005, mothers in San Diego County beginning their prenatal care during their first trimester increased from 83 2 percent to 87 2 percent, a 4 8 percent increase However, this is still below the HP 2010 goal of 90 percent * According to the CDC, maternal health conditions that are not addressed before a pregnancy can lead to complications for the mother and the infant Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy, and maternal deficiency of folic acid * Women who deliver prematurely, experience repeated miscarriages, or develop gestational diabetes are at increased risk of complications with subsequent pregnancies, according to the CDC * According to the CDC, only 30 percent of women ages 18 years and older engage in regular leisure-time physical activity (CDC, 2008) * Nationally, 35 percent of women ages 20 and older are obese, and 30 percent of these women have hypertension (CDC, 2003-2006) * Data from the 2005 CHIS indicate that only 38 6 percent of San Diego County women ages 18 to 65 consume the recommended five or more servings of fruits and vegetables daily * Only 18 1 percent of San Diego County adult women (ages 18 to 65) engage in moderate physical activity and 16 9 percent of adult women participate in vigorous physical activity (CHIS, 2007) Measurable Objectives * Conduct outreach and education activities to women on a variety of health topics as well as prenatal care and parenting skills * Collaborate with community organizations to help raise awareness of women's health issues and services, as well as to provide low-income and underserved women in the San Diego community with critical prenatal services * Participate in professional associations related to women's services and prenatal health and disseminate research FY 2009 Report of Activities In FY 2009, SGH offered four one-hour prevention related wellness classes for women focused on staying healthy in their 20s, 30s, and 40s These classes reached a total of 240 women in FY 2009 In addition, SGH provided two cooking shows that educated 200 participants on ways to eat and stay healthy with natural and organic ingredients SGH provided free breast feeding support groups to the community each week, reaching approximately 30 participants per session Additionally, SGH offered a daily free New Mother education class that covered topics such as childbirth, parenting and care safety, and infant nutrition SGH actively participated in the March of Dimes March for Babies in FY 2009 Staff hosted a booth, distributed health education materials related to preterm births, and raised monies for the March of Dimes SGH also participated in other community events including the Learn and Live Events for Breast, Colon and Prostate Cancer, where they provided resources, speakers, promoted women and men's health, and hosted booths SGH participated in the local Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) chapter In FY 2009, SGH presented a poster on maternal and neonatal morbidities and co-morbidities related to labor induction at the National AWHONN Conference They also performed a security podium presentation to the community that reported the results from a study of process improvement practices to increase security for babies during their hospital stays SGH's Women's Health Center's Prenatal Clinic midwives provided in-kind help at Neighborhood Health Centers El Cajon and Lakeside community health clinics The SGH Clinic offered comprehensive pre-natal clinical and social services to low-income community members The Women's Health Center also formed a coalition with Vista Hill ParentCare to assist drug-addicted patients during pregnancy FY 2010 Plan * Provide prevention-related wellness classes * Provide cooking classes on eating and staying healthy * Provide free breastfeeding support groups * Provide free New Mother education classes * Participate in community events such as Learn and Live Events for Breast, Colon, and Prostate Cancer * Provide medical services to low-income patients through the prenatal clinic * Present Security Podium Poster on increasing security for babies at the national AWHONN conference in Tennessee * Participate in a study at the SGH perinatology clinic in conjunction with physicians from Children Specialists of San Diego SGH Program and Service Highlights * 24-Hour emergency services with heliport and paramedic base station - designated STEMI Center * Acute care * Ambulatory care services including infusion therapy * Behavioral health unit * Breast Health Center, including mammography * Cardiac services, recognized by the American Heart Association - GWTG * Cardiac Training Center * CT scan * David and Donna Long Center for Cancer Treatment * EEG and EKG * Endoscopy unit * Grossmont Plaza Outpatient Surgery Center * Group and art therapies * Home health * Home infusion therapy * Hospice * Hyperbaric treatment * ICU * LakeView Home * NICU * Orthopaedics * Outpatient diabetes services, recognized by the American Diabetes Association * Outpatient Imaging Centers * Laboratory services (inpatient and outpatient) * Pathology services * Pediatric services * Pulmonary services * Radiology services * Rehabilitation Center * Robotic surgery * Senior Resource Center * Sleep Disorders Center * Stroke Center * Surgical services * Transitional Care Unit * Van services * Vascular services * Women's Health Center * Wound Care Center Appendix A Sharp HealthCare Involvement in Community Organizations Involvement in community organizations and coalitions in Fiscal Year 2009 by executive leadership and other staff with Sharp is presented below Community organizations are listed alphabetically * 211 San Diego Board * Academy of Medical-Surgical Nurses * ACS * AIS * American Association of Critical Care Nurses San Diego Chapter * American College of Healthcare Executives (ACHE) * American Health Information Management Association * American Heart Association * American Hospital Association * American Lung Association * American Psychiatric Nurses Association * American Red Cross of San Diego * Association for Ambulatory Behavioral Health Care (National) * Association for Ambulatory Behavioral Health Care of Southern California * Association of California Nurse Leaders * AWHONN * BLCI * Boys and Girls Club of San Diego * Breast Health Coordinators * California Association of Health Plans * California Association of Medical Staff Services * California Association of Physician Groups * California Dietetic Association, Member Council

Identifier	Return Reference	Explanation
		* CHA * California Society of Health System Pharmacists * California State Bar, Health Subcommittee * California Women Lead * CHIP Access to Care Committee * CHIP Access to Care Committee Health Literacy * CHIP Access to Care Gift of Health * CHIP Behavioral Health Work Team * CHIP Board * CHIP Needs Assessment Committee * CHIP Public Policy Committee * CHIP Steering Committee * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * CCWSD * City of Poway - Housing Commission * College Area Pregnancy Services * Community Emergency Response Team * Coronado Chapter of Rotary International * Coronado Christmas Parade * Coronado Flower Show * CWISH * Cycle Eastlake * DOVIA * East County Senior Service Providers * Ecolife Foundation * El Cajon Rotary * Emergency Nurses Association, San Diego Chapter * First Five Commission * Gay Men's Spiritual Retreat Board * Grossmont College * Grossmont Healthcare District * Health Care Communicators Board * Healthcare Financial Management Association San Diego/Imperial Chapter * Hospital Association of San Diego and Imperial Counties * HSHMC Board * Huntington's Disease Society of America * Immunize San Diego Coalition * Institute of Internal Auditors San Diego Chapter Board * Kiwanis Club of Bonita * Komen Board * Komen Breast Cancer Coalition Committee * Komen Race for the Cure Committee * La Mesa Lion's Club * La Mesa Parks and Recreation Finance Committee * La Mesa Parks and Recreation Foundation Board * LEAD, San Diego, Inc * March of Dimes * Meals-on-Wheels East County * Medical Library Group of Southern California and Arizona * Mental Health America Board * Mesa College * Mountain Health and Community Services, Inc Board * NAMI * NAMI Schizophrenics in Transition Board of Directors * NANN * National Association of Hispanic Nurses, San Diego Chapter * National Association of Psychiatric Healthcare Systems * National Foundation for Trauma Care * National Ovarian Cancer Coalition * National Perinatal Information Center * National Trauma Foundation Board * Neighborhood Healthcare Community Clinic - Board of Directors * NurseWeek * Partnership for Philanthropic Planning of San Diego (formerly San Diego Planned Giving Roundtable) * Peninsula Shepherd Senior Center * Planetree Board of Directors * Planned Parenthood of San Diego and Imperial Counties * Port of San Diego Marketing Committee * Premier, Inc HIT Collaborative * Premier, Inc Medication Use Committee * Professional Oncology Network * Project CARE Council * Recovery Innovations of California * Regional Perinatal System * Residential Care Council * SAFE Foundation * Safety Net Connect * San Diegans for Healthcare Coverage * San Diego Healthcare Disaster Council * San Diego Asian Film Festival Foundation * San Diego Association for Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Association for Healthcare Recruitment * San Diego Blood Bank * San Diego Brain Injury Foundation * San Diego Breastfeeding Coalition * San Diego Center for Patient Safety Task Force * San Diego Chapter of Rotary International * San Diego City Parks and Recreation * San Diego Committee on Employment of People with Disabilities * San Diego Council of Hospital Volunteers * San Diego County Pharmacists Association * San Diego County Safety Net Workgroup * San Diego County Social Services Advisory Board * San Diego County Taxpayer Association * San Diego Delta Leadership Academy * San Diego Diabetes Coalition * San Diego Dietetic Association Board * San Diego East County Chamber of Commerce Board * San Diego Emergency Medical Care Committee * San Diego Eye Bank * San Diego Foundation * San Diego Health Information Association * San Diego Immigrants Rights Consortium * San Diego Mental Health Coalition * San Diego North Chamber of Commerce * San Diego Nutrition Council * San Diego Organization of Healthcare Leaders, a local ACHE Chapter * San Diego Patient Safety Consortium * San Diego Regional Energy Office * San Diego Regional Homecare Council * San Diego Restorative Justice Mediation Program * San Diego Society for Human Resource Management * San Diego Society of Hospital Pharmacists, California Society of Health System Pharmacists Chapter * San Diego Urban League * San Diego-Imperial Council of Hospital Volunteers * San Diego Regional Chamber of Commerce * Santee Chamber of Commerce * Santee-Lakeside Rotary * SDCOI * SDSU * SDSU Nursing Evidence-Based Practice Institute * Senior Community Centers of San Diego * Serra Foundation * Sidney Kimmel Cancer Center * Sigma Theta Tau International Honor Society of Nursing * Society of Trauma Nurses * South Bay Community Services * South Bay Community Services, Baby First Program * South County Economic Development Council * South County Education Board and Policy Committee * Southern California Association of Neonatal Nurses * Southern California Society of Gastroenterology Nurses and Associates * Susan G Komen Breast Cancer Foundation * SYH * The Meeting Place Clubhouse * The Polinsky Center * Trauma Intervention Programs of San Diego County, Inc * Trauma Managers Association of California * Union of Pan Asian Communities * United Behavioral Health Medical Credentials Committee * United Way of San Diego County * UCSD * Wellpoint/US Behavioral Health Clinical Advisory Board * YMCA * YWCA Board of Directors * YWCA Executive Committee * YWCA In the Company of Women Luncheon * YWCA TWIN Event

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Sharp HealthCare 8695 Spectrum Center Blvd San Diego, CA921231489 95-6077327	Healthcare Organization	CA	Section 501(c)(3)	3	N/A
Grossmont Hospital Corporation 8695 Spectrum Center Blvd san Diego, CA921231489 33-0449527	hospital	CA	section 501(c)(3)	3	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No