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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

**2010**

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011**

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

**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 $ 11,287,568

**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) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW SHARP COM

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

**L** Year of formation 1985

**M** State of legal domicile CA

## Part I Summary

**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 net assets

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 18 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 18 |
| **5** | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | **5** | 9 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 246 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **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) | 3,214,749 | 2,840,944 |
| | **9** Program service revenue (Part VIII, line 2g) | 1,085,702 | 967,449 |
| | **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 446,331 | -74,176 |
| | **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 204,796 | 23,398 |
| | **12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,951,578 | 3,757,615 |
| Expenses | **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 2,825,332 | 2,392,597 |
| | **14** Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | **15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 902,884 | 804,625 |
| | **16a** Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 13,049 |
| | **b** Total fundraising expenses (Part IX, column (D), line 25) ▶722,052 | | |
| | **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 213,011 | 174,364 |
| | **18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,941,227 | 3,384,635 |
| | **19** Revenue less expenses Subtract line 18 from line 12 | 1,010,351 | 372,980 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances | **20** Total assets (Part X, line 16) | 12,652,636 | 13,065,795 |
| | **21** Total liabilities (Part X, line 26) | 516,680 | 432,225 |
| | **22** Net assets or fund balances Subtract line 21 from line 20 | 12,135,956 | 12,633,570 |

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date: 2012-08-07

ELIZABETH MORGANTE VP PHILANTHROPY
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed ☐ | PTIN |
|---|---|---|---|---|
| Firm's name ▶ ERNST & YOUNG US LLP | | | | Firm's EIN ▶ |
| Firm's address ▶ 4370 LA JOLLA VILLAGE DR SUITE 500 SAN DIEGO, CA 92122 | | | | 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**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

**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 501(c)(4) organizations and section 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 $ 2,439,863 including grants of $ 2,392,597 ) (Revenue $ 967,449 )

PROVIDE SUPPORT TO GROSSMONT HOSPITAL CORPORATION

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

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** ▶ $ 2,439,863

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | | No |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | 11d | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | Yes | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 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** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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 sections 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)? | **35** | | No |
| **a** | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No** | | | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 34 | | |
| 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 | 9 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? | | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | 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 | 1 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | Yes | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | 8 | | |
| 9 | **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 | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | 14b | | |

**Part VI** **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 18 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 18 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | No |
| 6 | 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 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | | No |

## Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | 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? | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | | | No |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | | |
| 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 | | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | | No |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | | No |
| 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 | | | No |
| b | Other officers or key employees of the organization | 15b | | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions ) | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | | No |
| b | If "Yes," 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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ANDREW ALONGI MD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (2) DEE AMMON SECRETARY | 4 00 | X | | X | | | | 0 | 0 | 0 |
| (3) JOANNE BOYLE CHAIR | 6 00 | X | | X | | | | 0 | 0 | 0 |
| (4) GARY CLASEN DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (5) CONNIE CONARD VICE CHAIR | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (6) JOHN DAPOLITO MD DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (7) TERI FEATHERINGILL DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (8) ANN GOLDBERG DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (9) ERWIN HANDLEY MD DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (10) WAYNE HICKEY DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (11) ROXANNE HON MD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (12) DIANE KELTNER DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (13) DONALD LEVI TREASURER | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (14) ROBERT MALKUS MD DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (15) ALEX MATUK DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (16) JIM MILLER JR DIRECTOR | 3 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) SHIRLEY MURPHY DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (18) WILLIAM POGUE MD DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (19) ELIZABETH MORGANTE VP PHILANTHROPY | 40 00 | | | X | | | | 0 | 219,716 | 26,873 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-Total** | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** | | | | | | | | 0 | 219,716 | 26,873 |

**2** Total number of individuals (including but not limited to those listed above) 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** | | No |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | **5** | | No |

## Section B. Independent Contractors

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

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

**2** Total number of independent contractors (including but not limited to those listed above) 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 sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns . . 1a | 4,090 | | | | |
| | b Membership dues . . . . 1b | | | | | |
| | c Fundraising events . . . . 1c | 872,819 | | | | |
| | d Related organizations . . . 1d | 50,000 | | | | |
| | e Government grants (contributions) 1e | 544,859 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | 1,369,176 | | | | |
| | g Noncash contributions included in lines 1a-1f $ | 143,678 | | | | |
| | h **Total.** Add lines 1a-1f . . . . . ▶ | | 2,840,944 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a FUNDRAISING ACTIVITIES | 900099 | 946,440 | 946,440 | | |
| | b HEALTHCARE EDUCATION | 900099 | 21,009 | 21,009 | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f . . . . . ▶ | | 967,449 | | | |
| | 3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶ | | 300,748 | | | 300,748 |
| | 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 | 6,789,241 / 587 | | | | |
| | b Less cost or other basis and sales expenses | 7,163,577 / 1,175 | | | | |
| | c Gain or (loss) | -374,336 / -588 | | | | |
| | d Net gain or (loss) . . . . . ▶ | | -374,924 | | | -374,924 |
| Other Revenue | 8a Gross income from fundraising events (not including $ 872,819 of contributions reported on line 1c) See Part IV, line 18 . . . a | 382,886 | | | | |
| | b Less direct expenses . . . b | 364,658 | | | | |
| | c Net income or (loss) from fundraising events . . ▶ | | 18,228 | | | 18,228 |
| | 9a Gross income from gaming activities See Part IV, line 19 . a | 5,780 | | | | |
| | b Less direct expenses . . . . . b | 543 | | | | |
| | c Net income or (loss) from gaming activities . . . ▶ | | 5,237 | | | 5,237 |
| | 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 MISCELLANEOUS REVENUE | 900099 | -67 | | | -67 |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue . . . . | | | | | |
| | e **Total.** Add lines 11a–11d . . . . . ▶ | | -67 | | | |
| | 12 **Total revenue.** See Instructions . . . ▶ | | 3,757,615 | 967,449 | 0 | -50,778 |

## 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 | 2,392,597 | 2,392,597 | | |
| 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 . . . . | 243,047 | 12,152 | 48,609 | 182,286 |
| 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 | 417,212 | 20,861 | 83,442 | 312,909 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . | 26,942 | 1,347 | 5,388 | 20,207 |
| 9 | Other employee benefits . . . . . | 75,555 | 3,778 | 15,111 | 56,666 |
| 10 | Payroll taxes . . . . . | 41,869 | 2,093 | 8,374 | 31,402 |
| a | Fees for services (non-employees) Management . . . . . | | | | |
| b | Legal . . . . . | | | | |
| c | Accounting . . . . . | | | | |
| d | Lobbying . . . . . | 23 | 1 | 5 | 17 |
| e | Professional fundraising services *See Part IV, line 17* . . | 13,049 | | | 13,049 |
| f | Investment management fees . . . . . | 33,654 | | 33,654 | |
| g | Other . . . . . | | | | |
| 12 | Advertising and promotion . . . . | | | | |
| 13 | Office expenses . . . . . | 98,603 | 4,930 | 19,721 | 73,952 |
| 14 | Information technology . . . . . | 9,789 | 489 | 1,958 | 7,342 |
| 15 | Royalties . . | | | | |
| 16 | Occupancy . . . . . | | | | |
| 17 | Travel . . . . . | 7,463 | 373 | 1,492 | 5,598 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . | | | | |
| 19 | Conferences, conventions, and meetings . . . . | 98 | 5 | 19 | 74 |
| 20 | Interest . . . . . | | | | |
| 21 | Payments to affiliates . . . . . | | | | |
| 22 | Depreciation, depletion, and amortization . . . . . | | | | |
| 23 | Insurance . . . . . | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O ) | | | | |
| a | FOOD, DUES, SUBSCRIPTIO | 24,734 | 1,237 | 4,947 | 18,550 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 3,384,635 | 2,439,863 | 222,720 | 722,052 |
| 26 | **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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 | 2,568,178 | 2 | 3,020,130 |
| | 3 | Pledges and grants receivable, net | 243,570 | 3 | 692,600 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 3,539 | 9 | 4,938 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a | | | |
| | b | Less accumulated depreciation — 10b | | 10c | |
| | 11 | Investments—publicly traded securities | 8,282,190 | 11 | 7,943,839 |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 1,555,159 | 15 | 1,404,288 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 12,652,636 | 16 | 13,065,795 |
| Liabilities | 17 | Accounts payable and accrued expenses | 58,014 | 17 | 66,752 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 365,362 | 19 | 278,368 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | 21 | |
| | 22 | Payables 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 to unrelated third parties | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | 93,304 | 25 | 87,105 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 516,680 | 26 | 432,225 |
| 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 | 1,825,427 | 27 | 2,357,876 |
| | 28 | Temporarily restricted net assets | 8,318,997 | 28 | 9,182,292 |
| | 29 | Permanently restricted net assets | 1,991,532 | 29 | 1,093,402 |
| | | **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 | 12,135,956 | 33 | 12,633,570 |
| | 34 | Total liabilities and net assets/fund balances | 12,652,636 | 34 | 13,065,795 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,757,615 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,384,635 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 372,980 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 12,135,956 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 124,634 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 12,633,570 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

**Employer identification number**
33-0124488

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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).**

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 supported organization(s)

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

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 5,319,132 | 5,502,062 | 5,099,306 | 3,214,749 | 2,840,944 | 21,976,193 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 5,319,132 | 5,502,062 | 5,099,306 | 3,214,749 | 2,840,944 | 21,976,193 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 475,808 |
| 6 **Public Support.** Subtract line 5 from line 4 | | | | | | 21,500,385 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 5,319,132 | 5,502,062 | 5,099,306 | 3,214,749 | 2,840,944 | 21,976,193 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 386,003 | 507,737 | 395,266 | 505,939 | 300,748 | 2,095,693 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 168,007 | | 38,632 | 62,004 | 23,465 | 292,108 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | 142,792 | -67 | 142,725 |
| 11 **Total support** (Add lines 7 through 10) | | | | | | 24,506,719 |

| | | |
|---|---|---|
| 12 Gross receipts from related activities, etc (See instructions ) | 12 | 2,053,151 |

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** ▶☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | 14 | 87 730 % |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 | 87 860 % |

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** 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—2010.** 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—2009.** 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| **Calendar year** (or fiscal year beginning in) ▶ | **(a)** 2006 | **(b)** 2007 | **(c)** 2008 | **(d)** 2009 | **(e)** 2010 | **(f)** Total |
|---|---|---|---|---|---|---|
| **1** Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| **2** Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| **3** Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| **4** Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| **5** The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| **6** **Total.** Add lines 1 through 5 | | | | | | |
| **7a** Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| **c** Add lines 7a and 7b | | | | | | |
| **8** **Public Support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| **Calendar year** (or fiscal year beginning in) | **(a)** 2006 | **(b)** 2007 | **(c)** 2008 | **(d)** 2009 | **(e)** 2010 | **(f)** Total |
|---|---|---|---|---|---|---|
| **9** Amounts from line 6 | | | | | | |
| **10a** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| **c** Add lines 10a and 10b | | | | | | |
| **11** Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| **12** Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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 section501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| **15** | Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | **15** | |
| **16** | Public support percentage from 2009 Schedule A, Part III, line 15 | **16** | |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| **17** | Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) | **17** | |
| **18** | Investment income percentage from **2009** Schedule A, Part III, line 17 | **18** | |

**19a** **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

**b** **33 1/3% support tests—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| Explanation |
| --- |
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 5471 | FORM 5471 HAS BEEN FILED ON BEHALF OF BY SHARP HEALTHCARE (FEIN 95-6077327) |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221012732

# SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

| Name of the organization | Employer identification number |
|---|---|
| GROSSMONT HOSPITAL FOUNDATION | 33-0124488 |

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |

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

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

## 4-Year Averaging Period Under Section 501(h)
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | Yes | | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? If "Yes," describe in Part IV | Yes | | 23 |
| j | Total lines 1c through 1i | | | 23 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| EXPLANATION OF OTHER LOBBYING ACTIVITIES | PART II-B, LINE 1I | GROSSMONT HOSPITAL FOUNDATION (GHF) PAYS ANNUAL DUES TO THE ASSOCIATION OF FUNDRAISING PROFESSIONALS (AFP) AND THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY (AHP) AFP AND AHP HAVE DETERMINED THAT A PORTION OF THEIR DUES ARE USED FOR LOBBYING PURPOSES |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 the arrangement 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 | 3,421,590 | 2,331,612 | 2,245,171 | | |
| b Contributions | -31,966 | 821,647 | 75,087 | | |
| c Investment earnings or losses | -112,858 | 268,716 | 11,354 | | |
| d Grants or scholarships | 0 | 0 | 0 | | |
| e Other expenditures for facilities and programs | -385 | 385 | 0 | | |
| f Administrative expenses | 0 | 0 | 0 | | |
| g End of year balance | 3,277,151 | 3,421,590 | 2,331,612 | | |

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

- a Board designated or quasi-endowment ▶ 55 000 %
- b Permanent endowment ▶ 45 000 %
- 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) Accumulated 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 category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| 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 |
|---|---|
| (1) DEFERRED PLANNED GIFTS | 935,953 |
| (2) LONG-TERM RECEIVABLE FROM SHARP HEALTHCARE FOUNDATION | 392,261 |
| (3) MISCELLANEOUS RECEIVABLE | 4,995 |
| (4) BENEFICIARY TO LIFE INSURANCE POLICY | 3,215 |
| (5) INTERCOMPANY RECEIVABLE | 67,864 |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | 1,404,288 |

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

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| DEFERRED PLANNED GIFT LIABILITIES | 87,105 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 87,105 |

**2.** Fin 48 (ASC 740) Footnote 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 (ASC740)

## 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 | 3,757,615 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 3,384,635 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 372,980 |
| 4 | Net unrealized gains (losses) on investments | 4 | 124,634 |
| 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 | 124,634 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 497,614 |

## 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 | 1,653,137 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 124,635 | | |
| b | Donated services and use of facilities | 2b | 29,460 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 365,789 | | |
| e | Add lines **2a** through **2d** | | | 2e | 519,884 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,133,253 |
| 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 | 31,762 | | |
| b | Other (Describe in Part XIV) | 4b | 2,592,600 | | |
| c | Add lines **4a** and **4b** | | | 4c | 2,624,362 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 3,757,615 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,192,247 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | 29,460 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 365,789 | | |
| e | Add lines **2a** through **2d** | | | 2e | 395,249 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 796,998 |
| 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 | 31,762 | | |
| b | Other (Describe in Part XIV) | 4b | 2,555,875 | | |
| c | Add lines **4a** and **4b** | | | 4c | 2,587,637 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 3,384,635 |

## 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 IV, 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 Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | GROSSMONT HOSPITAL FOUNDATION HAS 21 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 365,201 LOSS ON SALE OF ASSETS 588 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | BANK FEES NETTED WITH BANK INCOME ON AUDIT 16,087 TEMPORARILY RESTRICTED REVENUE 2,922,225 PERMANENTLY RESTRICTED REVENUE -345,712 |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS | | DIRECT EXPENSES FOR FUNDRAISING EVENTS & GAMING ACTIVITIES 365,201 LOSS ON SALE OF ASSETS 588 |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS | | TEMPORARILY RESTRICTED EXPENSES 2,539,788 BANK FEES NETTED WITH BANK INCOME ON AUDIT 16,087 |
| | | SHARP RECOGNIZES TAX BENEFITS FROM ANY UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WITH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION SHARP RECORDS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRETE TAX ADJUSTMENTS IN THE FIRST INTERIM PERIOD THAT THE MORE LIKELY THAN NOT THRESHOLD IS NOT MET SHARP RECOGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION CRITERIA AT SEPTEMBER 30, 2011 AND 2010, NO SUCH ASSETS OR LIABILITIES WERE RECORDED |

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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

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**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** ☐ Internet and e-mail 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 services? ☐ **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 and address 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 |
|---|---|---|---|---|---|---|
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| **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 (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 | 515,201 | 427,292 | 313,212 | 1,255,705 |
| | 2 Less Charitable contributions | 367,990 | 300,311 | 204,518 | 872,819 |
| | 3 Gross income (line 1 minus line 2) | 147,211 | 126,981 | 108,694 | 382,886 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | |
| | 5 Non-cash prizes | 106,121 | 37,926 | 15,239 | 159,286 |
| | 6 Rent/facility costs | 21,349 | 0 | 0 | 21,349 |
| | 7 Food and beverages | 28,908 | 66,529 | 56,917 | 152,354 |
| | 8 Entertainment | 0 | 14,250 | 4,500 | 18,750 |
| | 9 Other direct expenses | 5,437 | 0 | 7,482 | 12,919 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 364,658 |
| | 11 Net income summary Combine lines 3 and 10 in column (d) ▶ | | | | 18,228 |

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

**11** Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity operated in

| | | |
|---|---|---|
| **a** The organization's facility . . . . . | **13a** | |
| **b** An outside facility . . . . . | **13b** | |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ 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 ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ 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? . . . . . ☐ Yes ☐ 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 ▶ $

## Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|---|---|---|

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990**

OMB No 1545-0047

**2010**

**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" to 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|---|---|---|---|---|---|---|
| (1) GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DRIVE LA MESA,CA 91942 | 33-0449527 | 501(C)3 | 2,384,837 | | | | PROGRAM SERVICE SUPPORT |
| (2) GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DRIVE LA MESA,CA 91942 | 33-0449527 | 501(C)3 | | 5,550 | FMV | EQUIPMENT | PROGRAM SERVICE SUPPORT |
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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" to 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 |
|---|---|---|---|---|---|
| | | | | | |
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**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| 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**
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**
**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ 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 with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment from the organization or a related organization? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **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 |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation | | | | |
| (1) ELIZABETH MORGANTE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 183,570 | 35,262 | 884 | 11,981 | 14,892 | 246,589 | 0 |
| ( 2 ) | | | | | | | | |
| ( 3 ) | | | | | | | | |
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| ( 15 ) | | | | | | | | |
| ( 16 ) | | | | | | | | |

## 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 |

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

# NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2010

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 or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining oncash contribution amounts |
|---|---|---|---|---|---|
| 1 | Art—Works of art | X | 5 | 9,775 | DONOR VALUATION |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | X | | 93 | DONOR VALUATION |
| 5 | Clothing and household goods | X | | 25,913 | DONOR VALUATION |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | X | 1 | 24,615 | FMV |
| 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 | 8 | 1,243 | DONOR VALUATION |
| 19 | Food inventory | X | 6 | 1,499 | DONOR VALUATION |
| 20 | Drugs and medical supplies | X | 1 | 100 | DONOR VALUATION |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▸ ( GIFT CERTIFICATES ) | X | 32 | 71,000 | FMV & DONOR VALUATION |
| 26 | Other ▸ ( FUEL AND OTHER ) | X | 8 | 9,440 | DONOR VALUATION |
| 27 | Other ▸ ( ) | | | | |
| 28 | Other ▸ ( ) | | | | |

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 | 1

| | | | 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 | Return Reference | Explanation |
|---|---|---|
| METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS | PART I, COLUMN (B) | THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATED GIFTS OR GIFT PACKAGES |
| THIRD PARTY USE | PART I, LINE 32B | STOCK GIFTS ARE TRANSFERRED TO THE INVESTMENT MANAGER TO BE SOLD VEHICLES (EXCEPT THOSE DONATED FOR ORGANIZATIONAL USE) ARE SOLD AT AUCTION |

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|---|---|---|

**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
GROSSMONT HOSPITAL FOUNDATION

**Employer identification number**
33-0124488

| Identifier | Return Reference | Explanation |
|---|---|---|
| DESCRIPTION OF ORGANIZATION MISSION | FORM 990, PART I, LINE 1 | 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 |
|---|---|---|
| PROGRAM SERVICE STATEMENT | 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 |
|---|---|---|
| NUMBER OF EMPLOYEES | FORM 990, PART V, LINE 2A | GROSSMONT HOSPITAL FOUNDATION EMPLOYEES' SALARIES AND WAGES ARE PAID UNDER GROSSMONT HOSPITAL CORPORATION'S TAX ID NUMBER (EIN 33-0449527), AND AS SUCH ARE ALSO REPORTED ON GROSSMONT HOSPITAL CORPORATION'S FORM 990 |

| 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 B, LINE 11 | | 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 DIRECTOR OF TAX & ACCOUNTING, 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 12 | THE CORPORATION IS A MEMBER OF A CONTROLLED GROUP UNDER THE PARENT SHARP HEALTHCARE (FEIN 95-6077327) POLICIES AND PROCEDURES FOR THE ENTIRE SHARP SYSTEM ARE DEVELOPED AND APPROVED UNDER SHARP HEALTHCARE AND THESE POLICIES AND PROCEDURES ARE APPLIED UNIFORMLY ACROSS THE SHARP SYSTEM SHARP HEALTHCARE HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE GOVERNING BOARD, AND THIS POLICY APPLIES TO ALL SHARP HEALTHCARE ENTITIES 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 ONE COMPONENT OF THE WRITTEN CONFLICT OF INTEREST POLICY REQUIRES THAT BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS AND CHIEF EXECUTIVE OFFICER(S) SUBMIT A CONFLICT OF INTEREST STATEMENT ANNUALLY TO LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES WHO WILL REVIEW ALL STATEMENTS IN ADDITION, ALL VICE PRESIDENTS AND ANY EMPLOYEES IN THE PURCHASING/SUPPLY CHAIN, AUDIT AND COMPLIANCE, AND CASE MANAGEMENT/DISCHARGE PLANNING DEPARTMENTS ARE REQUIRED TO COMPLETE AN ONLINE CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY THAT IS REVIEWED BY THE CONFLICT REVIEW COMMITTEE COMPRISED OF EMPLOYEES FROM SHARP'S LEGAL, COMPLIANCE, AND INTERNAL AUDIT DEPARTMENTS 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 THE 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 MATERIAL FACTS, THE BOARD MEMBER, CORPORATE OFFICER, SENIOR VICE PRESIDENT OR THE 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 THE MEMBER FORM 990, PART VI, SECTION B, LINE 13 THE CORPORATION IS A MEMBER OF A CONTROLLED GROUP UNDER THE PARENT SHARP HEALTHCARE (FEIN 95-6077327) POLICIES AND PROCEDURES FOR THE ENTIRE SHARP SYSTEM ARE DEVELOPED AND APPROVED UNDER SHARP HEALTHCARE AND THESE POLICIES AND PROCEDURES ARE APPLIED UNIFORMLY ACROSS THE SHARP SYSTEM SHARP HEALTHCARE HAS A WRITTEN WHISTLEBLOWER POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE GOVERNING BOARD, AND THIS POLICY APPLIES TO ALL SHARP HEALTHCARE ENTITIES FORM 990, PART VI, SECTION B, LINE 14 THE CORPORATION IS A MEMBER OF A CONTROLLED GROUP UNDER THE PARENT SHARP HEALTHCARE (FEIN 95-6077327) POLICIES AND PROCEDURES FOR THE ENTIRE SHARP SYSTEM ARE DEVELOPED AND APPROVED UNDER SHARP HEALTHCARE AND THESE POLICIES AND PROCEDURES ARE APPLIED UNIFORMLY ACROSS THE SHARP SYSTEM SHARP HEALTHCARE HAS A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE POLICY AND PROCEDURE COMMITTEE, AND THIS POLICY APPLIES TO ALL SHARP HEALTHCARE ENTITIES |

| Identifier | Return Reference | Explanation |
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| | | 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 FEBRUARY/MARCH 2011 |

| Identifier | Return Reference | Explanation |
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| | 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), ARE ATTACHED TO THE FORM 990 FILED FOR EACH OF THE SHARP HOSPITALS, 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 |
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| HOURS PER WEEK DEDICATED TO RELATED ORGANIZATIONS | FORM 990, PART VII, SECTION A | JOANNE BOYLE 2-SHF ELIZABETH MORGANTE 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO GROSSMONT HOSPITAL FOUNDATION |

| Identifier | Return Reference | Explanation |
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| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED GAINS ON INVESTMENTS 124,634 |

| Identifier | Return Reference | Explanation |
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| A-133 AUDIT | FORM 990, PART XII, LINE 3A | SHARP HEALTHCARE, ON A CONSOLIDATED BASIS, WAS REQUIRED TO UNDERGO AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133, AND SUCH AN AUDIT WAS PERFORMED AS REQUIRED |

| Identifier | Return Reference | Explanation |
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| COMMUNITY BENEFITS REPORT | FORM 990, PART III, LINE 4B | AN OVERVIEW OF SHARP HEALTHCARE SHARP IS AN INTEGRATED, REGIONAL HEALTH CARE DELIVERY SYST EM BASED IN SAN DIEGO, CALIF THE SHARP SYSTEM INCLUDES FOUR ACUTE CARE HOSPITALS, THREE S PECIALTY HOSPITALS, TWO AFFILIATED MEDICAL GROUPS, 20 MEDICAL CLINICS, FIVE URGENT CARE FA CILITIES, THREE SKILLED NURSING FACILITIES, TWO INPATIENT REHABILITATION CENTERS, HOME HEA LTH, HOSPICE, AND HOME INFUSION PROGRAMS, NUMEROUS OUTPATIENT FACILITIES AND PROGRAMS, AND A VARIETY OF OTHER COMMUNITY HEALTH EDUCATION PROGRAMS AND RELATED SERVICES SHARP OFFERS A FULL CONTINUUM OF CARE, INCLUDING EMERGENCY CARE, HOME CARE, HOSPICE CARE, INPATIENT C ARE, LONG-TERM CARE, MENTAL HEALTH CARE, OUTPATIENT CARE, PRIMARY AND SPECIALTY CARE, REHA BILITATION, AND URGENT CARE SHARP ALSO HAS A KNOX-KEENE-LICENSED HEALTH MAINTENANCE ORGAN IZATION, SHARP HEALTH PLAN (SHP) SERVING A POPULATION OF APPROXIMATELY 3 MILLION IN SAN D IEGO COUNTY, AS OF SEPTEMBER 30, 2011, SHARP IS LICENSED TO OPERATE 2,092 BEDS, HAS APPROX IMATELY 2,600 SHARP-AFFILIATED PHYSICIANS AND NEARLY 15,000 EMPLOYEES FOUR ACUTE-CARE HOS PITALS * SHARP CHULA VISTA MEDICAL CENTER (343 BEDS) THE LARGEST PROVIDER OF HEALTH CARE SERVICES IN SAN DIEGO'S RAPIDLY EXPANDING SOUTH BAY, SHARP CHULA VISTA MEDICAL CENTER (SCV MC) OPERATES THE REGION'S BUSIEST EMERGENCY DEPARTMENT (ED) AND IS THE CLOSEST HOSPITAL TO THE BUSIEST INTERNATIONAL BORDER IN THE WORLD * SHARP CORONADO HOSPITAL AND HEALTHCARE C ENTER (204 BEDS) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC), AN ACUTE-CARE HOSP ITAL, PROVIDES SERVICES THAT INCLUDE SUB-ACUTE AND LONG-TERM CARE, REHABILITATION THERAPIE S, JOINT REPLACEMENT SURGERY, HOSPICE AND EMERGENCY SERVICES * SHARP GROSSMONT HOSPITAL ( 536 BEDS) SHARP GROSSMONT HOSPITAL (SGH) IS THE LARGEST PROVIDER OF HEALTH CARE SERVICES I N SAN DIEGO'S EAST COUNTY, AND HAS ONE OF THE BUSIEST EDS IN SAN DIEGO COUNTY * SHARP MEM ORIAL HOSPITAL (656 BEDS) A REGIONAL TERTIARY CARE LEADER, SHARP MEMORIAL HOSPITAL (SMH) P ROVIDES SPECIALIZED CARE IN TRAUMA, ONCOLOGY, ORTHOPEDICS, ORGAN TRANSPLANTATION, CARDIOLO GY AND REHABILITATION THREE SPECIALTY-CARE HOSPITALS * SHARP MARY BIRCH HOSPITAL FOR WOM EN & NEWBORNS (188 BEDS) A FREESTANDING WOMEN'S HOSPITAL SPECIALIZING IN OBSTETRICS, GYNEC OLOGY, GYNECOLOGIC ONCOLOGY, AND NEONATAL INTENSIVE CARE, SHARP MARY BIRCH HOSPITAL FOR WO MEN & NEWBORNS (SMBHWN) DELIVERS MORE BABIES THAN ANY OTHER PRIVATE HOSPITAL IN CALIFORNIA * SHARP MESA VISTA HOSPITAL (149 BEDS) THE LARGEST PRIVATE FREESTANDING PSYCHIATRIC HOSP ITAL IN CALIFORNIA, SHARP MESA VISTA HOSPITAL (SMV) IS A PREMIER PROVIDER OF BEHAVIORAL HE ALTH SERVICES * SHARP MCDONALD CENTER (16 BEDS) SHARP MCDONALD CENTER (SMC) IS SAN DIEGO COUNTY'S ONLY LICENSED CHEMICAL DEPENDENCY RECOVERY HOSPITAL COLLECTIVELY, THE OPERATIONS OF SMH, SMBHWN, SMV AND SMC ARE REPORTED UNDER THE NONPROFIT PUBLIC BENEFIT CORPORATION O F SMH, AND ARE REFERRED TO HEREIN AS THE SHARP METROPOLITAN MEDICAL CAMPUS (SMMC) THE OPE RATIONS OF SHARP REES-STEALY MEDICAL CENTERS (SRS) ARE INCLUDED WITHIN THE NONPROFIT PUBLI C BENEFIT CORPORATION OF SHARP, THE PARENT ORGANIZATION THE OPERATIONS OF SHARP GROSSMONT HOSPITAL (SGH) ARE REPORTED UNDER THE NONPROFIT PUBLIC BENEFIT CORPORATION GROSSMONT HOSP ITAL CORPORATION MISSION STATEMENT IT IS SHARP'S MISSION TO IMPROVE THE HEALTH OF THOSE I T SERVES WITH A COMMITMENT TO EXCELLENCE IN ALL THAT IT DOES SHARP'S GOAL IS TO OFFER QUA LITY 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 VIS ION IS TO BECOME THE BEST HEALTH SYSTEM IN THE UNIVERSE. SHARP WILL ATTAIN THIS POSITION B Y TRANSFORMING THE HEALTH CARE EXPERIENCE THROUGH A CULTURE OF CARING, QUALITY, SERVICE, I NNOVATION AND EXCELLENCE. SHARP WILL BE RECOGNIZED BY EMPLOYEES, PHYSICIANS, PATIENTS, VOL UNTEERS AND THE COMMUNITY AS THE BEST PLACE TO WORK, THE BEST PLACE TO PRACTICE MEDICINE A ND 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 IM PROVE THE HEALTH AND WELL-BEING OF THOSE IT SERVES VALUES INTEGRITY - TRUSTWORTHINESS, RE SPECT, COMMITMENT TO ORGANIZATIONAL VALUES, AND DECISION MAKING CARING - SERVICE ORIENTATI ON, COMMUNICATION, TEAMWORK AND COLLABORATION, SERVING AND DEVELOPING OTHERS, AND CELEBRAT ION INNOVATION - CREATIVITY, CONTINUOUS IMPROVEMENT, INITIATING BREAKTHROUGHS, AND SELF-DE VELOPMENT EXCELLENCE - QUALITY, SAFETY, OPERATIONAL AND SERVICE EXCELLENCE, FINANCIAL RESU LTS, AND ACCOUNTABILITY CULTURE. THE SHARP EXPERIENCE FOR MORE THAN 11 YEARS, SHARP HAS BE EN ON A JOURNEY TO TRANSFORM THE HEALTH CARE EXPERIENCE FOR PATIENTS AND THEIR FAMILIES, P HYSICIANS AND STAFF THROUGH A SWEEPING ORGANIZATION-WIDE PERFORMANCE AND EXPERIENCE IMPRO VEMENT INITIATIVE CALLED THE SHARP EXPERIENCE, THE ENTIRE SHARP TEAM HAS RECOMMITTED TO PU RPOSE, WORTHWHILE WORK, AND CREATING THE KIND OF H |

| Identifier | Return Reference | Explanation |
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| COMMUNITY BENEFITS REPORT | FORM 990, PART III, LINE 4B | EALTH CARE PEOPLE WANT AND DESERVE. THIS WORK HAS ADDED DISCIPLINE AND FOCUS TO EVERY PART OF THE ORGANIZATION, HELPING TO MAKE SHARP ONE OF THE NATION'S TOP-RANKED HEALTH CARE SYS TEMS. SHARP IS SAN DIEGO'S HEALTH CARE LEADER BECAUSE IT REMAINS FOCUSED ON THE MOST IMPOR TANT ELEMENT OF THE HEALTH CARE EQUATION: THE PEOPLE. THROUGH THIS EXTRAORDINARY INITIATIV E, SHARP IS TRANSFORMING THE HEALTH CARE EXPERIENCE IN SAN DIEGO BY STRIVING TO BE: THE BE ST 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, RECOGNIT ION, CELEBRATION, AND PROFESSIONAL AND PERSONAL GROWTH. THIS COMMITMENT TO SERVING PATIENT S 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 POSITI VE, COLLABORATIVE RELATIONSHIPS WITH NURSES AND OTHER CAREGIVERS, EXPERIENCE UNSURPASSED S ERVICE AS VALUED CUSTOMERS, HAVE ACCESS TO STATE-OF-THE-ART EQUIPMENT AND CUTTING-EDGE TEC HNOLOGY, AND ENJOY THE CAMARADERIE OF THE HIGHEST-CALIBER MEDICAL STAFF AT SAN DIEGO'S HEA LTH CARE LEADER. THE BEST PLACE TO RECEIVE CARE. PROVIDING A NEW STANDARD OF SERVICE IN TH E HEALTH CARE INDUSTRY, MUCH LIKE THAT OF A FIVE-STAR HOTEL, EMPLOYING SERVICE-ORIENTED IN DIVIDUALS WHO SEE IT AS THEIR PRIVILEGE TO EXCEED THE EXPECTATIONS OF EVERY PATIENT - TREA TING 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 AL L 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 SOMET HING SHARP HAS BEEN DOING FOR MORE THAN HALF A CENTURY. PILLARS OF EXCELLENCE IN SUPPORT O F SHARP'S ORGANIZATIONAL COMMITMENT TO TRANSFORM THE HEALTH CARE EXPERIENCE, THE SIX PILLA RS OF EXCELLENCE SERVE AS A GUIDE FOR TEAM MEMBERS, PROVIDING A FRAMEWORK AND ALIGNMENT FO R EVERYTHING THE SHARP DOES. 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 EXCELLENC E IN THESE AREAS: * DEMONSTRATE AND IMPROVE CLINICAL EXCELLENCE AND PATIENT SAFETY TO SET COMMUNITY STANDARDS AND EXCEED PATIENT EXPECTATIONS * CREATE EXCEPTIONAL EXPERIENCES AT EV ERY TOUCH POINT FOR CUSTOMERS, PHYSICIANS AND PARTNERS BY DEMONSTRATING SERVICE EXCELLENCE * CREATE A WORKFORCE CULTURE THAT ATTRACTS, RETAINS, AND PROMOTES THE BEST AND BRIGHTEST PEOPLE, WHO ARE COMMITTED TO SHARP'S MISSION, VISION AND VALUES * ACHIEVE FINANCIAL RESULT S TO ENSURE SHARP'S ABILITY TO PROVIDE QUALITY HEALTH CARE SERVICES, NEW TECHNOLOGY AND IN VESTMENT IN THE ORGANIZATION * ACHIEVE CONSISTENT NET REVENUE GROWTH TO ENHANCE MARKET DOM INANCE, SUSTAIN INFRASTRUCTURE IMPROVEMENTS AND SUPPORT INNOVATIVE DEVELOPMENT * BE AN EXE MPLARY COMMUNITY CITIZEN. AWARDS: SHARP RECENTLY RECEIVED THE FOLLOWING RECOGNITION. SHARP I S A RECIPIENT OF THE 2007 MALCOLM BALDRIGE NATIONAL QUALITY AWARD, THE NATION'S HIGHEST PR ESIDENTIAL 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. SH ARP WAS NAMED THE NO. 1 "BEST INTEGRATED HEALTH-CARE NETWORK" IN CALIFORNIA AND NO. 12 NAT IONALLY BY MODERN HEALTHCARE MAGAZINE IN 2012. THE RANKINGS ARE PART OF THE "TOP 100 MOST HIGHLY INTEGRATED HEALTHCARE NETWORKS (IHN)," AN ANNUAL SURVEY CONDUCTED BY HEALTH CARE DA TA ANALYST IMS. THIS IS THE 14TH YEAR RUNNING THAT SHARP HAS PLACED AMONG THE TOP IN THE S TATE IN THE SURVEY |

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| | | SHARP WAS RANKED 47TH BY MODERN HEALTHCARE IN ITS 2008 "100 BEST PLACES TO WORK " THE AWAR DS AND HONORS PROGRAM RECOGNIZES WORKPLACES IN HEALTH CARE THAT ENABLE EMPLOYEES TO PERFOR M AT THEIR OPTIMUM LEVEL TO PROVIDE PATIENTS AND CUSTOMERS WITH THE BEST POSSIBLE CARE AND SERVICES SMH WAS NAMED "BEST HOSPITAL" BY SAN DIEGO UNION-TRIBUNE READERS PARTICIPATING IN THE PAPER'S 2011 "BEST OF SAN DIEGO" READERS POLL, AND SGH, SMBHWN, AND SCVMC WERE RANK ED FIFTH, SIXTH AND SEVENTH, RESPECTIVELY THIS MARKS THE FOURTH YEAR IN A ROW THAT SHARP RECEIVED THE "BEST HOSPITAL" HONOR SGH AND SMH HAVE BOTH RECEIVED MAGNET DESIGNATION FOR NURSING EXCELLENCE BY THE ANCC THE MAGNET RECOGNITION PROGRAM IS THE HIGHEST LEVEL OF HON OR BESTOWED BY THE ANCC AND IS ACCEPTED NATIONALLY AS THE GOLD STANDARD IN NURSING EXCELLE NCE SHARP WAS NAMED ONE OF THE NATION'S "MOST WIRED' HEALTH CARE SYSTEMS FROM 1998 THROUG H 2009 BY HOSPITALS & HEALTH NETWORKS MAGAZINE IN THE ANNUAL MOST WIRED SURVEY AND BENCHMA RK STUDY "MOST WIRED" HOSPITALS ARE COMMITTED TO USING TECHNOLOGY TO ENHANCE QUALITY OF C ARE FOR BOTH PATIENTS AND STAFF IN JULY 2010, SMH WAS NAMED THE "MOST BEAUTIFUL HOSPITAL IN AMERICA" BY SOLIANT HEALTH, ONE OF THE LARGEST MEDICAL STAFFING COMPANIES IN THE COUNTR Y WITH OVER 10,000 VOTES FROM VISITORS TO THE SOLIANT HEALTH WEBSITE, SMH WAS VOTED TO TH E TOP OF THE SECOND ANNUAL "20 MOST BEAUTIFUL HOSPITALS IN AMERICA" LIST IN 2010, SCHCC W AS RE-DESIGNATED AS A PLANETREE PATIENT-CENTERED HOSPITAL PLANETREE IS A COALITION OF MOR E THAN 100 HOSPITALS WORLDWIDE THAT IS COMMITTED TO IMPROVING MEDICAL CARE FROM THE PATIEN TS PERSPECTIVE INITIALLY DESIGNATED IN 2007, SCHCC IS THE FIRST HOSPITAL IN CALIFORNIA TO RECEIVE THIS DESIGNATION, AND THE ONLY HOSPITAL IN CALIFORNIA TO ACHIEVE RE-DESIGNATION IN 2010, SHARP RECEIVED THE MOREHEAD APEX WORKPLACE OF EXCELLENCE AWARD MOREHEAD AWARDS T HE HEALTH CARE INDUSTRY'S TOP ACHIEVER BY OBJECTIVELY IDENTIFY ING THE HIGHEST PERFORMER AN D ACKNOWLEDGING THEIR CONTRIBUTIONS TO HEALTH CARE WITH THIS SINGULAR AWARD, MOREHEAD ANN UALLY RECOGNIZES A CLIENT WHO HAS REACHED AND SUSTAINED THE 90TH PERCENTILE ON THEIR EMPLO YEE ENGAGEMENT SURVEYS SHARP REACHED THE 98TH PERCENTILE IN 2010 AND THE 99TH PERCENTILE IN 2011 IN 2011, SCVMC AND SCHHC EACH RECEIVED THE ENERGY STAR DESIGNATION FROM THE U S ENVIRONMENTAL PROTECTION AGENCY (EPA) FOR OUTSTANDING ENERGY EFFICIENCY BUILDINGS THAT AR E AWARDED THE DESIGNATION USE AN AVERAGE OF 40 PERCENT LESS ENERGY THAN OTHER BUILDINGS AN D RELEASE 35 PERCENT LESS CARBON DIOXIDE INTO THE ATMOSPHERE IN 2011, SCVMC AND SCHHC WER E TWO OF ONLY SIX CALIFORNIA HOSPITALS TO RECEIVE THIS DESIGNATION IN 2011, SHARP HEALTHC ARE WAS NAMED THE CRYSTAL WINNER OF THE 2011 WORKPLACE EXCELLENCE AWARDS FROM THE SAN DIEG O SOCIETY FOR HUMAN RESOURCE MANAGEMENT THIS DESIGNATION RECOGNIZES SHARP'S HUMAN RESOURC ES DEPARTMENT AS AN INNOVATIVE AND VALUABLE ASSET TO OVERALL COMPANY PERFORMANCE PATIENT ACCESS TO CARE PROGRAMS UNINSURED PATIENTS WITH NO ABILITY TO PAY, AND INSURED PATIENTS WI TH INADEQUATE COVERAGE RECEIVE FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY SERVICES THROU GH SHARP'S FINANCIAL ASSISTANCE PROGRAM SHARP DOES NOT REFUSE ANY PATIENT REQUIRING EMERG ENCY MEDICAL CARE SHARP PROVIDES SERVICES TO HELP EVERY UNFUNDED PATIENT RECEIVED IN THE EMERGENCY ROOM FIND COVERAGE OPTIONS PATIENTS USE A QUICK, SIMPLE ONLINE QUESTIONNAIRE TH ROUGH THE FOUNDATION FOR HEALTH COVERAGE EDUCATION TO GENERATE PERSONALIZED COVERAGE OPTIO NS THAT ARE FILED IN THEIR ACCOUNT FOR FUTURE REFERENCE AND ACCESSIBILITY SHARP ALSO CONT INUES TO OFFER CLEARBALANCE - A SPECIALIZED LOAN PROGRAM FOR PATIENTS FACING HIGH MEDICAL BILLS THROUGH THIS COLLABORATION WITH SAN DIEGO-BASED CSI FINANCIAL SERVICES, BOTH INSURE D AND UNINSURED PATIENTS HAVE THE OPPORTUNITY TO SECURE SMALL BANK LOANS IN ORDER TO PAY O FF THEIR MEDICAL BILLS IN LOW MONTHLY PAY MENTS - AS LOW AS $25 PER MONTH - AND THUS PREVEN T UNPAID ACCOUNTS FROM GOING TO COLLECTIONS THROUGH THIS PROGRAM, SHARP PROVIDES A MORE A FFORDABLE ALTERNATIVE FOR PATIENTS THAT STRUGGLE WITH THE ABILITY TO RESOLVE THEIR HOSPITA L BILLS IN ADDITION, SHARP PROVIDES POST-ACUTE CARE FACILITATION FOR HIGH-RISK PATIENTS, INCLUDING THE HOMELESS AND PATIENTS LACKING A SAFE HOME ENVIRONMENT PATIENTS RECEIVE ASSI STANCE WITH TRANSPORTATION AND PLACEMENT, CONNECTIONS TO COMMUNITY RESOURCES, AND FINANCIA L SUPPORT FOR MEDICAL EQUIPMENT, MEDICATIONS, AND EVEN OUTPATIENT DIALYSIS AND NURSING HOM E STAYS THROUGH COLLABORATION WITH THE SAN DIEGO RESCUE MISSION, SCHHC, SGH AND SMH DISCH ARGE THEIR CHRONICALLY HOMELESS PATIENTS TO THE RESCUE MISSION'S RECUPERATIVE CARE UNIT, W HERE PATIENTS NOT ONLY RECEIVE FOLLOW-UP MEDICAL CARE THROUGH SHARP IN A SAFE ENVIRONMENT, BUT THROUGH THE ORGANIZATION'S PROGRAMS THEY ALSO RECEIVE PSY CHIATRIC CARE, SUBSTANCE ABU SE COUNSELING AND GUIDANCE TO HELP GET THEM OFF THE STREET SINCE FEBRUARY 2011, SHARP'S A CUTE CARE HOSPITALS HAVE PARTNERED WITH FATHER JOE |

| Identifier | Return Reference | Explanation |
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| | | 'S VILLAGES TO SUPPORT PROJECT SOAR - A PROGRAM DESIGNED TO ASSIST WITH AND EXPEDITE SOCIA L SECURITY AND DISABILITY APPLICATIONS FOR HOMELESS INDIVIDUALS WITH URGENT HEALTH CARE NE EDS AS ELIGIBLE HOMELESS PATIENTS ARE DISCHARGED FROM THE HOSPITAL, HOSPITAL CASE MANAGER S FACILITATE THEIR TRANSITION TO PROJECT SOAR WORKERS WHO THEN CONTINUE THE APPLICATION PR OCESS ON THROUGH TO COMPLETION THE PROGRAM HELPS ENSURE ELIGIBLE AT-RISK INDIVIDUALS ARE ABLE TO OBTAIN TIMELY ACCESS TO THE INCOME AND MEDICAL CARE BENEFITS THAT THEY MAY NOT OTH ERWISE RECEIVE AS A RESULT OF THEIR HOMELESS STATUS ALSO IN FY 2011, SHARP COLLABORATED W ITH THE UNITED WAY'S PROJECT 25 PROGRAM TO PROVIDE FINANCIAL INFORMATION THAT WILL HELP TH E PROGRAM GAUGE THE EFFECTIVENESS OF ITS INTERVENTIONS TO REDUCE USE OF EMERGENT AND OTHER FRONT LINE PUBLIC RESOURCES PROJECT 25 IS A PARTNERSHIP BETWEEN UNITED WAY OF SAN DIEGO COUNTY AND THE CITY AND COUNTY OF SAN DIEGO WITH A GOAL TO PROVIDE PERMANENT HOUSING (VIA THE SAN DIEGO HOUSING COMMISSION) AND SUPPORTIVE SERVICES (VIA THE COUNTY OF SAN DIEGO) TO AT LEAST 25 OF SAN DIEGO COUNTY'S CHRONICALLY HOMELESS, WHO ARE OFTEN THE MOST FREQUENT U SERS OF PUBLIC RESOURCES IN FY 2011, SHARP HOSPITALS PROVIDED SERVICES TO 14 INDIVIDUALS ENROLLED IN THE PROJECT 25 PROGRAM IN ADDITION, SCVMC CONTINUED ITS PARTNERSHIP WITH COMM UNITY CLINICS TO PROVIDE TIMELY ACCESS TO PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES BY E STABLISHING MEDICAL HOMES FOR LOW-INCOME, MEDICALLY UNINSURED, AND UNDERSERVED PATIENTS IN THE SOUTH BAY THAT PRESENT IN THE SCVMC ED THE PROGRAM SEEKS TO SUPPORT SAFETY NET PATI ENTS SUFFERING FROM CHRONIC CONDITIONS TO BETTER MANAGE THEIR PAIN, DISEASES AND OVERALL H EALTH CARE WITH THE ESTABLISHMENT OF A MEDICAL HOME AT A COMMUNITY CLINIC, INFORM SAFETY N ET PATIENTS ABOUT OBTAINING AFFORDABLE MEDICATIONS THROUGH GENERIC PRESCRIPTION ACCESS EDU CATION, INCREASE PATIENT ACCESS AND TIMELY REFERRALS TO PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES, INCREASE PATIENT ACCESS TO FOLLOW-UP PRIMARY CARE SERVICES AND ESTABLISH A MEDI CAL HOME AT EITHER CHULA VISTA FAMILY HEALTH CLINIC OR OTHER COMMUNITY CLINICS, AND OFFER ENHANCED ACCESS TO TRANSPORTATION RESOURCES TO THE CHULA VISTA FAMILY HEALTH CLINIC IT IS THIS ABILITY TO SCHEDULE TIMELY FOLLOW-UP APPOINTMENTS FOR SAFETY NET PATIENTS THAT HAS C ONTRIBUTED GREATLY TO THE SUCCESS OF THIS PROGRAM, AND SINCE THE PROGRAM'S INCEPTION SCVMC HAS SERVED A TOTAL OF 1,248 SAFETY NET PATIENTS, 55 PERCENT OF WHOM WERE REFERRED TO THE CHULA VISTA FAMILY HEALTH CLINIC |

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| | | HEALTH PROFESSIONS TRAINING INTERNSHIPS STUDENTS AND RECENT HEALTH CARE GRADUATES ARE A VA LUABLE 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 CA REER PIPELINE PROGRAMS IN FY 2011, THERE WERE 3,933 STUDENT INTERNS WITHIN THE SHARP SYST EM, PROVIDING MORE THAN 534,000 HOURS IN DISCIPLINES THAT INCLUDE NURSING, ALLIED HEALTH A ND PROFESSIONAL EDUCATIONAL PROGRAMS SHARP PROVIDES EDUCATION AND TRAINING PROGRAMS FOR S TUDENTS ACROSS THE CONTINUUM OF NURSING (E G , CRITICAL CARE, MEDICAL/SURGICAL, BEHAVIORAL HEALTH, WOMEN'S SERVICES AND WOUND CARE) AND ALLIED HEALTH PROFESSIONS SUCH AS REHABILITA TION THERAPIES (SPEECH, PHY SICAL, OCCUPATIONAL AND RECREATIONAL THERAPY), PHARMACY, DIETET ICS, LAB, RADIOLOGY, SOCIAL WORK, PSY CHOLOGY AND PUBLIC HEALTH STUDENTS FROM LOCAL COMMUN ITY COLLEGES SUCH AS GROSSMONT COLLEGE (GC), SAN DIEGO MESA COLLEGE (MC), 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), POINT L OMA NAZARENE UNIVERSITY (PLNU), AND UNIVERSITY OF OKLAHOMA (OU), AND VOCATIONAL SCHOOLS SU CH AS KAPLAN COLLEGE (KC) PARTICIPATE IN SHARP'S HEALTH PROFESSIONS TRAINING TABLE 1 PRES ENTS THE STUDENTS AND STUDENT HOURS AT EACH OF THE SHARP ENTITIES IN FY 2011 TABLE 1 SHA RP HEALTHCARE INTERNSHIPS - FY 2011 SHARP CHULA VISTA MEDICAL CENTER NURSING 721 STUDENTS 63,894 GROUP HOURS 20,440 PRECEPTED HOURS ANCILLARY 138 STUDENTS 24,675 HOURS TOTAL 859 ST UDENTS 109,009 HOURS SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER NURSING 443 STUDENTS 82 ,776 GROUP HOURS 3,600 PRECEPTED HOURS ANCILLARY 127 STUDENTS 22,624 HOURS TOTAL 570 STUDE NTS 109,000 HOURS SHARP GROSSMONT HOSPITAL NURSING 566 STUDENTS 48,974 GROUP HOURS 16,183 PRECEPTED HOURS ANCILLARY 222 STUDENTS 39,914 HOURS TOTAL 788 STUDENTS 105,071 HOURS SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS NURSING 176 STUDENTS 13,548 GROUP HOURS 4,028 PR ECEPTED HOURS ANCILLARY 112 STUDENTS 8,498 HOURS TOTAL 288 STUDENTS 26,074 HOURS SHARP MEM ORIAL HOSPITAL NURSING 547 STUDENTS 39,084 GROUP HOURS 21,365 PRECEPTED HOURS ANCILLARY 33 3 STUDENTS 61,626 HOURS TOTAL 880 STUDENTS 122,075 HOURS SHARP MESA VISTA HOSPITAL NURSING 271 STUDENTS 27,548 GROUP HOURS 1,470 PRECEPTED HOURS ANCILLARY 12 STUDENTS 4,148 HOURS T OTAL 283 STUDENTS 33,166 HOURS SHARP HEALTHCARE NURSING 144 STUDENTS 3,008 GROUP HOURS 5,6 84 PRECEPTED HOURS ANCILLARY 121 STUDENTS 20,923 HOURS TOTAL 265 STUDENTS 29,615 HOURS TOT AL NURSING 2,868 STUDENTS 278,832 GROUP HOURS 72,770 PRECEPTED HOURS ANCILLARY 1,065 STUDE NTS 182,408 HOURS TOTAL 3,933 STUDENTS 534,010 HOURS COLLEGE COLLABORATIONS IN FY 2011, SH ARP COMPLETED ITS PARTNERSHIP WITH THE OU COLLEGE OF NURSING AND SWC IN PROVIDING CLINICAL , REAL-WORLD EXPERIENCE IN SAN DIEGO COUNTY FOR STUDENTS ENROLLED IN THE OU ONLINE ACCELER ATED SECOND DEGREE BACHELOR OF SCIENCE IN NURSING (BSN) PROGRAM AND THE OU CAREER MOBILITY REGISTERED NURSE (RN) TO BSN PROGRAM THE PARTNERSHIP SOUGHT TO BOOST THE NUMBER OF NEW N URSE GRADUATES BY OFFERING PROGRAMS WITH INCREASED FLEXIBILITY AND ACCESS FOR STUDENTS TH E ACCELERATED SECOND DEGREE BSN PROGRAM IS FOR INDIVIDUALS WITH A BACHELOR'S DEGREE OR HIG HER IN A NON-NURSING MAJOR THE PROGRAM INCLUDED MORE THAN 600 HOURS OF ONLINE COURSEWORK AND NEARLY 900 HOURS OF CLINICAL EXPERIENCE AT SHARP FACILITIES THE HEALTH ACADEMY FOR SI X CONSECUTIVE YEARS, THE SCVMC HEALTH ACADEMY PROGRAM PROVIDED EDUCATION TO THE NEXT GENER ATION OF HEALTH CARE PROFESSIONALS BY INTRODUCING LOCAL ELEMENTARY SCHOOL STUDENTS TO A WI DE VARIETY OF HEALTH CARE CAREERS THIS PROGRAM HAS PROVIDED HOSPITAL TOURS TO HUNDREDS OF FIFTH GRADERS WHO HAVE BENEFITED FROM INTERACTIVE LEARNING IN VARIOUS AREAS OF THE HOSPIT AL, INCLUDING THE LABORATORY, PHARMACY AND BILLING DEPARTMENTS IN ADDITION, A GRANT FROM THE CALIFORNIA ENDOWMENT ALLOWED FOR THE EXPANSION OF THE PROGRAM TO PROVIDE A DIVERSITY I NITIATIVE TO HIGH SCHOOL STUDENTS THE INITIATIVE, ENTITLED THE HEALTH CARE CAREER PIPELIN E PARTNERSHIP (HCCPP), REPRESENTS COLLABORATION AMONG THE HOSPITAL, BARRIO LOGAN COLLEGE I NSTITUTE (BLCI), SAN Y SIDRO HIGH SCHOOL (SY HS), SWC, HARDER AND ASSOCIATES AND THE SAN DIE GO CHAPTER OF THE NATIONAL ASSOCIATION OF HISPANIC NURSES THE PROGRAM PROVIDED LOCAL HIGH SCHOOL STUDENTS FROM DIVERSE BACKGROUNDS, MANY OF WHOM ARE THE FIRST IN THEIR FAMILY TO A TTEND COLLEGE, A GREATER CHANCE OF ATTENDING COLLEGE AND SUCCEEDING IN A CAREER IN HEALTH CARE. THE HCCPP PROVIDED TOURS OF SCVMC, AS WELL AS OPPORTUNITIES FOR STUDENTS TO VOLUNTEE R OR INTERN AT THE HOSPITAL THE PROGRAM HAS HAD TREMENDOUS SUCCESS SINCE ITS INCEPTION - PROVIDING TOURS TO NEARLY 650 STUDENTS, PAID INTERNSHIPS TO 24 STUDENTS, AND CONTRIBUTING TO THE 100 PERCENT HIGH SCHOOL GRADUATION RATE OF PARTICIPATING STUDENTS IN FY 2009, SCVM C WON A PARTNERSHIP AWARD FROM THE SAN DIEGO SCIEN |

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| | | CE ALLIANCE FOR ITS WORK IN THE HCCPP THE AWARD RECOGNIZES A SAN DIEGO BUSINESS OR EMPLOY ER THAT PARTNERS WITH YOUTH IN THE COMMUNITY HEALTH SCIENCES HIGH AND MIDDLE COLLEGE SHAR P 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 D URING FY 2011, 329 HSHMC STUDENTS CONNECTED TO SHARP CAMPUSES FOR A TOTAL OF MORE THAN 58, 600 STUDENT HOURS THE COLLABORATION BETWEEN SHARP AND HSHMC PREPARES HIGH SCHOOL STUDENTS TO ENTER HEALTH SCIENCE AND MEDICAL TECHNOLOGY CAREERS IN THE FOLLOWING FIVE CAREER PATHW AYS BIOTECHNOLOGY RESEARCH AND DEVELOPMENT, DIAGNOSTIC SERVICES, HEALTH INFORMATICS, SUPP ORT SERVICES AND THERAPEUTIC SERVICES DURING A 16-WEEK PERIOD, SUPERVISED STUDENTS ROTATE THROUGH INSTRUCTIONAL PODS IN VARIOUS DEPARTMENTS SUCH AS NURSING, OB-GYN, OCCUPATIONAL A ND PHYSICAL THERAPY, BEHAVIORAL HEALTH, SURGICAL INTENSIVE CARE UNIT (SICU), MEDICAL INTEN SIVE CARE UNIT (MICU), IMAGING, REHABILITATION, LABORATORY, PHARMACY, PULMONARY, CARDIAC S ERVICES, AND OPERATIONS HSHMC STUDENTS NOT ONLY RECEIVE HANDS-ON EXPERIENCE IN PATIENT CA RE, BUT ALSO GUIDANCE FROM SHARP STAFF ON PROFESSIONALISM, CAREER LADDER DEVELOPMENT AND J OB/EDUCATION REQUIREMENTS HSHMC STUDENTS EARN HIGH SCHOOL DIPLOMAS, COMPLETE COLLEGE ENTR ANCE REQUIREMENTS AND HAVE OPPORTUNITIES TO EARN COMMUNITY COLLEGE CREDITS, DEGREES OR VOC ATIONAL CERTIFICATES WITH THE HSHMC PROGRAM, SHARP LINKS STUDENTS WITH HEALTH CARE PROFES SIONALS THROUGH JOB SHADOWING AND INTERNSHIPS TO EXPLORE REAL-WORLD APPLICATIONS OF THEIR SCHOOL-BASED KNOWLEDGE AND SKILLS THE PROGRAM BEGAN IN 2007 WITH HSHMC STUDENTS ON THE CA MPUSES OF SGH AND SMH, AND EXPANDED TO INCLUDE SMV AND SMBHWN IN 2009, SCHHC IN 2010, AND SCVMC IN 2011 LECTURES AND CONTINUING EDUCATION SHARP CONTRIBUTES TO THE ACADEMIC ENVIRON MENT OF MANY COLLEGES AND UNIVERSITIES IN SAN DIEGO IN FY 2011, SHARP STAFF COMMITTED MOR E THAN 500 HOURS TO THE ACADEMIC COMMUNITY BY PROVIDING LECTURES, COURSES AND PRESENTATION S ON NUMEROUS COLLEGE/UNIVERSITY CAMPUSES THROUGHOUT SAN DIEGO THROUGH THE DELIVERY OF A VARIETY OF GUEST LECTURES, INCLUDING HEALTH INFORMATION TECHNOLOGY AT SAN DIEGO MESA COLLE GE, CARDIOVASCULAR TECHNOLOGY AT GROSSMONT COLLEGE, HEALTH INFORMATION LECTURES AT SAN DIE GO MESA COLLEGE, PHARMACY PRACTICE LECTURES AT UCSD, AND A VARIETY OF HEALTH ADMINISTRATIO N LECTURES TO PUBLIC HEALTH GRADUATE STUDENTS AT SDSU, SHARP STAFF REMAIN ACTIVE AND ENGAG ED WITH SAN DIEGO'S ACADEMIC HEALTH CARE COMMUNITY SHARP'S CONTINUING MEDICAL EDUCATION ( CME) DEPARTMENT ASSESSES, DESIGNS, IMPLEMENTS AND EVALUATES EDUCATIONAL AND TRAINING INITI ATIVES FOR SHARP'S AFFILIATED PHYSICIANS, PHARMACISTS AND OTHER HEALTH PROFESSIONALS TO BE TTER SERVE THE HEALTH CARE NEEDS OF THE SAN DIEGO COMMUNITY IN FY 2011 THE PROFESSIONALS AT SHARP HEALTHCARE CME INVESTED MORE THAN 1,800 HOURS IN NUMEROUS CME ACTIVITIES OPEN TO SAN DIEGO HEALTH CARE PROVIDERS, RANGING FROM ANNUAL CONFERENCES ON PATIENT SAFETY, DIABET ES, BREAST CANCER, KIDNEY-TRANSPLANT, AND END-OF-LIFE CARE, TO PRESENTATIONS ON HIP PRESER VATION AND HOSPITAL OVERCROWDING |

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| | | IN ADDITION, THE OUTCOMES RESEARCH INSTITUTE (ORI) AT SHARP WAS FORMED TO MEASURE LONG-TER M RESULTS OF CARE AND TO PROMOTE AND DEVELOP BEST PRACTICES FOR HEALTH CARE DELIVERY FOR M EMBERS OF THE PROFESSIONAL HEALTH CARE COMMUNITY WITH BOTH INPATIENT AND AMBULATORY LOCAT IONS AND A DIVERSE PATIENT POPULATION, SHARP IS WELL-POSITIONED TO STUDY CARE PROCESSES AN D OUTCOMES IN A REAL-WORLD SETTING, REFLECTING AN AUTHENTIC PICTURE OF THE HEALTH CARE ENV IRONMENT AMONG ITS CURRENT AND FUTURE GOALS, THE ORI AIMS TO ENSURE PATIENT CARE PRODUCE S OUTCOMES CONSISTENT WITH EVIDENCE-BASED MEDICAL LITERATURE, ANALYZE THE RELATIONSHIPS BE TWEEN PROCESSES AND OUTCOMES FOR TREATMENTS, INTERVENTIONS AND QUALITY IMPROVEMENT INITIAT IVES, ESTABLISH ASSOCIATIONS BETWEEN PRACTICE, COSTS AND OUTCOMES FOR PATIENT CARE, AS WEL L AS TO DEVELOP AND DISSEMINATE EFFECTIVE APPROACHES TO QUALITY CARE DELIVERY IN THE HEALT H CARE COMMUNITY VOLUNTEER SERVICE SHARP LENDS A HAND IN FY 2011, SHARP CONTINUED ITS SYS TEMWIDE COMMUNITY SERVICE PROGRAM, SHARP LENDS A HAND (SLAH), TO FURTHER SUPPORT THE SAN D IEGO COMMUNITIES IT SERVES IN OCTOBER 2010, SHARP PROMOTED THE PROGRAM BOTH INTERNALLY AN D IN THE COMMUNITY, REQUESTING PROJECT IDEAS THAT FOCUSED ON IMPROVING THE HEALTH AND WEL L-BEING OF SAN DIEGO IN A BROAD, POSITIVE WAY, RELIED ON SHARP FOR VOLUNTEER LABOR ONLY, S UPPORTED NONPROFIT INITIATIVES, COMMUNITY ACTIVITIES OR OTHER PROGRAMS THAT SERVE THE RESI DENTS OF SAN DIEGO COUNTY, AND COULD BE COMPLETED BY SEPTEMBER 30, 2011 SHARP EMPLOYEES V OTED ON THE QUALIFIED PROJECTS POSTED ON SHARPNET (SHARP'S INTERNAL WEBSITE) THEY SELECTE D SIX PROJECTS STAND DOWN FOR HOMELESS VETERANS, SAN DIEGO FOOD BANK, INTERNATIONAL COAST AL CLEANUP DAY, SPECIAL OLYMPICS, YWCA EMERGENCY SHELTER (BECKY'S HOUSE), AND PLAYGROUND B EAUTIFICATION AT THE VALENCIA PARK DRAMA AND DANCE ACADEMY IN SUPPORT OF THESE PROJECTS, MORE THAN 1,900 SHARP EMPLOYEES, FAMILY MEMBERS AND FRIENDS VOLUNTEERED OVER 6,700 HOURS DURING NINE DAYS IN JUNE AND JULY 2011, 454 SHARP EMPLOYEES, FAMILY MEMBERS AND FRIENDS VO LUNTEERED AT VETERANS VILLAGE OF SAN DIEGO THE VOLUNTEERS SORTED AND ORGANIZED CLOTHING D ONATIONS AND PROVIDED ON-SITE SUPPORT, MEDICAL SERVICES AND COMPANIONSHIP TO HUNDREDS OF H OMELESS VETERANS AT STAND DOWN FOR HOMELESS VETERANS, AN ANNUAL EVENT SPONSORED BY VETERAN S VILLAGE OF SAN DIEGO AND HELD AT SAN DIEGO HIGH SCHOOL THE SAN DIEGO FOOD BANK FEEDS PE OPLE IN NEED THROUGHOUT SAN DIEGO COUNTY, AND ADVOCATES AND EDUCATES THE PUBLIC ABOUT HUNG ER-RELATED ISSUES FOR 10 DAYS OVER JANUARY, MARCH, MAY, JULY AND SEPTEMBER, 880 SLAH VOLU NTEERS INSPECTED AND SORTED DONATED FOOD, ASSEMBLED BOXES AND CLEANED THE SAN DIEGO FOOD B ANK WAREHOUSE THE YWCA EMERGENCY SHELTER (BECKY'S HOUSE) PROVIDES EMERGENCY SHELTER AND T RANSITIONAL HOUSING TO WOMEN AND CHILDREN WHO HAVE BEEN VICTIMIZED BY DOMESTIC VIOLENCE E LEVEN SLAH VOLUNTEERS GAVE THE SHELTER SOME MUCH NEEDED "TENDER LOVE AND CARE" BY PAINTING THE CHILDREN'S PATIO IN APRIL 2011 THE VALENCIA PARK DRAMA AND DANCE ACADEMY PROVIDES ED UCATION, HEALTH CARE, FOOD, CLOTHING AND PERSONAL HYGIENE FOR SOME OF SAN DIEGO'S ESTIMATE D 2,200 HOMELESS AND AT-RISK CHILDREN IN JUNE 2011, A GROUP OF SLAH VOLUNTEERS HELPED IMP ROVE THE OUTSIDE ENVIRONMENT FOR THE STUDENTS BY REPAINTING HOPSCOTCH AND FOUR-SQUARE LINE S ON THE PLAYGROUND MORE THAN 368 SLAH VOLUNTEERS PROVIDED ASSISTANCE TO SAN DIEGO COUNTY 'S SPECIAL OLYMPICS YEAR-ROUND TRAINING AND ATHLETIC COMPETITIONS INCLUDING THE FALL REGIO NAL GAMES HELD IN RANCHO BERNARDO, A FLOOR HOCKEY COMPETITION AND THE USA TEAM TRAINING EV ENT SPECIAL OLYMPICS OF SAN DIEGO COUNTY HAS MORE THAN 1,400 ATHLETES OF ALL AGES THE PR OGRAM PROVIDES SPORTS TRAINING AND ATHLETIC COMPETITION FOR ALL CHILDREN AND ADULTS WITH I NTELLECTUAL DISABILITIES THE VOLUNTEERS ASSISTED WITH TIMEKEEPING, SCORE-KEEPING AND CHEE RLEADING DURING THE TEAM TRAINING FOR THE SPRING GAMES IN ATHENS, GREECE, WHICH INCLUDED S WIMMING, TENNIS, BASKETBALL, CYCLING AND ROWING THE SLAH TEAM PARTNERED WITH I LOVE A CLE AN SAN DIEGO AND SAN DIEGO COASTKEEPER TO PUT THE SPARKLE BACK IN THE SAN DIEGO COMMUNITY THROUGH THE INTERNATIONAL COASTAL CLEANUP DAY ON SEPTEMBER 17 NEARLY 175 VOLUNTEERS OF AL L AGES HELPED KEEP SAN DIEGO'S COAST A BEAUTIFUL PLACE TO LIVE AND PLAY BY PICKING UP AND REMOVING TRASH AND DEBRIS FROM 16 SELECTED SITES IN OUR COMMUNITIES SHARP HUMANITARIAN SE RVICE PROGRAM IN FY 2011, 32 SHARP EMPLOYEES WERE FUNDED THROUGH SHARP'S HUMANITARIAN SERV ICE PROGRAM THIS PROGRAM ALLOWS EMPLOYEES TO PARTICIPATE IN SERVICE PROGRAMS THAT PROVIDE HEALTH CARE AND/OR OTHER SUPPORTIVE SERVICES TO UNDERSERVED OR ADVERSELY AFFECTED POPULAT IONS IN FY 2011, SHARP EMPLOYEES DEVOTED THEIR TIME AND ENERGY TO ORGANIZATIONS THAT INCL UDED WHEELS FOR THE WORLD, WHICH PROVIDES WHEELCHAIRS TO PEOPLE WITH DISABILITIES IN DEVEL OPING COUNTRIES, INCLUDING EGYPT AND GHANA SHARP STAFF BROUGHT 250 WHEELCHAIRS, CRUTCHES AND WALKERS AND WORKED OUT OF A REGIONAL HOSPITAL |

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| | | IN RURAL GHANA AT A SEATING AND POSITIONING CLINIC AT THIS CLINIC, PATIENTS - MANY WHO HA D BEEN CRAWLING FOR MOST OF THEIR LIVES - RECEIVED THERAPY SESSIONS AND THEIR FIRST WHEELC HAIRS AND OTHER WALKING SUPPORTS IN ADDITION, SHARP STAFF LED A TEAM OF MEDICALLY-FOCUSED COLLEGE STUDENTS ON ANOTHER HUMANITARIAN PROGRAM SERVING GHANA OVER THREE WEEKS, THE TEA M TRAVELED TO SEVERAL SMALL VILLAGES IN WEST AFRICA, SETTING UP SEVEN TEMPORARY HEALTH CLI NICS, AND TREATING OVER 700 GHANAIANS FOR BASIC MEDICAL CARE, SUCH AS TREATMENT FOR MALARI A, INTESTINAL WORMS, SEVERE DEHY DRATION, SCORPION STINGS, SNAKE BITES AND WOUND CARE THE TEAM ALSO PROVIDED HEALTH EDUCATION AROUND NUTRITION, SANITATION ISSUES AND WOMEN'S HEALTH TRAINING WAS PROVIDED TO GHANAIAN HEALTH WORKERS SO THAT THEY COULD CONTINUE THE HEALTH EDUCATION AFTER SHARP STAFF RETURNED TO THE U S SHARP STAFF ALSO PARTICIPATED IN A MEDICA L MISSION TRIP TO EL SALVADOR, PROVIDING THREE MEDICAL CLINICS TO THE COMMUNITY SERVING HU NDREDS OF PATIENTS IN POVERTY ADDITIONALLY, A WEEK-LONG FREE HEALTH CLINIC WAS CONDUCTED BY SHARP PHY SICAL THERAPY STAFF IN PUNTA GORDA, BELIZE PATIENTS RECEIVED PHY SICAL THERAPY SCREENING AND INTERVENTION, EDUCATION ON THE BENEFITS OF EXERCISE, AN INDIVIDUALIZED HOME PROGRAM, AND REFERRALS TO THE LOCAL CLINIC FOR FOLLOW-UP SERVICES ANOTHER MEDICAL MISSIO N TRIP WAS LED IN HO CHI MINH CITY, VIETNAM, DURING JANUARY 2011 EIGHT PARTICIPANTS, INCL UDING SHARP-AFFILIATED PHY SICIANS AND NURSES, SERVED FOR A WEEK AT A LOCAL HOSPITAL AND PR OVIDED CRITICAL ORTHOPEDIC THERAPY AND TREATMENT TO 20 PATIENTS SHARP STAFF PERFORMED SUR GERY FOR EIGHT OF THESE PATIENTS, ATTENDING MOSTLY TO BONE FRACTURES AND NON-UNIONS THROU GH THE SHARP HUMANITARIAN SERVICE PROGRAM, IN FY 2011 SHARP STAFF CONTINUED TO PROVIDE EXT ENSIVE SUPPORT AND EXPERTISE TO VICTIMS OF THE EARTHQUAKES THAT DEVASTATED HAITI IN JANUAR Y 2010 SHARP-AFFILIATED PHY SICIANS AND SHARP STAFF PROVIDED MEDICAL SERVICES INCLUDING WO UND CARE, POST-OP TREATMENT, NEUROLOGICAL AND ORTHOPEDIC REHABILITATION, OCCUPATIONAL THER APY AND GENERAL PUBLIC HEALTH, IN ADDITION TO EQUIPMENT AND SUPPLIES TO THOSE IN NEED SHA RP STAFF OFTEN DELIVERED AROUND-THE-CLOCK CARE FOR PATIENTS AFFECTED BY THE EARTHQUAKES - WHOSE AGES RANGED FROM NEONATES TO THE ELDERLY - AT VARIOUS SITES THROUGHOUT HAITI SHARP STAFF ALSO WORKED WITH FAMILY FRIENDS COMMUNITY CONNECTION (FFCC), A SAN DIEGO-BASED NONPR OFIT ORGANIZATION, TO LEND VITAL ASSISTANCE TO THOSE AREAS OF HAITI IMPACTED BY THE EARTHQ UAKES IN APRIL 2011, THE FFCC TEAM AND SHARP EMPLOY EES SET UP THE FIRST MOBILE MEDICAL CL INIC IN CARREFOUR, HAITI, AND TREATED NEARLY 1,000 PATIENTS IN NEED OF CRITICAL MEDICAL CA RE STAFF PROVIDED CARE, COMFORT, SUPPORT AND HOPE AMIDST A SITUATION OF COMPLETE AND UTTE R CHAOS, INCLUDING THE CHALLENGES OF LIMITED MEDICAL SUPPLIES AND UNSANITARY LIVING CONDIT IONS COMMUNITY WALKS FOR THE PAST 16 YEARS, SHARP HAS PROUDLY SUPPORTED THE AMERICAN HEAR T ASSOCIATION (AHA) ANNUAL HEART WALK IN SEPTEMBER 2011, MORE THAN 1,000 WALKERS REPRESEN TED SHARP AT THE SAN DIEGO HEART WALK HELD IN BALBOA PARK SHARP WAS THE NO 1 HEART WALK TEAM IN SAN DIEGO AND THE AHA WESTERN REGION AFFILIATES, RAISING MORE THAN $194,000 FOR TH E AMERICAN HEART ASSOCIATION SHARP VOLUNTEERS SHARP VOLUNTEERS ARE A CRITICAL COMPONENT O F SHARP'S DEDICATION TO THE SAN DIEGO COMMUNITY SHARP PROVIDES A MULTITUDE OF VOLUNTEER O PPORTUNITIES 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 |

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| | | SHARP VOLUNTEERS SPEND THEIR TIME WITHIN HOSPITALS, IN THE COMMUNITY, AND IN SUPPORT OF TH E SHARP HEALTHCARE FOUNDATION, GROSSMONT HOSPITAL FOUNDATION, AND CORONADO HOSPITAL FOUNDA TION SHARP EMPLOYEES ALSO DONATE TIME TO SHARP AS VOLUNTEERS FOR THE SHARP ORGANIZATION IN FY 2011, THERE WERE MORE THAN 2,300 TOTAL VOLUNTEERS ACROSS THE SHARP SYSTEM, CONTRIBUT ING 280,963 HOURS OF THEIR TIME IN SERVICE TO SHARP AND ITS INITIATIVES MORE THAN 15,000 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 TABL E 2 DETAILS THE NUMBER OF VOLUNTEERS AND THE HOURS PROVIDED IN SERVICE TO EACH OF SHARP'S ENTITIES, AS WELL AS SHARP HOSPICECARE, SPECIFICALLY FOR PATIENT AND COMMUNITY SUPPORT VO LUNTEERS ALSO SPENT ADDITIONAL HOURS SUPPORTING SHARP'S THREE FOUNDATIONS FOR EVENTS SUCH AS GROSSMONT HOSPITAL FOUNDATION'S ANNUAL GOLF TOURNAMENT, THE SMBHWN STEWARDSHIP COMMITTE E, GALAS HELD FOR SCVMC, SCHHC AND SGH, AND OTHER EVENTS IN SUPPORT OF SHARP ENTITIES AND SERVICES TABLE 2 SHARP VOLUNTEERS AND VOLUNTEER HOURS - FY 2011 SHARP CHULA VISTA MEDICA L CENTER 347 VOLUNTEERS (INDIVIDUALS) 52,990 VOLUNTEER HOURS SHARP CORONADO HOSPITAL AND H EALTHCARE CENTER 165 VOLUNTEERS (INDIVIDUALS) 8,181 VOLUNTEER HOURS SHARP GROSSMONT HOSPIT AL 950 VOLUNTEERS (INDIVIDUALS) 109,487 VOLUNTEER HOURS SHARP MARY BIRCH HOSPITAL FOR WOME N & NEWBORNS 85 VOLUNTEERS (INDIVIDUALS) 14,873 VOLUNTEER HOURS SHARP MEMORIAL HOSPITAL 61 7 VOLUNTEERS (INDIVIDUALS) 74,961 VOLUNTEER HOURS SHARP MESA VISTA HOSPITAL 24 VOLUNTEERS (INDIVIDUALS) 2,689 VOLUNTEER HOURS SHARP HEALTHCARE 26 VOLUNTEERS (INDIVIDUALS) 4,125 VOL UNTEER HOURS TOTAL 2,214 VOLUNTEERS (INDIVIDUALS) 267,306 VOLUNTEER HOURS SHARP EMPLOYEES ALSO VOLUNTEER THEIR TIME FOR THE CABRILLO CREDIT UNION SHARP DIVISION BOARD, THE SHARP AN D CHILDREN'S MRI BOARD, THE UCSD MEDICAL CENTER/SHARP BONE MARROW TRANSPLANT PROGRAM BOARD , GROSSMONT IMAGING LLC BOARD, AND THE SCVMC - SDI IMAGING CENTER IN ADDITION, VOLUNTEERS ON SHARP'S AUXILIARY BOARDS AND THE VARIOUS SHARP ENTITY BOARDS VOLUNTEER THEIR TIME TO P ROVIDE PROGRAM OVERSIGHT, ADMINISTRATION AND DECISION-MAKING REGARDING FINANCIAL RESOURCES IN FY 2011, 129 COMMUNITY MEMBERS CONTRIBUTED THEIR TIME TO SHARP'S BOARDS SHARP'S GREA TER GOOD IN FY 2011, SHARP STAFF VOLUNTEERED THEIR TIME AND PASSION TO A NUMBER OF UNIQUE INITIATIVES, UNDERSCORING SHARP'S COMMITMENT TO THE HEALTH AND WELFARE OF THE SAN DIEGO CO MMUNITY, AND THE GREATER GOOD BELOW ARE JUST A FEW EXAMPLES OF HOW SHARP EMPLOYEES GAVE O F THEMSELVES TO THE SAN DIEGO COMMUNITY AT SGH, THE "THIS BUD'S FOR YOU" PROGRAM BROUGHT SMILES TO UNSUSPECTING PATIENTS AND THEIR LOVED ONES WITH THE DELIVERY OF HAND-PICKED FLOW ERS FROM THE MEDICAL CAMPUS'S ABUNDANT GARDENS THE SGH LANDSCAPE TEAM GREW, CUT, BUNDLED AND DELIVERED COLORFUL BOUQUETS EACH WEEK, BRINGING AN ELEMENT OF NATURAL BEAUTY TO HELP E ASE THE EXPERIENCE OF PATIENTS AND VISITORS OF BOTH THE HOSPITAL, AND THE SGH HOSPICE HOUS ES THE TEAM ALSO REGULARLY OFFERS SINGLE-STEM ROSES IN A SMALL BUD VASE TO PASSERS-BY TH E PROGRAM'S SUCCESS WAS MADE POSSIBLE BY SUPPORT FROM THE SGH AUXILIARY AND VOLUNTEERS WHO ASSISTED THE LANDSCAPE CREW IN NAVIGATING THE HOSPITAL AND SUPPLIED FLOWER VASES ANOTHER PROGRAM ORGANIZED BY AN SGH STAFF MEMBER WAS THE "SHIRT OFF OUR BACKS" PROGRAM DURING TH E 2010 HOLIDAY SEASON, ONE SGH EMPLOYEE ORCHESTRATED AND IMPLEMENTED A CONCERTED EFFORT TO BRING CLOTHING, SHOES, BLANKETS AND HOUSEHOLD ITEMS DIRECTLY TO SAN DIEGO'S HOMELESS POPU LATION THE SGH ENGINEERING DEPARTMENT, THE SGH AUXILIARY AND LOCAL BUSINESSES COLLABORATE D TO IMPLEMENT THE PROGRAM, AND SGH'S WASTE MANAGEMENT TEAM PROVIDED ANCILLARY SUPPORT WIT H LOANER RECYCLE BINS TO USE FOR COLLECTION HUNDREDS OF POUNDS OF CLOTHING, SHOES, TOWELS , BLANKETS, TOILETRIES AND OTHER ITEMS THAT COULD BE PUT TO USE IMMEDIATELY WERE COLLECTED , WASHED, FOLDED, BOXED/BAGGED AND PREPARED BEFORE DELIVERY TO THE SAN DIEGO POPULATION IN NEED AT SMMC, THE ARTS FOR HEALING PROGRAM WAS ESTABLISHED TO IMPROVE THE SPIRITUAL AND EMOTIONAL HEALTH OF PATIENTS THAT FACE SIGNIFICANT MEDICAL CHALLENGES THE PROGRAM PROVIDE S SERVICES AT SMH, SMH OPP, SMBHWN, SMV AND SMC SINCE THE INCEPTION OF THE PROGRAM IN 200 7, MORE THAN 5,000 PATIENTS AND THEIR FAMILIES HAVE BENEFITTED FROM THE TIME AND TALENT PR OVIDED BY DEDICATED STAFF AND VOLUNTEERS TRAINED VOLUNTEERS ARE THE PRIMARY PROVIDERS OF THE PROGRAM, WHICH IS COORDINATED BY A CLERGY MEMBER OF THE SPIRITUAL CARE PROGRAM THE AR TS FOR HEALING PROGRAM UTILIZES THE POWER OF ART AND MUSIC TO ENHANCE THE HEALING PROCESS FOR PATIENTS CHALLENGED BY SIGNIFICANT ILLNESS, CHRONIC PAIN AND LONG-TERM HOSPITALIZATION AT SMH, OFTENTIMES THESE ARE STROKE PATIENTS, CANCER PATIENTS, OR PATIENTS FACING LIFE W ITH NEWLY-ACQUIRED DISABILITIES FOLLOWING CATASTROPHIC EVENTS AT SMBHWN, THE PROGRAM IS P ROVIDED TO HIGH-RISK MOTHERS WHO ARE IN THE HOSPIT |

| Identifier | Return Reference | Explanation |
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| | | AL FROM ONE TO FOUR MONTHS, AWAITING CHILDBIRTH AND EXPERIENCING STRESS AND LONELINESS OVE R THE SEPARATION FROM THEIR FAMILIES THE PROGRAM HAS RECENTLY EXPANDED TO OFFER SPECIAL I NTERACTIVE GROUP ART PROJECTS IN THE LOUNGES OF THE STEPHEN BIRCH HEALTHCARE CENTER, WHICH ARE OPEN TO PATIENTS, FAMILIES AND STAFF PARTICIPANTS PAINT AND CREATE CARDS AND SEASONA L CRAFT PROJECTS EVENTS HAVE ATTRACTED MORE THAN 75 PEOPLE WHO BENEFIT FROM THE HEALING P OWER OF ART IN ADDITION, SHARP SPONSORED THE TEDXSANDIEGO AND TEDXY OUTH EVENTS HELD IN NO VEMBER 2010, PROVIDING SUPPORT IN ADVANCE OF THE EVENT, INCLUDING SHOW DIRECTION, TECHNICA L DIRECTION, EXPERIENCE DESIGN AND REGISTRATION TEDXSANDIEGO AND TEDXY OUTH ARE EVENTS FOR MEMBERS OF THE SAN DIEGO COMMUNITY AND BEY OND, AND ARE DESIGNED TO BRING TOGETHER INNOVAT ORS, EXPLORERS, TEACHERS AND LEARNERS IN AN ENVIRONMENT THAT ENCOURAGES COLLABORATION, CON VERSATION AND INTERACTION TED IS A NONPROFIT ORGANIZATION DEVOTED TO "IDEAS WORTH SPREADI NG," AND HAS GROWN OVER THE PAST 25 YEARS TO SUPPORT AN ARRAY OF WORLD-CHANGING IDEAS WITH MULTIPLE INITIATIVES TEDXSANDIEGO AND TEDXY OUTH ARE NOT-FOR-PROFIT EVENTS ORGANIZED ENTI RELY BY LOCAL, UNPAID VOLUNTEERS BETWEEN 40 TO 60 SHARP STAFF VOLUNTEERED THEIR TIME ON-S ITE AT EACH EVENT, DELIVERING THE SHARP EXPERIENCE AS WAY FINDERS, USHERS, STAGE MANAGERS, SPEAKER SHADOWS, AND IN OTHER ROLES LASTLY, SHARP'S 2011 ALL-STAFF ASSEMBLY DREW FROM TH E SPIRIT OF GIVING BACK WITH ITS THEME OF "GREATER GOOD " TO INSPIRE SHARP STAFF TO MAKE A DIFFERENCE, BROWN PAPER "BAGS OF GOODNESS" WERE MAILED TO ALL SHARP EMPLOY EES IN SEPTEMBE R, WITH THE SIMPLE REQUEST TO FILL THE BAG "WITH LOVE AND GENEROSITY" AND TO PASS IT ON "T O CREATE UNEXPECTED DELIGHT " HUNDREDS OF SHARP EMPLOY EES SHARED STORIES OF THEIR BAGS OF GOODNESS, RANGING FROM BAGS OF RECY CLED EY EGLASSES DISTRIBUTED TO THOSE IN NEED IN THIRD W ORLD COUNTRIES BY THE LA MESA LION'S CLUB, TO SAFETY SUPPLIES AND NECESSITIES FOR NEIGHBOR S DURING A BLACKOUT, GRANOLA BARS AND OTHER FOODS FOR THOSE IN NEED, AND TREATS AND USEFUL ITEMS FOR SOLDIERS IN IRAQ AND AFGHANISTAN IN ADDITION, A GROUP OF SHARP STAFF ORGANIZED A TRIP TO THE YWCA "C" STREET SHELTER, A TEMPORARY HOUSING FACILITY FOR WOMEN AND CHILDRE N THAT ARE VICTIMS OF DOMESTIC VIOLENCE THEY DELIVERED OVER 50 BAGS OF GOODNESS, FILLED W ITH TOILETRIES, SNACKS, GIFT CARDS, BOOKS AND OTHER KIND GESTURES THROUGH THESE AND MANY OTHER SIMPLE, YET POWERFUL ACTS, SHARP EMPLOY EES DEMONSTRATED THAT A SINGLE GOOD DEED CAN IGNITE A SPARK OF POSSIBILITY, SETTING IN MOTION A CHAIN REACTION OF KINDNESS - ALL FOR TH E GREATER GOOD ALL WAYS GREEN INITIATIVE AS SAN DIEGO'S LARGEST PRIVATE EMPLOY ER, SHARP R ECOGNIZES THAT THE HEALTH OF ITS PATIENTS AND EMPLOY EES IS DIRECTLY TIED TO THE HEALTH OF THEIR ENVIRONMENT SHARP LEADERSHIP PROMOTES A CULTURE OF ENVIRONMENTAL RESPONSIBILITY BY PROVIDING EDUCATION AND OUTREACH TO EMPLOY EES TO IMPROVE THE HEALTH OF THOSE THEY SERVE AS WELL AS THEIR OWN SHARP CONTINUES TO IMPROVE ITS SYSTEMWIDE ALL WAYS GREEN PROGRAM, WHIC H IS AIMED AT INCREASING ENERGY EFFICIENCY, WATER CONSERVATION AND WASTE MINIMIZATION, AS WELL AS THE PROMOTION OF OTHER INITIATIVES TO LOWER SHARP'S CARBON FOOTPRINT SHARP CREATE D ITS ALL WAYS GREEN LOGO TO BRAND ITS ENVIRONMENTAL ACTIVITIES, AND HAS ESTABLISHED A GRE EN TEAM AT EACH ENTITY TO FOSTER AND COMMUNICATE SUSTAINABLE ACTIVITIES SHARP HAS ALSO IN STITUTED A SYSTEMWIDE ENVIRONMENTAL POLICY |

| Identifier | Return Reference | Explanation |
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| | | ACCORDING TO THE EPA, INPATIENT HOSPITAL FACILITIES ARE NOW THE SECOND-MOST ENERGY-INTENSI VE INDUSTRY AFTER FOOD SERVICE AND SALES, WITH ENERGY UTILIZATION RATES 2 7 TIMES GREATER THAN THAT OF OFFICE BUILDINGS ON A SQUARE-FOOT BASIS UNLIKE OTHER INDUSTRIES, HOSPITALS M UST OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK, AND MUST PROVIDE SERVICE DURING POWER OUTAG ES, NATURAL DISASTERS AND OTHER EMERGENCIES GIVEN THIS REALITY, SHARP HAS EMBARKED ON SEV ERAL GREEN INITIATIVES TO ENHANCE ENERGY EFFICIENCY THROUGH ENERGY-EFFICIENT LIGHTING, RET RO-COMMISSIONING, OCCUPANCY SENSORS, ENERGY AUDITS, ENERGY-EFFICIENT PLANT MOTOR REPLACEME NTS, EQUIPMENT MODERNIZATION AND TRAINING OF STAFF TO CONSERVE ENERGY IN ADDITION, ALL SH ARP ENTITIES PARTICIPATE IN THE EPA ENERGY STAR DATABASE AND MONITOR THEIR ENERGY SCORES O N A MONTHLY BASIS IN FY 2010 AND FY 2011, SCHHC EARNED THE EPA ENERGY STAR AWARD SCHHC W AS ALSO NAMED AS AN "HONORABLE MENTION" AT THE 2011 SAN DIEGO GAS & ELECTRIC (SDG&E) ANNUA L SHOWCASE AWARDS SCVMC EARNED THE EPA ENERGY STAR AWARD IN FY 2009, FY 2010 AND FY 2011 AND WAS THE ONLY HOSPITAL IN CALIFORNIA TO BE ELIGIBLE FOR THE AWARD DURING THIS CONSECUTI VE THREE-YEAR PERIOD IN AN EFFORT TO CONSERVE NATURAL RESOURCES, SHARP HAS RESEARCHED AND IMPLEMENTED INFRASTRUCTURE CHANGES TO ENSURE SHARP'S FACILITIES ARE OPTIMALLY OPERATED WH ILE MONITORING AND MEASURING WATER CONSUMPTION SUCH CHANGES INCLUDE INSTALLATION OF MOTI ON-SENSING FAUCETS, DRIP IRRIGATION SYSTEMS, MIST ELIMINATORS, WATER-SAVING DEVICES AND EQ UIPMENT, WATER MONITORING AND CONTROL SYSTEMS, WATER PRACTICE AND UTILIZATION EVALUATIONS, AND DROUGHT-RESISTANT PLANTS AND OTHER LANDSCAPE REDESIGNS THESE CHANGES HAVE BEEN IMPLE MENTED OPERATIONALLY WITH NO NEGATIVE IMPACT TO PATIENT CARE, RESULTING IN SIGNIFICANT FIN ANCIAL SAVINGS AND REDUCED NATURAL RESOURCE CONSUMPTION SHARP EMPLOYEES ALSO DONATED OR R ECYCLED PERSONAL CELL PHONES AND PROCEEDS WERE GIVEN TO THE COMMUNITY HEALTH IMPROVEMENT P ARTNERS (CHIP) GIFT OF HEALTH PROGRAM CHIP USES THE PROCEEDS TO PROVIDE MEDICAL AND DENTA L CARE FOR UNINSURED CHILDREN IN SAN DIEGO IN ADDITION, SHARP EMPLOYEES WERE ENCOURAGED T O RECYCLE PERSONAL EYEGLASSES AND SUNGLASSES THROUGH THE LION'S CLUB RECYCLE SIGHT PROGRAM , WHICH DISTRIBUTES RECYCLED GLASSES TO PEOPLE IN NEED BOTH LOCALLY AND GLOBALLY IN APRIL 2011, SHARP HELD ITS SECOND-ANNUAL SYSTEMWIDE EARTH WEEK EVENT, PARTNERING WITH 11 OF SHA RP'S VENDORS TO ELEVATE AWARENESS OF GREEN INITIATIVES SHARP ALSO HELD ITS FIRST CORPORAT E ELECTRONIC WASTE EVENT AT ITS CORPORATE OFFICE LOCATION IN KEARNY MESA THE EPA AND HOSP ITALS FOR A HEALTHY ENVIRONMENT HAVE REPORTED THAT EACH PATIENT GENERATES APPROXIMATELY 15 POUNDS OF WASTE EACH DAY, WHILE U S MEDICAL CENTERS GENERATE APPROXIMATELY 2 MILLION TON S OF WASTE EACH YEAR IN RECOGNITION OF THIS DRAMATIC ENVIRONMENTAL IMPACT, SHARP HAS IMPL EMENTED A SYSTEMWIDE SINGLE-STREAM RECYCLING PROGRAM TO DIVERT WASTE FROM GOING TO LANDFIL LS FACILITIES ALSO BEGAN USING REUSABLE SHARPS CONTAINERS THAT CAN BE REUSED UP TO 500 TI MES, STERILE PROCESSING EQUIPMENT THAT ALLOWS FOR THE ELIMINATION OF BLUE-WRAPPED INSTRUME NT TRAYS, AND REPROCESSING OF SURGICAL INSTRUMENTS OTHER EFFORTS TO REDUCE WASTE INCLUDE THE USE OF RECYCLABLE PAPER FOR PRINTING BROCHURES AND OTHER MARKETING MATERIALS, ELECTRON IC PATIENT BILLS AND PAPERLESS PAYROLL, RECYCLING OF EXAM PAPER AT SRS, AND ENCOURAGEMENT OF REDUCED PAPER USE AT MEETINGS THROUGH ELECTRONIC CORRESPONDENCE IN ADDITION, SHARP NEG OTIATED A CONTRACT WITH OFFICE DEPOT TO ALLOW FOR 30 PERCENT RECYCLED COPY PAPER TO BE USE D AT ALL ENTITIES ITEMS RECEIVED FROM OFFICE DEPOT ARE ALSO NOW DELIVERED IN A SMALL RE-U SEABLE BAG RATHER THAN A LARGE SINGLE-USE CARDBOARD BOX AT THE SMMC, VOLUNTEERS CONTINUE TO PICK UP UNWANTED FLOWER VASES FOLLOWING PATIENT DISCHARGE TO REUSE THEM IN THE HOSPITAL GIFT SHOP THE IMPACT OF THE WASTE REDUCTION PROGRAMS HAS BEEN SIGNIFICANT IN FY 2011, S HARP FACILITIES DIVERTED SOME 6 8 MILLION POUNDS OF PAPER, CARDBOARD, PLASTIC CONTAINERS, GLASS CONTAINERS, ALUMINUM AND METAL CANS FROM LOCAL LANDFILLS IN ADDITION, SCHHC AND SMM C DIVERTED 39,960 POUNDS OF WASTE THROUGH UTILIZATION OF REUSABLE SHARPS AND PHARMACEUTICA L WASTE CONTAINERS IN FY 2011 SHARP RECYCLED/RECLAIMED 180,669 POUNDS OF HAZARDOUS AND UN IVERSAL WASTE (E G , BATTERIES, SOLVENTS, FLUORESCENT LIGHT BULBS, ETC ) AND DIVERTED 27,0 88 POUNDS OF WASTE THROUGH THE REPROCESSING OF SURGICAL DEVICES TABLE 3 PRESENTS THE QUAN TITY OF WASTE DIVERSION AT SHARP SHOWN AS POUNDS (LBS ) DIVERTED TABLE 3 SHARP HEALTHCAR E WASTE DIVERSION - FY 2011 SHARP CHULA VISTA MEDICAL CENTER 352,954 POUNDS RECYCLED WASTE PER YEAR 3,229,152 POUNDS TOTAL WASTE PER YEAR 10 9% RECYCLED SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 227,119 POUNDS RECYCLED WASTE PER YEAR 937,656 POUNDS TOTAL WASTE PER Y EAR 24 2% RECYCLED SHARP GROSSMONT HOSPITAL 1,422,201 POUNDS RECYCLED WASTE PER YEAR 4,176 ,332 POUNDS TOTAL WASTE PER YEAR 34 1% RECYCLED SH |

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| | | ARP METROPOLITAN MEDICAL CAMPUS 1,960,931 POUNDS RECYCLED WASTE PER YEAR 6,355,666 POUNDS TOTAL WASTE PER YEAR 30 9% RECYCLED TOTAL SHARP HEALTHCARE 7,009,641 POUNDS RECYCLED WASTE PER YEAR 20,097,407 POUNDS TOTAL WASTE PER YEAR 34 9% RECYCLED IN FY 2011, SHARP PROMOTED VARIOUS OTHER ALL WAYS GREEN INITIATIVES TO ENHANCE ENVIRONMENTAL RESPONSIBILITY GREEN B UILDING DESIGNS ARE UTILIZED THROUGHOUT THE SHARP SYSTEM AND THE NEW SRS DOWNTOWN MEDICAL OFFICE BUILDING IS DESIGNED TO BE LEED (LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN) GOL D CERTIFIED WITH A CO-GENERATION SYSTEM WHICH USES NATURAL GAS TO PRODUCE ELECTRICITY ON-S ITE SHARP IS ALSO IMPLEMENTING SUSTAINABLE FOOD PRACTICES INCLUDING REMOVAL OF STYROFOAM FROM THE CAFETERIAS, USE OF GREEN-LABEL SOAPS AND CLEANERS, NEW DISHWASHING SYSTEMS TO RE DUCE THE USE OF PLASTICS, ELECTRONIC CAFE MENUS, FLATWARE AND PLATES MADE FROM RECYCLED MA TERIALS, RECYCLING OF ALL CARDBOARD, CANS AND GREASE FROM CAFES, AND PARTNERING WITH VENDO RS WHO ARE COMMITTED TO REDUCING PRODUCT PACKAGING OTHER SUSTAINABLE FOOD PRACTICES INCLU DE ORGANIC MARKETS AT EACH HOSPITAL AND THE CORPORATE OFFICE, PURCHASING OF HORMONE-FREE M ILK, AND INCREASED PURCHASING OF LOCALLY GROWN FRUITS AND VEGETABLES, APPROACHING 65 PERCE NT AT SOME ENTITIES IN ADDITION, SMH AND SCHHC ARE IN THE PROCESS OF IMPLEMENTING COMPOST ING SYSTEMS IN THEIR KITCHENS, AND CLOSE TO HAVING THE FIRST COUNTY-APPROVED ORGANIC GARDE NS RIDE SHARING, PUBLIC TRANSIT PROGRAMS AND OTHER TRANSPORTATION EFFORTS CONTRIBUTE TO T HE REDUCTION OF SHARP'S TRANSPORTATION EMISSIONS SHARP ENSURES CARPOOL PARKING SPACES AND DESIGNATED BIKE RACKS AND MOTORCYCLE SPACES ARE AVAILABLE AT EACH EMPLOYEE PARKING LOT I N ADDITION, SHARP OFFERS DISCOUNTED MONTHLY BUS PASSES FOR PURCHASE BY EMPLOYEES IN PARTN ERSHIP WITH THE SAN DIEGO ASSOCIATION OF GOVERNMENTS (SANDAG), A VANPOOL AND CARPOOL MATCH-UP PROGRAM HAS ALSO BEEN CREATED TO HELP EMPLOYEES FIND CONVENIENT RIDE SHARE PARTNERS I N FY 2011, THE SHARP SYSTEM PARTICIPATED IN THE SANDAG ICOMMUTE CORPORATE CHALLENGE, ACHIE VING FIRST PLACE IN THE LARGE EMPLOYER CATEGORY SHARP IS ALSO IN THE PROCESS OF INSTALLIN G ELECTRIC VEHICLE (EV) CHARGERS ACROSS THE SHARP SYSTEM, AS PART OF THE NATIONAL EV PROJE CT SHARP IS THE FIRST HEALTH CARE SYSTEM IN SAN DIEGO TO OFFER THE EV CHARGERS AND IS ON THE FOREFRONT OF HELPING CREATE THE NATIONAL INFRASTRUCTURE REQUIRED FOR THE PROMOTION OF EVS IN ADDITION, SHARP USES CENTRALIZED PATIENT SCHEDULING TO IMPROVE PATIENT VANPOOLS, A ND HAS REPLACED HIGHER FUEL-CONSUMING CARGO VANS WITH ECONOMY FORD TRANSIT VEHICLES, SAVIN G APPROXIMATELY FIVE MILES PER GALLON AT SMMC, BATTERY-OPERATED GOLF CARTS ARE ALSO USED TO SHUTTLE PATIENTS BETWEEN CAMPUS BUILDINGS TABLE 4 HIGHLIGHTS THE ALL WAYS GREEN EFFORT S AT SHARP ENTITIES GOING FORWARD, SHARP REMAINS COMMITTED TO THE ALL WAYS GREEN INITIATI VE AND WILL CONTINUE TO INVESTIGATE OTHER GREEN OPPORTUNITIES TO REDUCE SHARP'S CARBON FOO TPRINT GREEN PURCHASING METHODS WILL BE EXPLORED AS A FIRST LINE OF DEFENSE TO REDUCE WAS TE VOLUME AND TOXICITY WITH LESS PACKAGING, FEWER TOXIC MATERIALS AND MORE RECYCLABLE PACK AGING SHARP'S ALL WAYS GREEN COMMITTEE WILL CONTINUE TO WORK WITH OUR EMPLOYEES, PHYSICIA NS AND CORPORATE PARTNERS TO DEVELOP NEW AND CREATIVE WAYS TO REDUCE, REUSE AND RECYCLE T ABLE 4 ALL WAYS GREEN INITIATIVES BY SHARP ENTITY - FY 2011 SMH/SMBHWN ENERGY EFFICIENCY -LIGHTING RETROFIT -ENERGY STAR AWARD -ENERGY-EFFICIENT MOTORS INSTALLED -OCCUPANCY SENSOR S WATER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER-SAVING PRACTICES/UTILIZATION EVA LUATIONS -MIST ELIMINATORS -LANDSCAPE WATER REDUCTION SYSTEMS -DROUGHT-TOLERANT PLANTS WAS TE MINIMIZATION -REPROCESSING (SURGICAL INSTRUMENTS, ETC ) -RECYCLING -REUSABLE SUPPLIES E DUCATION AND OUTREACH -RECYCLING EDUCATION -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENT AL POLICY |

| Identifier | Return Reference | Explanation |
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| | | SMV/SMC ENERGY EFFICIENCY -LIGHTING RETROFIT -ENERGY STAR PARTICIPATION -MOTOR AND PUMP RE PLACEMENTS WATER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER-SAVING PRACTICES/UTILIZ ATION EVALUATIONS -LANDSCAPE USAGE REDUCTION -LANDSCAPE WATER REDUCTION SYSTEMS -DROUGHT-T OLERANT PLANTS WASTE MINIMIZATION -RECYCLING -WASTE REDUCTION -STYROFOAM ELIMINATION EDUCA TION AND OUTREACH -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY SGH ENERGY EFFI CIENCY -LIGHTING RETROFIT -ENERGY STAR PARTICIPATION -RETRO-COMMISSIONING WATER CONSERVATI ON - DRIP IRRIGATION -HARDSCAPING -WATER-SAVING PRACTICES/UTILIZATION EVALUATIONS -LANDSCAP E WATER REDUCTION SYSTEMS -DROUGHT-TOLERANT PLANTS WASTE MINIMIZATION -RECYCLING -SUSTAINA BLE SUPPLIES -SURGICAL INSTRUMENT REPROCESSING EDUCATION AND OUTREACH -UPDATE AND ENFORCE NO SMOKING POLICY -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY SCVMC ENERGY EF FICIENCY -ENERGY STAR PARTICIPATION -LIGHTING RETROFIT -ENERGY-EFFICIENT CHILLERS/MOTORS W ATER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER-SAVING PRACTICES/UTILIZATION EVALUA TIONS - LANDSCAPE WATER REDUCTION SYSTEMS -DROUGHT-TOLERANT PLANTS WASTE MINIMIZATION -RECY CLING - COMPACTOR RENOVATION -SURGICAL INSTRUMENT REPROCESSING EDUCATION AND OUTREACH -RECY CLING/RIDE SHARING PROMOTION -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY SCHH C ENERGY EFFICIENCY -LIGHTING RETROFIT -ENERGY STAR AWARD -ELEVATOR/CHILLER MODERNIZATIONS -A/C REPLACEMENT -ENERGY EFFICIENT CHILLERS/MOTORS -SDG&E "HONORABLE MENTION" AWARD WATER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER-SAVING PRACTICES/UTILIZATION EVALUATION S - LANDSCAPE USAGE/WATER REDUCTION -DROUGHT-TOLERANT PLANTS WASTE MINIMIZATION -RECYCLING - REUSABLE SUPPLIES -REPROCESSING -SURGICAL INSTRUMENT REPROCESSING EDUCATION AND OUTREACH - RECYCLING EDUCATION -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY -FARMER'S MA RKET SRS ENERGY EFFICIENCY -LIGHTING RETROFIT -ENERGY STAR PARTICIPATION -ENERGY AUDITS WA TER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER-SAVING PRACTICES/UTILIZATION EVALUAT IONS - LANDSCAPE USAGE/WATER REDUCTION -DROUGHT-TOLERANT PLANTS -LOW-FLOW SYSTEMS WASTE MIN IMIZATION -RECYCLING EDUCATION AND OUTREACH -CONTRACTOR EDUCATION -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY SHP ENERGY EFFICIENCY -LIGHTING RETROFIT -ENERGY STAR PAR TICIPATION -OCCUPANCY SENSORS WATER CONSERVATION -DRIP IRRIGATION -HARDSCAPING -WATER-SAVI NGS PRACTICES/UTILIZATION EVALUATIONS -LANDSCAPE WATER REDUCTION SYSTEMS -DROUGHT-TOLERANT PLANTS -WATER-SAVING DEVICES WASTE MINIMIZATION -RECYCLING -SPRING CLEANING EVENTS EDUCAT ION AND OUTREACH -MASS TRANSIT EDUCATION -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY SHARP SYSTEM SERVICES ENERGY EFFICIENCY -ENERGY STAR PARTICIPATION -ENERGY EFFICIE NT CHILLERS/MOTORS -THERMOSTAT CONTROL SOFTWARE -OCCUPANCY SENSORS WATER CONSERVATION -DRI P IRRIGATION -HARDSCAPING -WATER-SAVING PRACTICES AND UTILIZATION EVALUATIONS -LANDSCAPE U SAGE/WATER REDUCTION -DROUGHT-TOLERANT PLANTS WASTE MINIMIZATION -GREEN GROCER'S MARKET -R ECYCLING -E-WASTE EVENT EDUCATION AND OUTREACH -SHARP-SPONSORED MASS TRANSIT AND CARPOOLIN G PROGRAM -GREEN TEAM -EARTH WEEK ACTIVITIES -ENVIRONMENTAL POLICY 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 FISCAL YEAR (FY) 2011 (OCTOBER 1, 201 0, THROUGH SEPTEMBER 30, 2011) IN ADDITION, THE SUMMARY REPORTS THE ECONOMIC VALUE OF COM MUNITY BENEFITS PROVIDED BY SHARP, ACCORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED IN S B 697, FOR THE FOLLOWING *SHARP CHULA VISTA MEDICAL CENTER *SHARP CORONADO HOSPITAL AND H EALTHCARE CENTER *SHARP GROSSMONT HOSPITAL *SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS *SHARP MEMORIAL HOSPITAL *SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER *SHARP HEAL TH PLAN COMMUNITY BENEFITS PLANNING AT SHARP HEALTHCARE SHARP BASES ITS COMMUNITY BENEFITS PLANNING ON THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUCTED BY SAN DIEGO 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 BE NEFITS REPORT THE FOLLOWING COMMUNITY NEEDS ARE ADDRESSED BY ONE OR MORE SHARP HOSPITALS I N THIS COMMUNITY BENEFITS REPORT *ACCESS TO CARE FOR INDIVIDUALS WITHOUT A MEDICAL PROVID ER *FOCUSED EDUCATION AND SCREENING PROGRAMS ON HEALTH CONDITIONS SUCH AS HEART AND VASCUL AR DISEASE, STROKE, CANCER, DIABETES, PRETERM DELIVERY, UNINTENTIONAL INJURIES AND BEHAVIO RAL HEALTH *HEALTH EDUCATION AND SCREENING ACTIVITIES FOR SENIORS *OUTREACH FOR FLU VACCIN ATIONS *SPECIAL SUPPORT SERVICES FOR HOSPICE PATIENTS AND THEIR LOVED ONES, AND FOR THE CO MMUNITY *SUPPORT OF COMMUNITY NONPROFIT HEALTH ORGANIZATIONS *EDUCATION AND TRAINING OF HE ALTH CARE PROFESSIONALS *COLLABORATION WITH LOCAL |

| Identifier | Return Reference | Explanation |
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| | | SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS *WELFARE OF SENIORS AND DISABLED PEOPLE *CANCER EDUCATION, PATIENT NAVIGATOR SERVICES, AND PARTICIPATION IN CLINICAL TRIALS *WOME N'S AND PRENATAL HEALTH SERVICES AND EDUCATION *MEETING THE NEEDS OF NEW MOTHERS AND THEIR LOVED ONES *MENTAL HEALTH AND SUBSTANCE ABUSE EDUCATION FOR THE COMMUNITY HIGHLIGHTS OF C OMMUNITY BENEFITS PROVIDED BY SHARP IN FY 2011 THE FOLLOWING ARE EXAMPLES OF COMMUNITY BEN EFITS PROGRAMS AND SERVICES PROVIDED BY SHARP HOSPITALS AND ENTITIES IN FY 2011 UNREIMBUR SED MEDICAL CARE SERVICES INCLUDED UNCOMPENSATED CARE FOR PATIENTS WHO ARE UNABLE TO PAY F OR 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 DEPART MENT OF VETERANS AFFAIRS (CHAMPVA), AND TRICARE - THE REGIONALLY MANAGED HEALTH CARE PROGR AM FOR ACTIVE-DUTY AND RETIRED MEMBERS OF THE UNIFORMED SERVICES, THEIR LOVED ONES AND SUR VIVORS, AND UNREIMBURSED COSTS OF WORKERS' COMPENSATION PROGRAMS THIS ALSO INCLUDED FINAN CIAL SUPPORT FOR ON-SITE WORKERS TO PROCESS MEDI-CAL ELIGIBILITY FORMS OTHER BENEFITS FOR VULNERABLE POPULATIONS INCLUDED VAN TRANSPORTATION FOR PATIENTS TO AND FROM MEDICAL APPOI NTMENTS, FINANCIAL AND OTHER SUPPORT TO COMMUNITY CLINICS TO ASSIST IN PROVIDING HEALTH SE RVICES, AND IMPROVING ACCESS TO HEALTH SERVICES, PROJECT HELP, PROJECT CARE, CONTRIBUTION OF TIME TO THE YWCA EMERGENCY SHELTER (BECKY'S HOUSE), STAND DOWN FOR HOMELESS VETERANS, A ND 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 INCL UDED HEALTH EDUCATION AND INFORMATION, AND PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EVE NTS ADDRESSING THE UNIQUE NEEDS OF THE COMMUNITY, PLUS PROVIDING FLU VACCINATIONS AND HEAL TH SCREENINGS SHARP COLLABORATED WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CA REERS, MADE SHARP FACILITIES AVAILABLE FOR USE BY COMMUNITY GROUPS AT NO CHARGE, AND EXECU TIVE LEADERSHIP AND STAFF ACTIVELY PARTICIPATED IN NUMEROUS COMMUNITY ORGANIZATIONS, COMMI TTEES AND COALITIONS TO IMPROVE THE HEALTH OF THE COMMUNITY SEE APPENDIX A FOR A LISTING OF SHARP'S INVOLVEMENT IN COMMUNITY ORGANIZATIONS HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS INCLUDED EDUCATION AND TRAINING PROGRAMS FOR MEDICAL, NURSING AND OTHER HEALTH C ARE PROFESSIONALS, AS WELL AS STUDENT/INTERN SUPERVISION SHARP ALSO COMPLETED ITS PARTNER SHIP WITH SOUTHWESTERN COLLEGE (SWC) AND UNIVERSITY OF OKLAHOMA (OU) COLLEGE OF NURSING TO PROVIDE CLINICAL EXPERIENCE IN SDC FOR STUDENTS ENROLLED IN THE OU ONLINE ACCELERATED SEC OND DEGREE BSN PROGRAM ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FY 2011 IN FY 201 1, SHARP PROVIDED A TOTAL OF $297,942,782 IN COMMUNITY BENEFITS PROGRAMS AND SERVICES THAT WERE UNREIMBURSED TABLE 1 DISPLAYS A SUMMARY OF UNREIMBURSED COSTS BASED ON THE CATEGORI ES SPECIFICALLY IDENTIFIED IN SB 697 IN FY 2011, THE STATE OF CALIFORNIA AND THE CENTERS FOR MEDICARE AND MEDICAID SERVICES APPROVED A MEDI-CAL HOSPITAL FEE PROGRAM FOR THE PERIOD APRIL 1, 2009 THROUGH DECEMBER 31, 2010, RESULTING IN INCREASED REIMBURSEMENT OF $120 7 M ILLION AND AN ASSESSMENT OF A QUALITY ASSURANCE FEE TOTALING $82 7 MILLION THE NET IMPACT OF THE PROGRAM TOTALING $38 1 MILLION REDUCED THE AMOUNT OF UNREIMBURSED MEDICAL CARE SER VICE FOR THE MEDI-CAL POPULATION THIS REIMBURSEMENT HELPED OFFSET PRIOR YEARS' UNREIMBURS ED MEDICAL CARE SERVICES, BUT WAS FULLY RECORDED IN FY 2011, THEREBY UNDERSTATING THE TRUE UNREIMBURSED MEDICAL CARE SERVICES PERFORMED FOR FY 2011 |

| Identifier | Return Reference | Explanation |
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| | | TABLE 1 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED SHARP HEALTHCARE OVERALL - FY 2011 SENATE BILL 697 CATEGORY PROGRAMS AND SERVICES INCLUDED IN SENATE BILL 697 CATEGORY ESTIMATED FY 2011 UNREIMBURSED COSTS MEDICAL CARE SERVICES SHORTFALL IN MEDI-CAL $29,099,7 19 SHORTFALL IN MEDICARE $159,888,631 SHORTFALL IN SAN DIEGO COUNTY INDIGENT MEDICAL SERVI CES $26,653,890 SHORTFALL IN CHAMPVA/TRICARE $2,608,868 SHORTFALL IN WORKERS' COMPENSATION $124,996 CHARITY CARE AND BAD DEBT $68,569,532 OTHER BENEFITS FOR VULNERABLE POPULATIONS PATIENT TRANSPORTATION AND OTHER ASSISTANCE FOR THE NEEDY $3,092,761 OTHER BENEFITS FOR TH E BROADER COMMUNITY HEALTH EDUCATION AND INFORMATION, SUPPORT GROUPS, HEALTH FAIRS, MEETIN G ROOM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZATIONS AND COST OF FUNDRAISING FOR COM MUNITY EVENTS $3,125,051 HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS EDUCATION AND T RAINING PROGRAMS FOR STUDENTS, INTERNS, AND HEALTH CARE PROFESSIONALS $4,779,334 TOTAL $29 7,942,782 TABLE 2 SHOWS A LISTING OF THESE UNREIMBURSED COSTS PROVIDED BY EACH SHARP ENTIT Y TABLE 2 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED SHARP HEALTHCARE ENTITIES - FY 2011 SHARP HEALTHCARE ENTITY ESTIMATED FY 2011 UNREIMBURSED COSTS SHARP CHULA VISTA M EDICAL CENTER $53,843,127 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER $9,922,973 SHARP G ROSSMONT HOSPITAL $103,258,405 SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS $3,530,274 S HARP MEMORIAL HOSPITAL $119,458,481 SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER $7 ,753,855 SHARP HEALTH PLAN $175,667 ALL ENTITIES $297,942,782 TABLE 3 INCLUDES A SUMMARY O F UNREIMBURSED COSTS FOR EACH SHARP ENTITY BASED ON THE CATEGORIES SPECIFICALLY IDENTIFIED IN SB 697 SHARP LEADS THE COMMUNITY IN UNREIMBURSED MEDICAL CARE SERVICES AMONG SAN DIEG O COUNTY'S SB 697 HOSPITALS AND HEALTH CARE SYSTEMS TABLE 3 FY 2011 DETAILED ECONOMIC VA LUE OF COMMUNITY BENEFITS AT SHARP HEALTHCARE ENTITIES BASED ON SENATE BILL 697 CATEGORIES SHARP HEALTHCARE ENTITY SENATE BILL 697 CATEGORY MEDICAL CARE SERVICES OTHER BENEFITS FOR VULNERABLE POPULATIONS OTHER BENEFITS FOR THE BROADER COMMUNITY HEALTH RESEARCH, EDUCATIO N AND TRAINING PROGRAMS ESTIMATED FY 2011 UNREIMBURSED COSTS SHARP CHULA VISTA MEDICAL CEN TER $52,084,235 $489,363 $450,848 $818,681 $53,843,127 SHARP CORONADO HOSPITAL AND HEALTHC ARE CENTER $9,305,632 $26,881 $194,701 $395,759 $9,922,973 SHARP GROSSMONT HOSPITAL $100,4 79,517 $633,152 $1,109,244 $1,036,492 $103,258,405 SHARP MARY BIRCH HOSPITAL FOR WOMEN & N EWBORNS $2,665,218 $42,169 $233,139 $589,748 $3,530,274 SHARP MEMORIAL HOSPITAL $116,152,6 68 $906,896 $804,684 $1,594,233 $119,458,481 SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER $6,258,366 $984,422 $171,845 $339,222 $7,753,855 SHARP HEALTH PLAN - $9,878 $160,59 0 $5,199 $175,667 ALL ENTITIES $286,945,636 $3,092,761 $3,125,051 $4,779,334 $297,942,782 COMMUNITY BENEFITS PLANNING PROCESS FOR THE PAST 15 YEARS, SHARP HAS BASED ITS COMMUNITY B ENEFITS PLANNING ON FINDINGS FROM THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) C ONDUCTED BY SAN DIEGO COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP), AS WELL AS THE COMBINA TION OF EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL AND KNOWLEDGE OF THE POP ULATIONS AND COMMUNITIES SERVED BY THOSE HOSPITALS METHODOLOGY TO CONDUCT THE 2010 COMMUN ITY HEALTH NEEDS ASSESSMENT SINCE 1995, SHARP HAS PARTICIPATED IN A COUNTYWIDE COLLABORATI VE - INCLUDING A BROAD RANGE OF HOSPITALS, HEALTH CARE ORGANIZATIONS, AND COMMUNITY AGENCI ES - TO CONDUCT A TRIENNIAL CHNA THE 2010 CHNA IS PUBLICLY AVAILABLE AT HTTP://WWW SDCHI P ORG/INITIATIVES/CHARTING-THE-COURSE-VI ASPX IN 2010, THE CHIP NEEDS ASSESSMENT ADVISORY COUNCIL, UNDER THE DIRECTION OF THE CHIP STEERING COMMITTEE, DETERMINED A METHODOLOGY AND APPROACH TO THE SIXTH EDITION OF THE TRIENNIAL NEEDS ASSESSMENT, WHICH INCLUDED A COMMUNI TY PRIORITY-SETTING PROCESS COMPOSED OF THE FOLLOWING STEPS * REVIEW OF THE 38 HEALTHY PE OPLE 2020 FOCUS AREAS BY THE NEEDS ASSESSMENT ADVISORY COUNCIL, COMPRISING MORE THAN 30 CO MMUNITY STAKEHOLDERS SEVENTEEN HEALTH ISSUES EMERGED AS A RESULT OF THE COMBINING AND STR EAMLINING OF THESE AREAS BY THE COUNCIL * DIVISION OF THE 17 HEALTH ISSUES INTO THE FOLLO WING THREE CATEGORIES OVERARCHING ISSUES, HEALTH-RELATED BEHAVIORS AND HEALTH OUTCOMES H EALTH ISSUE BRIEFS WERE DEVELOPED TO PROVIDE DETAILED INFORMATION ON EACH OF THE 17 IDENTI FIED HEALTH ISSUES * INVITATION TO COMMUNITY LEADERS THROUGHOUT SAN DIEGO COUNTY (72 OUT OF 379 INVITEES PARTICIPATED) TO PRIORITIZE EACH HEALTH ISSUE WITH INFORMATION FROM THE HE ALTH ISSUE BRIEFS AND BASED ON THE FOLLOWING CRITERIA - SIZE OF THE HEALTH ISSUES - SERIO USNESS OF THE HEALTH ISSUE - COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE HEALTH ISSUE - A VAILABILITY OF DATA/INFORMATION TO EVALUATE THE HEALTH ISSUE'S OUTCOMES - EACH OF THE HEAL TH ISSUES WAS SCORED SEPARATELY WITHIN THE THREE CATEGORIES NOTED ABOVE (OVERARCHING ISSUE S, HEALTH-RELATED BEHAVIORS AND HEALTH OUTCOMES) * |

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| | | UTILIZATION OF THE SPECTRUM OF PREVENTION FRAMEWORK TO DETERMINE WHICH ISSUES PRIORITIZED BY THE COMMUNITY WERE MOST IMPACTED BY PREVENTION ACTIVITIES (AS OPPOSED TO TREATMENT) - HEALTH ACCESS AND DELIVERY - SOCIAL DETERMINANTS OF HEALTH - A COMBINATION OF NUTRITION, WEIGHT STATUS, PHYSICAL ACTIVITY AND FITNESS - INJURY AND VIOLENCE - MENTAL HEALTH AND MEN TAL DISORDERS * DISCUSSION OF THE ABOVE IDENTIFIED ISSUES IN COMMUNITY FORUMS HELD IN THE SIX REGIONS OF SAN DIEGO COUNTY IN ORDER TO - ALLOW COMMUNITY STAKEHOLDERS TO IDENTIFY RO OT CAUSES RELATED TO EACH HEALTH ISSUE - BEGIN THE PROCESS OF UNDERSTANDING EACH ISSUE FRO M A REGIONAL PERSPECTIVE - FOSTER COMMUNITY RELATIONSHIPS AND PROMOTE THE VOICE(S) OF SAN DIEGO'S VARIOUS REGIONAL AND SUB-REGIONAL COMMUNITIES IN THE NEEDS ASSESSMENT PROCESS * IN -DEPTH ANALYSIS OF EACH OF THE FIVE HEALTH ISSUES SELECTED FOR THE 2010 CHNA, WHICH WERE T HE SAME ISSUES IDENTIFIED THROUGH THE SPECTRUM OF PREVENTION FRAMEWORK DEPENDING ON THE L EVEL OF AVAILABLE DATA, THESE ANALYSES INCLUDED AN OVERVIEW OF THE HEALTH ISSUE AND ITS IM PORTANCE, SERIOUSNESS OF THE HEALTH ISSUE IN TERMS OF ECONOMIC COSTS, USE OF RESOURCES AND /OR LOSS OF FUNCTIONAL STATUS, INCIDENCE DATA, PREVALENCE OF MORBIDITY AND MORTALITY IN TH E POPULATIONS MOST IMPACTED BY THE HEALTH ISSUE, AND THE LOCAL IMPACT OF THE HEALTH ISSUE IN ADDITION TO A REVIEW OF THE RESULTS FROM THE PRIORITY-SETTING PROCESS, THE 2010 CHNA U TILIZED INFORMATION FROM THE FOLLOWING * ANALYSIS OF HEALTH-RELATED STATISTICS GATHERED A ND ANALYZED BY THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA), SUPPLEMENT ED BY DATA FROM THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS), CALIFORNIA OFFICE OF STATEW IDE PLANNING AND DEVELOPMENT (OSHPD), THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CD C) YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM AND CENSUS DATA FROM THE SAN DIEGO ASSOCIATION OF GOVERNMENTS (SANDAG) * REVIEW OF HEALTH-RELATED SCIENTIFIC LITERATURE * REVIEW OF THE RESULTS FROM FACILITATED DISCUSSIONS OF SIX COMMUNITY REGIONAL FORUMS HELD WITH A CROSS-SE CTION OF STAKEHOLDERS FROM THE SAN DIEGO COUNTY COMMUNITY DETERMINATION OF PRIORITY COMMUN ITY NEEDS SHARP HEALTHCARE EACH SHARP HOSPITAL REVIEWED THE 2010 CHNA AND USED IT TO DETE RMINE PRIORITY NEEDS FOR THEIR HOSPITAL'S COMMUNITIES IN IDENTIFY ING THESE PRIORITIES, EA CH ENTITY CONSIDERED THE EXPERTISE AND MISSION OF THE HOSPITAL IN PROVIDING PROGRAMS AND S ERVICES, IN ADDITION TO THE NEEDS OF THE UNIQUE, EVER-CHANGING DEMOGRAPHICS AND/OR HEALTH TOPICS THAT COMPRISE THE ENTITY'S SERVICE AREA AND REGION FOR EXAMPLE, THE SPECIALTY HOSP ITALS - SMBHWN, SMV, AND SMC - REVIEWED THE NEEDS ASSESSMENT PRIORITIES, SPECIFICALLY FOCU SING ON ISSUES RELEVANT TO WOMEN AND INFANTS, BEHAVIORAL HEALTH, AND SUBSTANCE ABUSE, RESP ECTIVELY SHARP'S GENERAL ACUTE-CARE HOSPITALS REVIEWED THE NEEDS ASSESSMENT WITH A FOCUS ON THE REGION AND/OR SUB-REGIONAL AREAS, WITH THE GOAL OF MATCHING COMMUNITY BENEFIT PROGR AMS AND SERVICES TO THE UNIQUE NEEDS OF THE REGION STEPS COMPLETED TO PREPARE AN ANNUAL C OMMUNITY BENEFITS REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PERFORMS THE FOLLOWING ST EPS IN THE PREPARATION OF ITS COMMUNITY BENEFITS REPORT * ESTABLISHES AND/OR REVIEWS HOSP ITAL-SPECIFIC MEASURABLE OBJECTIVES * VERIFIES THE NEED FOR AN ONGOING FOCUS ON IDENTIFIED COMMUNITY NEEDS AND/OR ADDS NEW IDENTIFIED COMMUNITY NEEDS * REPORTS ON ACTIVITIES CONDUC TED IN THE PRIOR FISCAL YEAR - FY 2011 REPORT OF ACTIVITIES * DEVELOPS A PLAN FOR THE UPCO MING FISCAL YEAR, INCLUDING SPECIFIC STEPS TO BE UNDERTAKEN - FY 2012 PLAN |

| Identifier | Return Reference | Explanation |
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| | | * REPORTS AND CATEGORIZES THE ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FY 2011, AC CORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED IN SB 697 * REVIEWS AND APPROVES A COMMUN ITY BENEFITS PLAN * DISTRIBUTES THE COMMUNITY BENEFITS PLAN AND REPORT TO MEMBERS OF THE S HARP BOARD OF DIRECTORS AND SHARP HOSPITAL BOARDS OF DIRECTORS, HIGHLIGHTING ACTIVITIES PR OVIDED IN THE PRIOR FISCAL YEAR AS WELL AS SPECIFIC ACTION STEPS TO BE UNDERTAKEN IN THE U PCOMING FISCAL YEAR ONGOING COMMITMENT TO COLLABORATION IN SUPPORT OF ITS ONGOING COMMITME NT TO WORKING WITH OTHERS ON ADDRESSING COMMUNITY HEALTH PRIORITIES TO IMPROVE THE HEALTH STATUS OF SAN DIEGO COUNTY RESIDENTS, SHARP EXECUTIVE LEADERSHIP, OPERATIONAL EXPERTS AND OTHER STAFF ARE ACTIVELY ENGAGED IN THE NATIONAL AMERICAN HOSPITAL ASSOCIATION, STATEWIDE CALIFORNIA HOSPITAL ASSOCIATION, HOSPITAL ASSOCIATION OF SAN DIEGO & IMPERIAL COUNTIES AND OTHER LOCAL COLLABORATIVES SUCH AS THE CHIP ACCESS TO HEALTH LITERACY INITIATIVE AND THE CHIP BEHAVIORAL HEALTH WORK TEAM SHARP GROSSMONT HOSPITAL * SGH IS LOCATED AT 5555 GROSSM ONT CENTER DRIVE, IN LA MESA, ZIP CODE 91942 * SHARP HOSPICECARE IS LOCATED AT 8881 FLETC HER PARKWAY, IN LA MESA, ZIP CODE 91942 FY 2011 COMMUNITY BENEFITS PROGRAM HIGHLIGHTS SGH PROVIDED A TOTAL OF $103,258,405 IN COMMUNITY BENEFITS IN FY 2011 SEE TABLE 1 FOR A SUMM ARY OF UNREIMBURSED COSTS BASED ON THE CATEGORIES IDENTIFIED IN SB 697 TABLE 1 ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED SHARP GROSSMONT HOSPITAL - FY 2011 SENATE BILL 697 CA TEGORY PROGRAMS AND SERVICES INCLUDED IN SENATE BILL 697 CATEGORY ESTIMATED FY 2011 UNREIM BURSED COSTS MEDICAL CARE SERVICES SHORTFALL IN MEDI-CAL, FINANCIAL SUPPORT FOR ONSITE WOR KERS TO PROCESS MEDI-CAL ELIGIBILITY FORMS $11,494,217 SHORTFALL IN MEDICARE $48,139,056 S HORTFALL IN SAN DIEGO COUNTY INDIGENT MEDICAL SERVICES $12,019,736 SHORTFALL IN CHAMPVA/TR ICARE $972,245 CHARITY CARE AND BAD DEBT $27,854,263 OTHER BENEFITS FOR VULNERABLE POPULAT IONS PATIENT TRANSPORTATION, PROJECT HELP AND OTHER ASSISTANCE FOR THE NEEDY $633,152 OTHE R BENEFITS FOR THE BROADER COMMUNITY HEALTH EDUCATION AND INFORMATION, HEALTH SCREENINGS, HEALTH FAIRS, SUPPORT GROUPS, MEETING ROOM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZAT IONS, AND COST OF FUNDRAISING FOR COMMUNITY EVENTS $1,109,244 HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS EDUCATION AND TRAINING PROGRAMS FOR STUDENTS, INTERNS, AND HEALTH CA RE PROFESSIONALS $1,036,942 TOTAL $103,258,405 KEY HIGHLIGHTS * UNREIMBURSED MEDICAL CARE SERVICES INCLUDED UNCOMPENSATED CARE FOR PATIENTS WHO WERE UNABLE TO PAY FOR SERVICES, TH E UNREIMBURSED COSTS OF PUBLIC PROGRAMS SUCH AS MEDI-CAL, MEDICARE, AND SAN DIEGO COUNTY I NDIGENT MEDICAL SERVICES, AND FINANCIAL SUPPORT FOR ONSITE WORKERS TO PROCESS MEDI-CAL ELI GIBILITY FORMS IN FY 2011, THE STATE OF CALIFORNIA AND THE CENTERS FOR MEDICARE AND MEDIC AID SERVICES APPROVED A MEDI-CAL HOSPITAL FEE PROGRAM FOR THE PERIOD APRIL 1, 2009 THROUGH DECEMBER 31, 2010 RESULTING IN INCREASED REIMBURSEMENT OF $40 8 MILLION TO SGH AND AN ASS ESSMENT OF A QUALITY ASSURANCE FEE TOTALING $32 0 MILLION FROM SGH THE NET IMPACT OF THE PROGRAM ON SGH (TOTALING $8 8 MILLION) REDUCED THE AMOUNT OF UNREIMBURSED MEDICAL CARE SER VICE FOR THE MEDI-CAL POPULATION THIS REIMBURSEMENT HELPED OFFSET PRIOR YEARS' UNREIMBURS ED MEDICAL CARE SERVICES, BUT WAS FULLY RECORDED IN FY 2011 THEREBY UNDERSTATING THE TRUE UNREIMBURSED MEDICAL CARE SERVICES PERFORMED FOR FY 2011 * OTHER BENEFITS FOR VULNERABLE POPULATIONS INCLUDED VAN TRANSPORTATION FOR PATIENTS TO AND FROM MEDICAL APPOINTMENTS, COM PREHENSIVE PRENATAL CLINICAL AND SOCIAL SERVICES TO LOW-INCOME, LOW-LITERACY WOMEN WITH ME DI-CAL BENEFITS, FINANCIAL AND OTHER SUPPORT TO NEIGHBORHOOD HEALTHCARE, PROJECT HELP; PRO JECT CARE, CONTRIBUTION OF TIME TO HABITAT FOR HUMANITY, STAND DOWN FOR HOMELESS VETERANS, AND THE SAN DIEGO FOOD BANK, THE SHARP HUMANITARIAN SERVICE PROGRAM, MEALS-ON-WHEELS GREA TER SAN DIEGO, AND OTHER ASSISTANCE FOR THE NEEDY * OTHER BENEFITS FOR THE BROADER COMMUN ITY INCLUDED HEALTH EDUCATION AND INFORMATION ON A VARIETY OF TOPICS, SUPPORT GROUPS, PART ICIPATION IN COMMUNITY HEALTH FAIRS AND EVENTS AND HEALTH SCREENINGS FOR STROKE, BLOOD PRE SSURE, GLUCOSE, BALANCE/FALL PREVENTION, HAND, DEPRESSION, LUNG FUNCTION, PERIPHERAL ARTER Y DISEASE, VASCULAR DISEASE AND CAROTID ARTERY DISEASE, FLU VACCINATION CLINICS FOR HEART DISEASE PATIENTS AND HIGH-RISK ADULTS, AND THE BREAST CANCER PATIENT NAVIGATOR PROGRAM TH E HOSPITAL'S 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 ADDITIO N, STAFF AT THE HOSPITAL ACTIVELY PARTICIPATED IN COMMUNITY BOARDS, COMMITTEES, AND CIVIC ORGANIZATIONS, SUCH AS AGING AND INDEPENDENT SERVICES (AIS), LA MESA PARK AND RECREATION F OUNDATION, COMMUNITIES AGAINST SUBSTANCE ABUSE, EA |

| Identifier | Return Reference | Explanation |
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| | | ST COUNTY CHAMBER OF COMMERCE, NEIGHBORHOOD HEALTHCARE COMMUNITY CLINICS, SANTEE CHAMBER O F COMMERCE, SALVATION ARMY KROC CENTER BOARD, MEALS-ON-WHEELS GREATER SAN DIEGO ADVISORY B OARD, SAN DIEGO NUTRITION COUNCIL, SAN DIEGO COUNTY SOCIAL SERVICES ADVISORY BOARD, YMCA, SAN DIEGO CAREGIVER COALITION, EAST COUNTY SENIOR SERVICE PROVIDERS AND THE CAREGIVER EDUC ATION COMMITTEE SEE APPENDIX A FOR A LISTING OF SHARP COMMUNITY INVOLVEMENT * HEALTH RES EARCH, EDUCATION AND TRAINING PROGRAMS INCLUDED EDUCATION AND TRAINING OF HEALTH CARE PROF ESSIONALS, AND STUDENT AND INTERN SUPERVISION DEFINITION OF COMMUNITY THE COMMUNITY SERVE D BY SGH INCLUDES THE ENTIRE EAST REGION OF SAN DIEGO COUNTY (SDC), INCLUDING THE SUB-REGI ONAL AREAS OF JAMUL, SPRING VALLEY, LEMON GROVE, LA MESA, EL CAJON, SANTEE, LAKESIDE, HARB ISON CANYON, CREST, ALPINE, LAGUNA-PINE VALLEY AND MOUNTAIN EMPIRE APPROXIMATELY FIVE PER CENT OF THE POPULATION LIVES IN REMOTE OR RURAL AREAS OF THIS REGION DESCRIPTION OF COMMU NITY HEALTH IN THE COUNTY'S EAST REGION IN 2009, 96 PERCENT OF CHILDREN AGES 0 TO 11, 96 2 PERCENT OF CHILDREN AGES 12 TO 17 AND 86 6 PERCENT OF ADULTS AGES 18 AND OLDER HAD HEALTH INSURANCE, WHILE 97 7 PERCENT OF CHILDREN AGES 0 TO 11 AND 93 7 PERCENT OF CHILDREN AGES 12 TO 17 HAD A REGULAR SOURCE OF MEDICAL CARE - FAILING TO MEET THE HEALTHY PEOPLE (HP) 20 20 NATIONAL TARGETS FOR HEALTH INSURANCE COVERAGE AND REGULAR SOURCE OF MEDICAL CARE AMON G ADULTS AGES 18 TO 64 YEARS IN SDC'S EAST REGION, 15 7 PERCENT WERE NOT CURRENTLY INSURED IN 2009 SEE TABLE 2 FOR A SUMMARY OF KEY INDICATORS OF ACCESS TO CARE, AND TABLE 3 FOR D ATA REGARDING ELIGIBILITY FOR MEDI-CAL HEALTHY FAMILIES TABLE 2 HEALTH CARE ACCESS IN SA N DIEGO COUNTY'S EAST REGION, 2009 DESCRIPTION RATE YEAR 2020 TARGET HEALTH INSURANCE COVE RAGE CHILDREN 0 TO 11 YEARS 96 0% 100% CHILDREN 12 TO 17 YEARS 96 2% 100% ADULTS 18 + YEAR S 86 6% 100% REGULAR SOURCE OF MEDICAL CARE CHILDREN 0 TO 11 YEARS 97 7% 100% CHILDREN 12 TO 17 YEARS 93 7% 100% ADULTS 18 + YEARS 89 7% 89 4% NOT CURRENTLY INSURED ADULTS 18 TO 64 YEARS 15 7% SOURCE 2009 CHIS TABLE 3 MEDI-CAL (MEDICAID)/HEALTHY FAMILIES ELIGIBILITY, AMONG UNINSURED IN SAN DIEGO COUNTY (ADULTS AGES 18-64 YRS), 2009 DESCRIPTION RATE MEDI-CA L ELIGIBLE 8 3% HEALTHY FAMILIES ELIGIBLE 0 8% NOT ELIGIBLE 90 9% SOURCE 2009 CHIS HEART DISEASE AND CANCER WERE THE TOP TWO LEADING CAUSES OF DEATH IN THE COUNTY'S EAST REGION S EE TABLE 4 FOR A SUMMARY OF LEADING CAUSES OF DEATH IN THE EAST REGION TABLE 4 LEADING C AUSES OF DEATH IN SAN DIEGO COUNTY'S EAST REGION 2009 CAUSE OF DEATH NUMBER OF DEATHS PERC ENT OF TOTAL DEATHS DISEASES OF HEART 889 24 6% MALIGNANT NEOPLASMS 831 23 0% ALZHEIMER'S DISEASE 238 6 6% CHRONIC LOWER RESPIRATORY DISEASES 199 5 5% CEREBROVASCULAR DISEASES 191 5 3% ACCIDENTS (UNINTENTIONAL INJURIES) 179 5 0% DIABETES MELLITUS 109 3 0% INTENTIONAL SE LF-HARM (SUICIDE) 70 1 9% ESSENTIAL (PRIMARY) HY PERTENSION AND HY PERTENSIVE RENAL DISEASE 64 1 8% CHRONIC LIVER DISEASE AND CIRRHOSIS 59 1 6% INFLUENZA AND PNEUMONIA 59 1 6% PARKIN SON'S DISEASE 35 1 0% NEPHRITIS, NEPHRITIC SY NDROME AND NEPHROSIS 30 0 8% VIRAL HEPATITIS 30 0 8% SEPTICEMIA 27 0 7% ALL OTHER DEATHS 600 16 6% TOTAL DEATHS 3,610 100 0% NOTES RAN KING OF LEADING CAUSES OF DEATH BASED ON THE COUNTYWIDE RANK AMONG SAN DIEGO RESIDENTS IN 2009 SOURCE COUNTY OF SAN DIEGO, HHSA, PUBLIC HEALTH SERVICES, COMMUNITY EPIDEMIOLOGY BR ANCH |

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| | | COMMUNITY BENEFITS PLANNING PROCESS IN ADDITION TO THE STEPS OUTLINED IN SECTION 3 REGARDI NG COMMUNITY BENEFITS PLANNING, SGH * INCORPORATES COMMUNITY PRIORITIES AND COMMUNITY INP UT 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 EXPE RIENCE AND CURRENT FUNDING LEVELS * PREPARES AND DISTRIBUTES A MONTHLY REPORT OF COMMUNITY ACTIVITIES TO ITS BOARD OF DIRECTORS, DESCRIBING COMMUNITY BENEFITS PROVIDED SUCH AS EDUC ATION, SCREENINGS AND FLU VACCINATIONS * PREPARES AND DISTRIBUTES INFORMATION ON COMMUNITY BENEFITS PROGRAMS AND SERVICES THROUGH ITS FOUNDATION AND COMMUNITY NEWSLETTERS * CONSULT S WITH REPRESENTATIVES FROM A VARIETY OF DEPARTMENTS TO DISCUSS, PLAN AND IMPLEMENT COMMUN ITY ACTIVITIES PRIORITY COMMUNITY NEEDS ADDRESSED IN COMMUNITY BENEFITS REPORT SGH'S COMMU NITY BENEFITS REPORT ADDRESSES THE FOLLOWING IDENTIFIED COMMUNITY NEEDS * STROKE EDUCATIO N AND SCREENING * HEART AND VASCULAR DISEASE EDUCATION AND SCREENING * CANCER EDUCATION AN D PARTICIPATION IN CLINICAL TRIALS * DIABETES EDUCATION AND TESTING * OUTREACH FOR FLU VAC CINATIONS * HEALTH EDUCATION AND SCREENING FOR SENIORS * PREVENTION OF UNINTENTIONAL INJUR IES * SPECIAL SUPPORT SERVICES FOR HOSPICE PATIENTS, THEIR LOVED ONES AND THE COMMUNITY * COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS * WOMEN'S AND PRENATAL HEALTH SERVICES AND EDUCATION * ORTHOPEDIC AND OSTEOPOROSIS EDUCATION AND SCREENI NG FOR EACH PRIORITY COMMUNITY NEED IDENTIFIED ABOVE, SUBSEQUENT PAGES INCLUDE A SUMMARY O F THE RATIONALE AND IMPORTANCE OF THE NEED, MEASURABLE OBJECTIVE(S), FY 2011 REPORT OF ACT IVITIES CONDUCTED IN SUPPORT OF THE OBJECTIVE(S), AND FY 2012 PLAN OF ACTIVITIES IDENTIFI ED COMMUNITY NEED STROKE EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEAL TH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * CHIP MEMBERS IDENTIFIED HEART DISEA SE AND STROKE AS THE SECOND-MOST IMPORTANT HEALTH OUTCOMES OVERALL (WHEN CONSIDERING A TOT AL OF SEVEN HEALTH OUTCOMES) * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNT Y 2010 REPORT FROM THE COUNTY'S HEALTH AND HUMAN SERVICES AGENCY (HHSA), IN 2007, STROKE W AS THE THIRD-LEADING CAUSE OF DEATH IN SDC * IN 2009, THERE WERE 191 DEATHS DUE TO CEREBR OVASCULAR DISEASES IN SDC'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO CEREB ROVASCULAR DISEASES WAS 37 1 DEATHS PER 100,000 POPULATION THE REGION'S AGE-ADJUSTED DEAT H RATE WAS THE SECOND HIGHEST OF ALL REGIONS AND HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 32 6 DEATHS PER 100,000 POPULATION * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, IF NO CHANGES ARE MADE IN RISK BEHAVIOR, BASED ON CURRENT DISEASE RAT ES, IT IS PROJECTED THAT BY THE YEAR 2020, THE TOTAL NUMBER OF DEATHS FROM HEART DISEASE A ND STROKE WILL BOTH INCREASE BY 38 PERCENT * IN 2008 THERE WERE 1,133 HOSPITALIZATIONS DU E TO STROKE IN SDC'S EAST REGION THE RATE OF HOSPITALIZATIONS FOR STROKE WAS 244 PER 100, 000 POPULATION THE STROKE HOSPITALIZATION RATE IN THE REGION WAS AMONG THE HIGHEST IN SDC 'S REGIONS AND HIGHER THAN THE COUNTY AVERAGE OF 206 2 STROKE HOSPITALIZATIONS PER 100,000 POPULATION * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, IN 2007, NEARLY 63 PERCENT OF HOSPITALIZATIONS WERE DUE TO HEART DISEASE AND STROKE IF NO C HANGES ARE MADE IN RISK BEHAVIOR, BASED ON CURRENT RATES, IT IS PROJECTED THAT BY THE YEAR 2020 THE TOTAL NUMBER OF HOSPITALIZATIONS IS PROJECTED TO INCREASE BY 31 PERCENT FOR STRO KE * IN 2008, THERE WERE 213 STROKE-RELATED ED VISITS IN THE COUNTY'S EAST REGION THE RA TE OF VISITS WAS 45 9 PER 100,000 POPULATION THE STROKE-RELATED ED VISIT RATE IN THE REGI ON WAS COMPARABLE TO THE COUNTY AVERAGE OF 42 0 PER 100,000 POPULATION * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, THE MOST COMMON RISK FACTORS ASSO CIATED WITH STROKE INCLUDE PHYSICAL INACTIVITY, OBESITY, HYPERTENSION, CIGARETTE SMOKING, HIGH CHOLESTEROL AND DIABETES * ALTHOUGH THE EAST SUBURBAN AREA HAS THE SAME PERCENTAGE O F 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 ARE SENIORS MEASURABLE OBJECTIVE * PROVIDE STROKE EDUCATION AND SCREENING SERVICES FOR THE COMMUNITY, WITH AN EMPHASIS ON SENIORS FY 2011 REPORT OF ACTIVITIES NOTE SGH IS CERTIFIED BY THE JOINT COMMISSION AS A PRIMARY STR OKE CENTER THE PROGRAM IS NATIONALLY RECOGNIZED FOR ITS OUTREACH, EDUCATION AND THOROUGH SCREENING PROCEDURES, AS WELL AS DOCUMENTATION OF ITS SUCCESS RATE SHARP GROSSMONT HOSPIT AL IS A RECIPIENT OF THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES (GWTG) GOLD PLUS ACHIEVEMENT AWARDS FOR STROKE THE AMERICAN HEART ASSOCIATION'S GWTG IS A NATIONAL EF FORT FOCUSED ON ENSURING THAT EVIDENCE-BASED THERA |

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| | | PIES ARE USED WITH STROKE PATIENTS SGH'S STROKE CENTER CONDUCTED STROKE SCREENING AND EDU CATIONAL EVENTS TO EDUCATE THE PUBLIC ON STROKE RISK FACTORS, WARNING SIGNS AND APPROPRIAT E INTERVENTIONS, INCLUDING ARRIVAL AT HOSPITALS WITHIN EARLY ONSET OF SYMPTOMS IN FY 2011 , THE HOSPITAL CONDUCTED SEVEN COMMUNITY SCREENINGS AND TWO COMMUNITY STROKE EDUCATION PRE SENTATIONS IN EAST SDC A TOTAL OF 270 PATIENTS PARTICIPATED IN STROKE SCREENINGS AND EDUC ATION WAS PROVIDED TO AN ADDITIONAL 22 PEOPLE AT EDUCATIONAL PROGRAMS AND HEALTH FAIRS TH E EVENTS WERE HELD AT THE SHARP GROSSMONT SENIOR RESOURCE CENTER, SUPER SATURDAY HEALTH FA IR AT GROSSMONT CENTER, CELEBRANDO EVENT AT SHERATON HOTEL AND MARINA, EAST COUNTY SENIOR HEALTH FAIR AT SANTEE TROLLEY CENTER, SPEAKING OF WOMEN'S HEALTH CONFERENCE AT SHERATON HO TEL AND MARINA, AND THE WOMEN'S HEALTH FAIR AT ST PETER'S CHALDEAN CHURCH SGH PROVIDED E DUCATION AND ADVISED BEHAVIOR MODIFICATION, INCLUDING SMOKING CESSATION, WEIGHT REDUCTION AND STRESS REDUCTION FOR COMMUNITY MEMBERS WITH HEALTH RISK FACTORS IDENTIFIED DURING THE STROKE SCREENINGS A STROKE UNIT NURSE PROVIDED EDUCATION ON STROKE SIGNS AND SYMPTOMS AND RISK FACTOR MODIFICATION ON THE HISPANIC TV STATIONS 17 AND 33 IN ADDITION, SGH'S STROKE CENTER, PRESENTED TWO MEET THE PHYSICIAN LECTURES ENTITLED STROKE IS A BRAIN ATTACK ORGAN IZED THROUGH THE SENIOR RESOURCE CENTER IN FY 2011, THE SGH OUTPATIENT REHABILITATION DEP ARTMENT OFFERED A STROKE SUPPORT GROUP AT NO CHARGE TO PARTICIPANTS IN ADDITION, SGH ACTI VELY PARTICIPATED IN THE QUARTERLY SAN DIEGO COUNTY STROKE CONSORTIUM, A COLLABORATIVE EFF ORT TO IMPROVE SDC STROKE CARE AND DISCUSS ISSUES IMPACTING STROKE CARE IN SDC IN NOVEMBE R 2010, SGH PROVIDED EXPERT SPEAKERS ON STROKE AND INTERVENTIONAL RADIOLOGY PROCEDURES TO 220 ATTENDEES AT THE VASCULAR SYMPOSIUM DESIGNED FOR LOCAL PHYSICIANS AND HEALTH CARE WORK ERS SPEAKERS ALSO PRESENTED RELATED TOPICS TO 120 ATTENDEES AT THE ANNUAL HEART AND VASCU LAR NURSING SYMPOSIUM HELD IN FEBRUARY ALSO IN FEBRUARY 2011, STROKE LEADERSHIP PRESENTED A POSTER OUTLINING THE IN-HOUSE STROKE CODE PROJECT DESIGNED TO IMPROVE PATIENT STROKE CA RE AND USE OF THE TISSUE PLASMINOGEN ACTIVATOR (TPA) WINDOW AT THE INTERNATIONAL STROKE CO NFERENCE IN LOS ANGELES SGH ALSO COLLABORATED WITH SDC TO PROVIDE DATA FOR THE COUNTY'S S TROKE REGISTRY FY 2012 PLAN SGH STROKE CENTER WILL CONDUCT THE FOLLOWING * PARTICIPATE I N STROKE SCREENING AND EDUCATION EVENTS IN EAST SDC * PROVIDE EDUCATION FOR INDIVIDUALS WI TH IDENTIFIED RISK FACTORS * OFFER A STROKE SUPPORT GROUP, IN CONJUNCTION WITH THE HOSPITA L'S OUTPATIENT REHABILITATION DEPARTMENT * PARTICIPATE WITH OTHER SDC HOSPITALS IN THE STR OKE CONSORTIUM * CONTINUE TO PROVIDE DATA TO THE SDC STROKE REGISTRY * CONTINUE TO COLLABO RATE WITH THE STATE OF CALIFORNIA TO DEVELOP A STROKE REGISTRY * PROVIDE AT LEAST TWO PHYS ICIAN SPEAKING EVENTS AROUND STROKE CARE AND PREVENTION * PARTICIPATE IN SGH VASCULAR CONF ERENCE FOR COMMUNITY PHYSICIANS * COLLABORATE WITH THE VASCULAR DEPARTMENT TO PROVIDE CARO TID ARTERY SCREENINGS FOR COMMUNITY MEMBERS IDENTIFIED COMMUNITY NEED HEART AND VASCULAR DISEASE EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HE ALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNL ESS OTHERWISE INDICATED |

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| | | RATIONALE * CHIP MEMBERS IDENTIFIED HEART DISEASE AND STROKE AS THE SECOND-MOST IMPORTANT HEALTH OUTCOMES OVERALL (WHEN CONSIDERING A TOTAL OF SEVEN HEALTH OUTCOMES) * VASCULAR DI SEASE AFFECTS APPROXIMATELY 12 PERCENT OF THE POPULATION IN THE U S , BUT MOST PEOPLE DO N OT HAVE SY MPTOMS AMONG PERSONS OVER AGE 55 YEARS, 10 TO 25 PERCENT ARE AFFECTED THOSE WI TH VASCULAR DISEASE HAVE A SIX-FOLD HIGHER DEATH RATE DUE TO CARDIOVASCULAR DISEASE THAN T HOSE WITHOUT VASCULAR DISEASE * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUN TY 2010 REPORT FROM THE COUNTY S HHSA, IN 2007 HEART DISEASE WAS THE SECOND-LEADING CAUSE O F DEATH IN SDC * IN 2009, THERE WERE 889 DEATHS DUE TO HEART DISEASE IN SDC'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO DISEASES OF THE HEART WAS 168 2 PER 100,000 POPULATION THE REGION'S AGE-ADJUSTED DEATH RATE WAS THE SECOND HIGHEST OF ALL REGIONS, HI GHER THAN THE SDC AGE-ADJUSTED RATE OF 139 7 DEATHS PER 100,000 POPULATION, AND HIGHER THA N THE HEALTHY PEOPLE (HP) 2020 TARGET OF 100 8 DEATHS PER 100,000 * ACCORDING TO THE 3-4- 50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010, IF NO CHANGES ARE MADE IN RISK BEHAVIOR, BASE D ON CURRENT DISEASE RATES, IT IS PROJECTED THAT BY THE YEAR 2020, THE TOTAL NUMBER OF DEA THS FROM HEART DISEASE AND STROKE WILL BOTH INCREASE BY 38 PERCENT * IN 2008, THERE WERE 1,914 HOSPITALIZATIONS DUE TO CORONARY HEART DISEASE IN THE COUNTY'S EAST REGION THE RATE OF HOSPITALIZATIONS FOR CORONARY HEART DISEASE WAS 412 3 PER 100,000 POPULATION THE HOSP ITALIZATION RATE IN THE REGION WAS AMONG THE HIGHEST IN SDC AND HIGHER THAN THE COUNTY AVE RAGE OF 317 0 CORONARY HEART DISEASE HOSPITALIZATIONS PER 100,000 POPULATION * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, IN 2007, ALMOST 63 PERCENT OF HOSPITALIZATIONS WERE DUE TO HEART DISEASE AND STROKE IF NO CHANGES ARE MADE IN RISK B EHAVIOR, BASED ON CURRENT RATES, IT IS PROJECTED THAT BY THE YEAR 2020 THE TOTAL NUMBER OF HOSPITALIZATIONS IS PROJECTED TO INCREASE BY 28 PERCENT FOR HEART DISEASE * IN 2008, THE RE WERE 172 CORONARY HEART DISEASE-RELATED ED VISITS IN SDC'S EAST REGION THE RATE OF VIS ITS WAS 37 0 PER 100,000 POPULATION THE CORONARY HEART DISEASE-RELATED ED VISIT RATE IN T HE REGION WAS THE HIGHEST OF THE REGIONS WITH A COUNTY AVERAGE OF 26 3 PER 100,000 POPULAT ION * IN 2009, 5 2 PERCENT OF ADULTS IN THE COUNTY'S EAST REGION PARTICIPATING IN THE 200 9 CHIS INDICATED THAT THEY WERE EVER DIAGNOSED WITH HEART DISEASE, LOWER THAN THE COUNTY S TATISTIC OF 6 4 PERCENT * THE 2010 CHNA RECOGNIZED SMOKING CESSATION, INCREASING PHY SICAL ACTIVITY, ACHIEVING HEALTHY WEIGHT STATUS AND IMPROVING NUTRITION AS HEALTH-RELATED BEHAV IORS THAT ARE IMPORTANT COMPONENTS IN LONG-TERM HEALTH * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, THE MOST COMMON RISK FACTORS ASSOCIATED WITH HEAR T DISEASE INCLUDE PHY SICAL INACTIVITY, OBESITY, HY PERTENSION, CIGARETTE SMOKING, HIGH CHOL ESTEROL AND DIABETES MEASURABLE OBJECTIVES * PROVIDE HEART AND VASCULAR EDUCATION AND SCR EENING SERVICES FOR THE COMMUNITY, WITH AN EMPHASIS ON ADULTS, WOMEN AND SENIORS * PARTIC IPATE IN PROGRAMS TO IMPROVE THE CARE AND OUTCOMES OF INDIVIDUALS WITH HEART AND VASCULAR DISEASE FY 2011 REPORT OF ACTIVITIES SGH IS RECOGNIZED AS A BLUE DISTINCTION CENTER FOR C ARDIAC CARE BY BLUE CROSS/BLUE SHIELD (BCBS) FOR DEMONSTRATED EXPERTISE IN DELIVERING QUAL ITY CARDIAC HEALTH CARE SGH IS ALSO A RECIPIENT OF THE AMERICAN HEART ASSOCIATION'S GWTG GOLD PERFORMANCE ACHIEVEMENT AWARD FOR HEART FAILURE CARE THE AMERICAN HEART ASSOCIATION' S GWTG IS A NATIONAL EFFORT FOCUSED ON ENSURING THAT EVIDENCE-BASED THERAPIES ARE USED WIT H CONGESTIVE HEART FAILURE PATIENTS SGH OFFERED TWO COMMUNITY EDUCATION LECTURES IN SEPTE MBER 2011 ON MANAGEMENT OF RISK FACTORS, PROVIDED BY THE HOSPITAL'S NURSE PRACTITIONER FOR CARDIOLOGY AND SERVING 110 PEOPLE SGH ALSO PROVIDED THREE CONGESTIVE HEART FAILURE (CHF) CLASSES HELD IN FY 2011, SERVING 15 PEOPLE TOPICS OF THE CHF CLASSES INCLUDED EXERCISE, NUTRITION, TREATMENT PLANS AND SY MPTOMS IN ADDITION, SGH'S CARDIAC REHABILITATION DEPARTM ENT SERVED APPROXIMATELY 350 COMMUNITY MEMBERS THROUGH BIMONTHLY CARDIAC EDUCATION CLASSES IN FY 2011, SGH'S CARDIAC REHABILITATION PROGRAM PARTICIPATED IN THE SUPER SATURDAY HEAL TH FAIR AT GROSSMONT CENTER, AS WELL AS THE SANTEE SENIOR HEALTH FAIR, SERVING A TOTAL OF 110 COMMUNITY MEMBERS IN ADDITION, SGH OFFERED CARDIOVASCULAR DISEASE PREVENTATIVE SCREEN INGS FROM MARCH THROUGH SEPTEMBER, SERVING 220 PEOPLE SGH'S CARDIAC REHABILITATION DEPART MENT ALSO CONDUCTED FIVE FLU VACCINATION CLINICS FOR HEART DISEASE PATIENTS AND HIGH-RISK ADULTS, SERVING 80 PEOPLE THROUGHOUT THE YEAR, SGH PROVIDED EXPERT SPEAKERS ON HEART DISE ASE AND HEART FAILURE FOR VARIOUS PROFESSIONAL EVENTS, INCLUDING SGH'S CARDIAC SY MPOSIUM A ND SGH'S VASCULAR SY MPOSIUM SGH ALSO PARTICIPATED IN SEVERAL PROGRAMS TO IMPROVE THE CARE AND OUTCOMES OF INDIVIDUALS WITH HEART AND VASCUL |

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| | | AR DISEASE TO ASSIST IN IMPROVING CARE FOR ACUTELY ILL PATIENTS IN THE COUNTY, SGH PROVID ED DATA ON STEMI (ST ELEVATION MYOCARDIAL INFARCTION OR ACUTE HEART ATTACK) TO SAN DIEGO C OUNTY EMERGENCY MEDICAL SERVICES (EMS) IN ADDITION, THE HOSPITAL COMPLETED THE THIRD AND FINAL YEAR OF A STUDY SPONSORED BY NATIONAL INSTITUTES OF HEALTH (NIH) RESEARCH, WHICH STU DIED HEART ATTACKS AND HEART DISEASE IN WOMEN AGE 55 AND YOUNGER, KNOWN AS VIRGO (VARIATIO N IN RECOVERY ROLE OF GENDER ON OUTCOMES IN YOUNG AMI PATIENTS) IN FY 2011, SGH SUCCESSF ULLY SCREENED 10 PATIENTS AND ENROLLED TWO PATIENTS IN THE STUDY BEFORE ENROLLMENT CLOSED IN THE FALL SGH'S CARDIAC DEPARTMENT IS COMMITTED TO SUPPORTING FUTURE HEALTH CARE LEADER S THROUGH ACTIVE PARTICIPATION IN STUDENT TRAINING AND INTERNSHIP PROGRAMS THE SHARP GROS SMONT CARDIAC CATHETERIZATION LAB HOSTED A GROSSMONT COLLEGE CARDIOVASCULAR TECHNOLOGIST S TUDENT THREE DAYS PER WEEK, EIGHT HOURS PER DAY FOR EIGHT MONTHS FOR A TOTAL OF 768 HOURS THE CATH LAB RN AND STAFF ALSO WORKED WITH A NURSING STUDENT EVERY TUESDAY DURING THE SCH OOL YEAR THE NONINVASIVE CARDIOLOGY DEPARTMENT ALSO HOSTED STUDENTS IN ECHOCARDIOGRAPHY, ELECTROCARDIOGRAPHY AND VASCULAR LABORATORY TWO DAYS PER WEEK DURING THE SCHOOL YEAR FY 2 012 PLAN SGH WILL CONDUCT THE FOLLOWING * PROVIDE FREE BIMONTHLY CARDIAC EDUCATION CLASSE S BY THE CARDIAC REHABILITATION DEPARTMENT * PROVIDE THREE FREE CHF EDUCATION CLASSES * PR OVIDE CARDIAC AND/OR VASCULAR RISK FACTOR EDUCATION AND/OR SCREENING THROUGH PARTICIPATION IN ONE TO TWO COMMUNITY EVENTS, SUCH AS HEALTH FAIRS AND LECTURES * PROVIDE WEEKLY PREVEN TIVE HEART AND VASCULAR SCREENINGS * PROVIDE A COMPLIMENTARY FLU VACCINATION CLINIC TO CAR DIAC REHABILITATION PATIENTS AND OTHER SENIOR COMMUNITY MEMBERS * OFFER EDUCATIONAL SPEAKE RS TO THE PROFESSIONAL COMMUNITY ON TOPICS SUCH AS PERFORMANCE IMPROVEMENTS IN CHF AND ACU TE MYOCARDIAL INFARCTION, AS INVITED * MAINTAIN BCBS CENTER OF EXCELLENCE STATUS * PROVIDE DATA ON STEMI PATIENTS TO SAN DIEGO COUNTY EMERGENCY MEDICAL SERVICES * PURSUE RESEARCH O PPORTUNITIES TO BENEFIT PATIENTS * PROVIDE A CONTINUING MEDICAL EDUCATION CONFERENCE ON VA SCULAR DISEASE FOR COMMUNITY PHYSICIANS IN FALL 2012 * PROVIDE STUDENT LEARNING OPPORTUNIT IES FROM TECHNOLOGIST TRAINING CAMPUSES IDENTIFIED COMMUNITY NEED CANCER EDUCATION AND PA RTICIPATION IN CLINICAL TRIALS RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEA LTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLE SS OTHERWISE INDICATED RATIONALE * CHIP MEMBERS IDENTIFIED CANCER AS THE FOURTH-MOST IMPO RTANT HEALTH OUTCOME OVERALL (WHEN CONSIDERING A TOTAL OF SEVEN HEALTH OUTCOMES) * IN 200 9, CANCER WAS THE SECOND-LEADING CAUSE OF DEATH IN THE COUNTY'S EAST REGION, RESPONSIBLE F OR 23 0 PERCENT OF DEATHS * IN 2009, THERE WERE 831 DEATHS DUE TO CANCER (ALL SITES) IN T HE COUNTY'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO CANCER WAS 169 3 DEAT HS PER 100,000 POPULATION, HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 150 1 DEATHS PER 100,0 00 POPULATION, AND HIGHER THAN THE HP 2020 TARGET OF 160 6 DEATHS PER 100,000 * IN 2007, 23 PERCENT OF ALL CANCER DEATHS IN THE COUNTY'S EAST REGION WERE DUE TO LUNG CANCER, 10 PE RCENT TO COLORECTAL CANCER, 7 PERCENT TO FEMALE BREAST CANCER, 6 PERCENT TO PROSTATE CANCE R, AND LESS THAN 1 PERCENT TO CERVICAL CANCER * RESEARCH FOR THE 2010 CHNA RECOGNIZED THE IMPORTANCE OF VARIOUS TYPES OF PREVENTATIVE HEALTH SCREENINGS, INCLUDING CANCER, IN PREVE NTING DISEASE * ACCORDING TO A 2012 REPORT FROM THE CALIFORNIA CANCER REGISTRY, BREAST CA NCER IS THE MOST COMMON CANCER AMONG WOMEN IN CALIFORNIA, WITH AN ESTIMATED 292,400 EXISTI NG CASES (42 PERCENT OF ALL CANCERS) |

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| | | * ACCORDING TO THE 2009 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT, SAN DIEGO HAD THE HIGHEST INCIDENCE RATE FOR BREAST CANCER (163 95 PER 100,000) CO MPARED TO THE NEIGHBORING COUNTIES OF IMPERIAL, LOS ANGELES, ORANGE AND RIVERSIDE. SAN DIE GO'S INCIDENCE RATE FOR BREAST CANCER IS ALSO ABOVE THAT OF THE STATE (151 82 PER 100,000) * CANCER SURVIVORS FACE MANY PHYSICAL, PSYCHOLOGICAL, SOCIAL, SPIRITUAL AND FINANCIAL IS SUES AT DIAGNOSIS, DURING TREATMENT AND FOR THE REMAINDER OF THEIR LIVES ACCORDING TO FIN DINGS PRESENTED IN THE 2007 CHINA, CANCER SURVIVORS IDENTIFIED SEVERAL SIGNIFICANT BURDENS, INCLUDING POORER HEALTH, SPENDING MORE DAYS IN BED, INCREASED NEED FOR HELP WITH ACTIVITI ES OF DAILY LIVING AND DECREASED LIKELIHOOD OF EMPLOY MENT * BEHAVIORAL AND SOCIAL RISK FA CTORS ASSOCIATED WITH CANCER DEATHS INCLUDE OVERWEIGHT/OBESITY, POOR NUTRITION, LACK OF PH YSICAL ACTIVITY, AND LACK OF APPROPRIATE MEDICAL CARE OFTEN DUE TO HEALTH DISPARITIES, ACC ORDING TO RESEARCH FOR THE 2010 CHINA * ACCORDING TO THE SUSAN G KOMEN FOR THE CURE SAN D IEGO AFFILIATE COMMUNITY PROFILE REPORT, THE MOST COMMON BARRIERS TO RECEIVING EFFECTIVE B REAST HEALTH CARE INCLUDED LACK OF AWARENESS AND KNOWLEDGE, FINANCIAL BARRIERS, CULTURAL B ARRIERS AND EMOTIONAL FACTORS THE MOST COMMON CHALLENGES IN THE CURRENT BREAST HEALTH CAR E SYSTEM INCLUDED COST OF CARE, QUALITY OF PROVIDERS, LACK OF COMMUNICATION, AND EDUCATION AND LANGUAGE BARRIERS INCREASED ADVOCACY, EDUCATION, FUNDING AND PARTNERSHIPS WERE AMONG THE SUGGESTIONS FOR IMPROVING PROGRAMS, SERVICES AND THE BREAST HEALTH CARE SYSTEM OVERAL L * BREAST CANCER PATIENT NAVIGATOR PROGRAMS ARE INTERVENTIONS THAT ADDRESS BARRIERS TO Q UALITY 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 ENROLLI NG PATIENTS FY 2011 REPORT OF ACTIVITIES NOTE. THE SGH CANCER CENTER IS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) THE NAPBC GRANTS ACCREDITATION TO ONLY THOSE CENTERS THAT VOLUNTARILY COMMIT TO PROVIDING THE BEST POSSIBLE CARE TO PATI ENTS WITH DISEASES OF THE BREAST IN FY 2011, SGH CANCER CENTER PARTICIPATED IN A VARIETY OF COMMUNITY CANCER EDUCATIONAL SESSIONS THESE EVENTS SERVED MORE THAN 1,000 COMMUNITY ME MBERS, AND INCLUDED THE EAST COUNTY SENIOR SERVICE PROVIDER HEALTH EVENT, THE IT'S HOW WE LIVE FESTIVAL, THE POWER SHOP FOR THE CURE AT GROSSMONT CENTER, THE EAST COUNTY HEALTH FAI R AT SANTEE TROLLEY STATION, LEARN AND LIVE EVENTS FOR BREAST, COLON AND PROSTATE CANCER, THE PHILANTHROPIC EDUCATIONAL ORGANIZATION (PEO) WOMEN'S GROUP BREAST CANCER TALK, THE SEN IOR CITIZEN HEALTH FAIR AT WATERFORD TERRACE, THE SUPER SATURDAY HEALTH FAIR AT GROSSMONT CENTER, HOSPICE RESOURCE AND EDUCATION EXPO, SHARP'S SPEAKING OF WOMEN'S HEALTH CONFERENCE , THE CMF WOMENS ASSOCIATION RUN FOR CANCER, AND THE LADIES OF HOPE HEALTH FAIR AT ST PET ER'S CHALDEAN CATHOLIC CATHEDRAL SGH CANCER CENTER STAFF ALSO SUPPORTED THE AMERICAN CANC ER SOCIETY (ACS) MAKING STRIDES AGAINST BREAST CANCER WALK AND THE SUSAN G KOMEN RACE FOR THE CURE IN BALBOA PARK IN ADDITION, STAFF SERVED AS HEALTH AND SCIENCE PROJECT JUDGES F OR 15 STUDENT PROJECTS AT THE SAN DIEGO SCIENCE FAIR THE SGH CANCER CENTER CONTINUED TO O FFER SUPPORT PROGRAMS FOR CANCER PATIENTS, INCLUDING BREAST CANCER SUPPORT GROUP MEETINGS THESE MEETINGS WERE HELD TWICE PER MONTH AT NO COST TO PARTICIPANTS, WITH AN AVERAGE ATTE NDANCE OF 12 TO15 COMMUNITY MEMBERS IN ADDITION, THE LOOK GOOD-FEEL BETTER PROGRAM - OFFE RED THROUGH THE ACS - PROVIDED QUARTERLY CLASSES TO APPROXIMATELY 21 PARTICIPANTS THE PRO GRAM BOOSTS WOMEN'S SELF-CONFIDENCE BY TEACHING THEM HOW TO COPE WITH SKIN CHANGES AND HAI R LOSS USING COSMETIC AND SKIN CARE PRODUCTS, WIGS, SCARVES AND OTHER ACCESSORIES IN ADDI TION, THE SGH CANCER CENTER PROVIDED ITS CHILDREN'S LIVES INCLUDE MOMENTS OF BRAVERY (CLIM B) SUPPORT GROUP THE PROGRAM PROVIDED TWO SIX-TO-EIGHT WEEK COURSES IN FY 2011, OFFERING SUPPORT TO CHILDREN AGES 6 AND OLDER WHOSE PARENTS OR GRANDPARENTS ARE BATTLING CANCER IN FY 2011, SGH CONTINUED ITS BREAST HEALTH NAVIGATOR PROGRAM, WHERE AN RN CERTIFIED IN BREA ST HEALTH PERSONALLY ASSISTS BREAST CANCER PATIENTS IN THEIR NAVIGATION OF THE HEALTH CARE SYSTEM, OFFERING SUPPORT, GUIDANCE, FINANCIAL ASSISTANCE, AND CONNECTION TO COMMUNITY RES OURCES THE BREAST HEALTH NAVIGATOR ALSO PLAYED AN ACTIVE ROLE IN COMMUNITY EDUCATION, PRO VIDING PRESENTATIONS AND EDUCATIONAL RESOURCES ABOUT BREAST CANCER, MAMMOGRAPHY GUIDELINES , AND EARLY DETECTION, AT NO CHARGE TO THE SAN DIEGO COMMUNITY DURING PRE-LECTURE EDUCATI ONAL BOOTHS AT FREE PHYSICIAN LECTURES SUCH AS BREAST CANCER AWARENESS, THE NAVIGATOR PROV IDED BREAST LUMP MODELS, DEMONSTRATED BREAST SELF-EXAM TECHNIQUES AND ANSWERED QUESTIONS R EGARDING BREAST HEALTH AMONG COMMUNITY ATTENDEES |

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| | | IN ADDITION, THE BREAST HEALTH NAVIGATOR FACILITATED ACCESS TO CARE FOR BREAST CANCER PATI ENTS IN NEED THROUGH THE PROVISION OF GAS MONEY AND GAS CARDS, AS WELL AS FINANCIAL ASSIST ANCE TO APPROXIMATELY 180 INDIVIDUALS IN FY 2011, SGH CANCER CENTER SCREENED APPROXIMATEL Y 120 PATIENTS FOR PARTICIPATION IN CANCER CLINICAL TRIALS, AND ENROLLED 59 PATIENTS IN CA NCER RESEARCH STUDIES IN ADDITION, THE SGH CANCER CENTER TRAINED TWO CALIFORNIA STATE UNI VERSITY, LONG BEACH BACHELOR OF SCIENCE IN HEALTH SCIENCE STUDENTS SPECIALIZING IN RADIATI ON THERAPY FOR 32 HOURS WEEKLY FOR ONE SEMESTER EACH FY 2012 PLAN SGH CANCER CENTER WILL CONDUCT THE FOLLOWING * PROVIDE BIWEEKLY BREAST CANCER SUPPORT GROUPS TO PARTICIPANTS AT NO CHARGE * PROVIDE FREE SIX-TO EIGHT-WEEK CLIMB COURSE * PROVIDE QUARTERLY LOOK GOOD-FEE L BETTER CLASSES * CONTINUE TO PROVIDE EDUCATION AND RESOURCES TO THE COMMUNITY WITH THE B REAST HEALTH NAVIGATOR, ALSO PROVIDE ONGOING PERSONALIZED EDUCATION AND INFORMATION, SUPPO RT AND GUIDANCE TO BREAST CANCER PATIENTS AND THEIR LOVED ONES AS THEY MOVE THROUGH THE CO NTINUUM OF CARE * SCREEN AND ENROLL ONCOLOGY PATIENTS IN CLINICAL TRIALS FOR RESEARCH STUD IES * PROVIDE EDUCATIONAL LECTURES TO THE COMMUNITY ON LEADING FORMS OF CANCER AND RADIATI ON ONCOLOGY TREATMENT OPTIONS * PROVIDE EDUCATIONAL INFORMATION ON CANCERS AND AVAILABLE T REATMENTS THROUGH COMMUNITY PHYSICIAN LECTURES AND PARTICIPATION IN HEALTH FAIRS AND EVENT S WITH DEMONSTRATIONS ON BREAST SELF-EXAMS IDENTIFIED COMMUNITY NEED DIABETES EDUCATION A ND TESTING RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICAT ED RATIONALE * CHIP MEMBERS IDENTIFIED DIABETES AS THE MOST IMPORTANT HEALTH OUTCOME OVER ALL (WHEN CONSIDERING A TOTAL OF SEVEN HEALTH OUTCOMES) IN THE 2010 CHNA * IN 2009, THERE WERE 109 DEATHS DUE TO DIABETES IN SDC'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RAT E DUE TO DIABETES WAS 21 9 PER 100,000 POPULATION, THE SECOND HIGHEST OF ALL REGIONS AND H IGHER THAN THE SDC AGE-ADJUSTED RATE OF 17 5 DEATHS PER 100,000 POPULATION (NOTE DIABETE S IS ALSO A CONTRIBUTING CAUSE OF DEATH ) * IN 2008, THERE WERE 870 HOSPITALIZATIONS DUE T O DIABETES IN THE COUNTY'S EAST REGION THE RATE OF HOSPITALIZATIONS FOR DIABETES WAS 187 4 PER 100,000 POPULATION THE HOSPITALIZATION RATE IN THE REGION WAS THE HIGHEST IN SDC'S REGIONS AND HIGHER THAN THE COUNTY AVERAGE OF 126 2 DIABETES HOSPITALIZATIONS PER 100,000 POPULATION * IN FY 2008, THERE WERE 680 DIABETES-RELATED ED VISITS IN THE COUNTY'S EAST R EGION THE RATE OF VISITS WAS 146 5 PER 100,000 POPULATION THE DIABETES-RELATED ED VISIT RATE IN THE REGION WAS AMONG THE HIGHEST IN SDC AND HIGHER THAN THE COUNTY AVERAGE OF 136 7 PER 100,000 POPULATION * 4 5 PERCENT OF ADULTS IN THE COUNTY'S EAST REGION PARTICIPATIN G IN THE 2009 CHIS INDICATED THAT THEY WERE EVER DIAGNOSED WITH DIABETES THE RATE WAS ONE OF THE LOWEST AMONG SDC'S REGIONS AND LOWER THAN THE COUNTY RATE OF 7 8 PERCENT OF ADULTS * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT FROM THE COUNT Y'S HHSA, THE MOST COMMON RISK FACTORS ASSOCIATED WITH TYPE II DIABETES INCLUDE OVERWEIGHT AND OBESITY, PHYSICAL INACTIVITY, SMOKING, HYPERTENSION AND ABNORMAL CHOLESTEROL (NOTE TWO OUT OF THREE AMERICANS ARE NOW OVERWEIGHT OR OBESE ) MEASURABLE OBJECTIVE * PROVIDE DI ABETES EDUCATION AND TESTING IN SDC'S EAST REGION FY 2011 REPORT OF ACTIVITIES SGH DIABET ES EDUCATION PROGRAM IS RECOGNIZED BY THE ADA (AMERICAN DIABETES ASSOCIATION) AND MEETS NA TIONAL STANDARDS FOR EXCELLENCE AND QUALITY IN DIABETES EDUCATION |

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| | | IN FY 2011, THE SGH DIABETES EDUCATION PROGRAM CONDUCTED THREE COMMUNITY EDUCATIONAL LECTU RES AND FOUR BLOOD GLUCOSE SCREENING EVENTS AT HOSPITAL AND OFF-SITE LOCATIONS, TESTING 16 3 PEOPLE AS A RESULT OF THESE SCREENINGS, 37 PEOPLE WERE IDENTIFIED WITH ELEVATED BLOOD G LUCOSE LEVELS SCREENING EVENTS WERE LOCATED THROUGHOUT SAN DIEGO'S EAST COUNTY, INCLUDING THE GROSSMONT HEALTHCARE DISTRICT LIBRARY, WATERFORD TERRACE IN LA MESA, THE 12TH ANNUAL SENIOR HEALTH FAIR AT THE SANTEE TROLLEY SQUARE AND THE LADIES OF HOPE HEALTH FAIR AT ST PETER'S CHALDEAN CATHOLIC CATHEDRAL SGH'S DIABETES EDUCATION PROGRAM CONDUCTED COMMUNITY LECTURES ON DIABETES AT LIBRARIES, COMMUNITY CENTERS, EDUCATIONAL INSTITUTIONS, NATIONAL C ONFERENCES AND OTHER HOSPITALS IN ADDITION, THE SRS DIABETES EDUCATION PROGRAM CONDUCTED A SCREENING EVENT AT THE VISTA PROMOTORAS AT CUYAMACA COLLEGE, AND A MEET THE PHARMACIST E VENT AT THE YMCA IN SANTEE, SCREENING A TOTAL OF 104 COMMUNITY MEMBERS AT THESE TWO EVENTS AS A RESULT OF THESE SCREENINGS, 13 PEOPLE WERE IDENTIFIED WITH ELEVATED BLOOD GLUCOSE L EVELS SGH'S DIABETES EDUCATION PROGRAM CONDUCTED EDUCATIONAL SEMINARS FOR HEALTH CARE PRO FESSIONALS ON MANAGEMENT OF DIABETES IN HOSPITALIZED PATIENTS AND OUTPATIENTS AND ON OTHER TOPICS, INCLUDING PREVENTION OF DIABETIC HEART DISEASE, DIABETES AND RENAL FAILURE IN FY 2011, THE SGH DIABETES EDUCATION PROGRAM CONTINUED TO PROVIDE TARGETED OUTREACH TO THE NE WLY 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 T HIS NEWLY IMMIGRATED POPULATION THE RESOURCES PROVIDED INCLUDED AN INFORMATION BINDER ON TOPICS SUCH AS HOW TO LIVE HEALTHY WITH DIABETES, WHAT YOU NEED TO KNOW ABOUT DIABETES, A LL ABOUT BLOOD GLUCOSE FOR PEOPLE WITH TYPE II DIABETES, ALL ABOUT CARBOHYDRATE COUNTING, GETTING THE VERY BEST CARE FOR YOUR DIABETES, ALL ABOUT INSULIN RESISTANCE, AND ALL ABOUT PHYSICAL ACTIVITY WITH DIABETES HANDOUTS WERE PROVIDED IN ARABIC AS WELL AS SOMALI, TAGAL OG AND VIETNAMESE FOR ADDITIONAL POPULATIONS EDUCATION WAS ALSO PROVIDED TO STAFF MEMBERS REGARDING THE DIFFERENT CULTURAL NEEDS OF THESE COMMUNITIES FY 2012 PLAN THE SGH DIABETE S EDUCATION PROGRAM WILL CONDUCT THE FOLLOWING * COORDINATE AND IMPLEMENT BLOOD GLUCOSE S CREENINGS AT COMMUNITY AND HOSPITAL SITES IN THE COUNTY'S EAST REGION * CONDUCT EDUCATIONA L LECTURES AT VARIOUS COMMUNITY VENUES * SUPPORT THE AMERICAN DIABETES ASSOCIATION'S STEP OUT FOR DIABETES WALK * CONTINUE TO COLLABORATE WITH THE DIABETES BEHAVIORAL INSTITUTE TO HOST COMMUNITY LECTURES THAT WILL ASSIST DIABETES PATIENTS AND THEIR LOVED ONES * CONDUCT EDUCATIONAL SY MPOSIUMS FOR HEALTH CARE PROFESSIONALS * EXPLORE ADDITIONAL OPPORTUNITIES FO R CULTURALLY COMPETENT DIABETES EDUCATION AND/OR OUTREACH TO NEWLY IMMIGRATED POPULATIONS * CONTINUE TO PROVIDE LECTURES TO MULTICULTURAL ELEMENTARY STUDENTS THAT FOCUS ON HEALTHY DIETS AND WEIGHT MANAGEMENT * KEEP CURRENT ON RESOURCES TO GIVE TO THE COMMUNITY FOR SUPPO RT IDENTIFIED COMMUNITY NEED OUTREACH FOR FLU VACCINATIONS RATIONALE REFERENCES THE FINDI NGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMM UNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * CHIP MEMBERS IDENTIFIED K EEPING IMMUNIZATIONS CURRENT AS THE SEVENTH-MOST IMPORTANT HEALTH-RELATED BEHAVIOR OVERALL IN THE 2010 CHNA * PNEUMONIA AND INFLUENZA RANKED AS THE NINTH-LEADING CAUSE OF DEATH IN SDC * IN 2009, THERE WERE 59 DEATHS DUE TO PNEUMONIA AND INFLUENZA IN THE COUNTY'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO PNEUMONIA AND INFLUENZA WAS 11 5 PER 1 00,000 POPULATION, THE SECOND HIGHEST OF ALL REGIONS, AND HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 9 6 DEATHS PER 100,000 POPULATION * IN SDC, AN ESTIMATED 72 PERCENT OF SENIORS 6 5 YEARS AND OLDER WERE VACCINATED FOR INFLUENZA IN 2007, FAILING TO MEET THE HP 2020 TARGE T OF AT LEAST 90 PERCENT OF ADULTS 65 YEARS AND OLDER VACCINATED ANNUALLY FOR INFLUENZA * THE CDC RECOMMENDS ANNUAL VACCINATION AGAINST INFLUENZA FOR THE FOLLOWING PEOPLE AGED 50 YEARS AND OLDER, ADULTS AND CHILDREN WITH A CHRONIC HEALTH CONDITION, CHILDREN AGED 6 MON THS 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 COM PLICATIONS 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 YOU NGER THAN 5 YEARS OF AGE * FLU CLINICS OFFERED IN COMMUNITY SETTINGS AT NO OR LOW COST IM PROVE ACCESS FOR THOSE WHO MAY EXPERIENCE TRANSPORTATION, COST OR OTHER BARRIERS MEASURAB LE OBJECTIVES * IN COLLABORATION WITH COMMUNITY PARTNERS, OFFER SEASONAL FLU VACCINATION C LINICS AT CONVENIENT LOCATIONS FOR SENIORS AND HIGH-RISK ADULTS IN THE COMMUNITY * PROVID E INFORMATION AT THE SEASONAL FLU CLINICS ABOUT OT |

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| | | HER SENIOR RESOURCE CENTER PROGRAMS AND OTHER HEALTH EDUCATION MATERIALS FY 2011 REPORT O F ACTIVITIES IN FY 2011, SGH'S SENIOR RESOURCE CENTER PARTICIPATED IN THE SAN DIEGO IMMUNI ZATION COALITION TO EDUCATE HIGH-RISK ADULTS ABOUT THE IMPORTANCE OF SEASONAL FLU IMMUNIZA TIONS AND TO ORGANIZE SEASONAL FLU CLINICS AT CONVENIENT LOCATIONS FOR SENIORS AND HIGH-RI SK ADULTS SGH'S SENIOR RESOURCE CENTER COORDINATED NOTIFICATION OF AVAILABILITY AND PROVI SION OF SEASONAL FLU VACCINES IN SELECTED COMMUNITY SETTINGS THROUGH ACTIVITY REMINDERS AN D NEWSPAPER NOTICES THE SGH SENIOR RESOURCE CENTER PROVIDED 1,035 SEASONAL FLU VACCINATIO NS AT 16 COMMUNITY SITES TO HIGH-RISK ADULTS WITH LIMITED ACCESS TO HEALTH CARE RESOURCES, INCLUDING SENIORS WITH LIMITED RESOURCES FOR TRANSPORTATION AND THOSE WITH CHRONIC ILLNES SES SITES INCLUDED SENIOR CENTERS, MOBILE HOME PARKS, SENIOR HOUSING COMPLEXES, FOOD BANK S AND VARIOUS HOSPITAL DEPARTMENTS AT THESE COMMUNITY SITES, SGH PROVIDED ACTIVITY CALEND ARS FOR THE SENIOR RESOURCE CENTER DETAILING UPCOMING COMMUNITY EVENTS, INCLUDING BLOOD PR ESSURE CLINICS, COMMUNITY SENIOR PROGRAMS AND PROJECT CARE FY 2012 PLAN THE SGH SENIOR RE SOURCE CENTER WILL CONDUCT THE FOLLOWING * PROVIDE SEASONAL FLU VACCINATIONS AT 16 COMMUN ITY SITES FOR SENIORS WITH LIMITED MOBILITY AND ACCESS TO TRANSPORTATION, AS WELL AS HIGH- RISK ADULTS, INCLUDING LOW-INCOME, MINORITY AND REFUGEE POPULATIONS * COORDINATE THE NOTIF ICATION OF SENIORS REGARDING THE AVAILABILITY OF SEASONAL FLU VACCINES AND THE PROVISION O F SEASONAL FLU VACCINES TO HIGH-RISK INDIVIDUALS IN SELECT COMMUNITY SETTINGS * DIRECT SEN IORS AND OTHER CHRONICALLY ILL ADULTS TO AVAILABLE SEASONAL FLU CLINICS, INCLUDING PHYSICI ANS' OFFICES, PHARMACIES AND PUBLIC HEALTH CENTERS * WORK WITH COMMUNITY AGENCIES TO ENSUR E SEASONAL FLU IMMUNIZATIONS ARE OFFERED AT SITES CONVENIENT TO SENIORS AND CHRONICALLY IL L ADULTS * EXPAND OUTREACH FOR PROVISION OF SEASONAL FLU IMMUNIZATIONS TO INCLUDE FOOD BAN K SITES ACROSS SDC * PUBLICIZE FLU CLINICS THROUGH MEDIA AND COMMUNITY PARTNERS IDENTIFIED COMMUNITY NEED HEALTH EDUCATION AND SCREENING FOR SENIORS RATIONALE REFERENCES THE FINDI NGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMM UNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * CHIP MEMBERS IDENTIFIED H EART 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 THE 2010 CHNA * IN 2008, THE TOP 10 LEADING CAUSES OF DEATH AMONG SENIOR ADULTS AGE 65 YE ARS AND OLDER IN SDC WERE HEART DISEASE, CANCER, ALZHEIMER'S DISEASE, STROKE, CHRONIC LOWE R RESPIRATORY DISEASES, DIABETES, INFLUENZA AND PNEUMONIA, UNINTENTIONAL INJURIES, HY PERTE NSION AND HY PERTENSIVE RENAL DISEASE, AND PARKINSON'S DISEASE * IN 2007, THERE WERE 83,90 6 VISITS BY SENIORS AGED 65 YEARS AND OLDER THAT WERE TREATED AND DISCHARGED FROM A SDC ED (23,883 PER 100,000), OR ONE OUT OF EVERY FOUR SENIOR RESIDENTS OF SDC THE RATE OF ED DI SCHARGE INCREASED WITH AGE AND WAS HIGHER AMONG FEMALES THAN MALES BLACK AND HISPANIC SEN IORS HAD THE HIGHEST RATES OF ED DISCHARGE, AND RATES WERE HIGHEST AMONG RESIDENTS OF THE COUNTY'S CENTRAL AND EAST REGIONS * IN 2008, RATES OF HOSPITALIZATION AMONG SENIOR ADULTS AGE 65 YEARS AND OLDER IN SDC WERE HIGHER THAN THE GENERAL POPULATION DUE TO CORONARY HE ART DISEASE, CANCER, STROKE, DIABETES, CHRONIC LOWER RESPIRATORY DISEASES, NON-FATAL UNINT ENTIONAL INJURIES (INCLUDING FALLS), ARTHRITIS, AND DORSOPATHY (DISEASES OF THE SPINE) * IN 2008, THE TOP CAUSES OF ED UTILIZATION AMONG PERSONS AGE 65 YEARS AND OLDER WERE FALLS, ARTHRITIS, CHRONIC LOWER RESPIRATORY DISEASES, DIABETES AND STROKE OLDER ADULTS UTILIZE MORE AMBULATORY CARE, HOSPITAL SERVICES, NURSING HOME SERVICES AND HOME HEALTH SERVICES TH AN YOUNG PEOPLE |

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| | | * SENIORS IN SDC USE THE 9-1-1 SYSTEM AT HIGHER RATES THAN ANY OTHER AGE GROUP IN 2007, 5 8,060 CALLS WERE MADE TO 9-1-1 FOR SENIORS AGED 65 YEARS AND OLDER IN NEED OF PRE-HOSPITAL (AMBULANCE) CARE IN SDC, AT A RATE OF 16,526 PER 100,000 POPULATION, OR ONE OUT OF EVERY SIX SENIORS THE RATE INCREASED WITH AGE TO ONE OUT OF THREE SENIORS AGED 85 YEARS AND OLD ER, AND WAS HIGHER FOR FEMALES THAN FOR MALES * THERE ARE AN ESTIMATED 4 MILLION FAMILY C AREGIVERS IN CALIFORNIA TODAY, ACCORDING TO THE CALIFORNIA CAREGIVER RESOURCE CENTER (CRC) WHETHER AGING CALIFORNIANS LIVE IN THEIR OWN HOMES, WITH A RELATIVE, IN AN ASSISTED-LIVI NG RESIDENTIAL FACILITY, OR IN A NURSING HOME, ONE OF THE KEYS TO THEIR CARE IS FAMILY CAR EGIVING - 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 CAR E FOR OLDER ADULTS HELPS TO MAINTAIN THE HEALTH OF OLDER ADULTS AS WELL AS THEIR CAREGIVER S * PROJECT CARE IS A COOPERATIVE SAFETY NET DESIGNED TO ENSURE THE WELL-BEING AND INDEPE NDENCE OF OLDER PERSONS AND PERSONS WITH DISABILITIES IN THE COMMUNITY THROUGH ITS COMPON ENT SERVICES, PROJECT CARE HELPS PEOPLE LIVE INDEPENDENTLY IN THEIR HOMES THE COUNTY'S EA ST REGION AUTONOMOUSLY ADMINISTERS A LOCAL PROJECT CARE SITE, LOCATED AT SGH'S SENIOR RESO URCE CENTER, TO MEET THE UNIQUE NEEDS OF THE COMMUNITY'S SENIORS MEASURABLE OBJECTIVES * HOST A VARIETY OF SENIOR HEALTH EDUCATION AND SCREENING PROGRAMS * PRODUCE ACTIVITY CALEN DARS FOUR TIMES A YEAR * ACT AS LEAD AGENCY FOR EAST COUNTY PROJECT CARE. FY 2011 REPORT OF ACTIVITIES IN FY 2011, THE SGH SENIOR RESOURCE CENTER PROVIDED FREE HEALTH EDUCATION PR OGRAMS (1,067 PEOPLE ATTENDED) AND HEALTH SCREENINGS (739 PEOPLE SCREENED) HEALTH EDUCATI ON TOPICS INCLUDED HEARING, STROKE, HEART HEALTH, VASCULAR DISEASE, OSTEOPOROSIS, WEIGHT LOSS, DIABETES, SENIOR SERVICES, VIALS OF LIFE, ADVANCE DIRECTIVES FOR HEALTH CARE, FINANC IAL ISSUES, MEMORY LOSS, CAREGIVER RESOURCES, END-OF-LIFE ISSUES, MEDICARE, DEPRESSION, ST RESS MANAGEMENT AND SLEEP DISTURBANCES EDUCATIONAL PROGRAMS WERE OFFERED AT THE HOSPITAL CAMPUS, THE GROSSMONT HEALTHCARE DISTRICT CONFERENCE CENTER, AND IN VARIOUS COMMUNITIES IN EAST COUNTY THE HOSPITAL OFFERED FREE MONTHLY BLOOD PRESSURE SCREENINGS AT COMMUNITY SIT ES, ALONG WITH FOUR BALANCE/FALL PREVENTION SCREENINGS, AND FIVE HAND SCREENINGS THE HOSP ITAL ALSO OFFERED HEALTH SCREENINGS FOR DEPRESSION, LUNG FUNCTION, PERIPHERAL ARTERY DISEA SE, VASCULAR DISEASE, CAROTID ARTERY DISEASE AND STROKE. FROM THESE SCREENINGS, 26 ATTENDE ES WITH ABNORMAL RESULTS WERE REFERRED TO PHYSICIANS FOR FOLLOW-UP THE SGH SENIOR RESOURC E CENTER ALSO PROVIDED A SERIES OF PHYSICIAN LECTURES IN FY 2011, COVERING TOPICS SUCH AS FOOT CARE, STROKE AND HEARING LOSS IN TOTAL, 152 COMMUNITY MEMBERS ATTENDED THESE LECTURE S IN ADDITION, THE HOSPITAL PROVIDED EDUCATION FOR SENIORS ON HOW TO COMMUNICATE WITH THE IR PROVIDERS, AS WELL AS EDUCATION FOR CAREGIVERS CALENDARS HIGHLIGHTING SGH'S SENIOR RES OURCE CENTER ACTIVITIES WERE MAILED FOUR TIMES A YEAR TO APPROXIMATELY 7,600 HOUSEHOLDS T HE SGH SENIOR RESOURCE CENTER DISTRIBUTED 250 ADVANCE DIRECTIVES FOR HEALTH CARE, AS WELL AS 2,150 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 PROGRA M THAT INCLUDES THE COUNTY'S AIS, JEWISH FAMILY SERVICES, SDG&E, LOCAL SENIOR CENTERS, SHE RIFF AND POLICE, AND MANY OTHERS THE SENIOR RESOURCE CENTER PROVIDED DAILY COMPUTERIZED P HONE CALLS - AT REGULARLY SCHEDULED TIMES SELECTED BY PARTICIPANTS - TO AN AVERAGE OF 40 E AST COUNTY SENIORS WHO LIVE ALONE EACH DAY A TOTAL OF 10,235 PHONE CALLS WERE PLACED TO S ENIORS OR DISABLED INDIVIDUALS IN FY 2011 STAFF COMPLETED 108 FOLLOW-UP PHONE CALLS WITH FRIENDS OR NEIGHBORS TO ENSURE THE PARTICIPANTS' SAFETY IF STAFF WERE UNABLE TO REACH THEM AT HOME. IN COLLABORATION WITH THE SAN DIEGO CAREGIVER COALITION, THE SENIOR RESOURCE CEN TER PROVIDED A CAREGIVER CONFERENCE AT THE UNITED METHODIST CHURCH OF MISSION VALLEY FOR 1 00 FAMILY CAREGIVERS, FOCUSING ON EMOTIONAL ISSUES, PHYSICAL ASPECTS OF CARE GIVING, AND C OMMUNITY RESOURCES THE SENIOR RESOURCE CENTER ALSO COORDINATED AN END-OF-LIFE CONFERENCE ENTITLED AGING, PLANNING AND COPING WITH SHARP HOSPICECARE - SERVING 84 INDIVIDUALS - AND PROVIDED INFORMATION ON ADVANCE DIRECTIVES, END-OF-LIFE ISSUES, AND CONVERSATIONS WITH LOV ED ONES THE SENIOR RESOURCE CENTER ALSO PARTICIPATED IN HEALTH FAIRS IN CAMPO, EL CAJON, LAKESIDE, SANTEE, LA MESA, THE COLLEGE AREA, AND SAN DIEGO IN ADDITION, THE SENIOR RESOUR CE CENTER ASSISTED IN THE PLANNING AND COORDINATION OF A MEET THE PHARMACIST EVENT AT THE SANTEE YMCA, SERVING 50 COMMUNITY MEMBERS AND ALSO PARTICIPATED IN ANOTHER CAREGIVER CONFE RENCE HELD AT THE LA MESA COMMUNITY CENTER, PROVIDING RESOURCES TO MORE THAN 95 ATTENDEES FROM THE COMMUNITY IN FY 2011, THE SENIOR RESOURC |

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| | | E CENTER MAINTAINED ACTIVE RELATIONSHIPS WITH ORGANIZATIONS SERVING SENIORS, ENHANCING NET WORKING AMONG EAST COUNTY PROFESSIONALS AND PROVIDING QUALITY PROGRAMMING FOR SENIORS THE SE ORGANIZATIONS INCLUDED AIS (PROJECT CARE AND THE CAREGIVER COALITION), EAST COUNTY SENI OR SERVICE PROVIDERS, MEALS-ON-WHEELS GREATER SAN DIEGO, AND THE CAREGIVER EDUCATION COMMI TTEE THE SGH SENIOR RESOURCE CENTER ALSO ENHANCED ITS EDUCATIONAL RESOURCES ON THE SHARP COM WEBSITE WITH THE ADDITION OF MONTHLY HEALTHY AGING PODCAST SEGMENTS AUDIO AND VIDEO P RESENTATIONS OFFERED IMPORTANT PUBLIC INFORMATION ON FALL PREVENTION, MAINTAINING BRAIN HE ALTH, ADVANCE DIRECTIVES, CAREGIVING FOR OLDER ADULTS, AND EXERCISES TO HELP SENIORS LIVE A HEALTHY AND INDEPENDENT LIFE THESE PODCASTS WERE MADE POSSIBLE BY A GRANT FROM THE PACI FICARE/UNITED HEALTHCARE CHARITABLE COMMITMENT PROGRAM FY 2012 PLAN SGH'S SENIOR RESOURCE CENTER WILL CONDUCT THE FOLLOWING ACTIVITIES * 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 WI TH INDIVIDUALS (MANY ARE HOME BOUND) IN RURAL AND SUBURBAN SETTINGS WHO ARE AT RISK FOR IN JURY OR ILLNESS, AND CONTINUE SUPPORTING PROJECT CARE SERVICES FOR THE EAST COUNTY COMMUNI TY * PARTICIPATE IN SIX COMMUNITY HEALTH FAIRS AND SPECIAL EVENTS TARGETING SENIORS * COOR DINATE TWO CONFERENCES - ONE DEDICATED TO FAMILY CAREGIVER ISSUES IN COLLABORATION WITH SA N DIEGO CAREGIVER COALITION AND ONE FOCUSED ON END-OF-LIFE ISSUES IN COLLABORATION WITH SH ARP HOSPICECARE * PRODUCE AND DISTRIBUTE QUARTERLY CALENDARS HIGHLIGHTING EVENTS OF INTERE ST TO SENIORS AND FAMILY CAREGIVERS * PROVIDE 2,000 VIALS OF LIFE TO SENIORS * PRESENT AN ADVANCED DIRECTIVES AND HEALTH CARE DECISIONS PROGRAM TO INFORM SENIORS ABOUT ADVANCE DIRE CTIVES AND OTHER NECESSARY DOCUMENTS AVAILABLE TO COMMUNICATE THEIR END-OF-LIFE WISHES IDE NTIFIED COMMUNITY NEED PREVENTION OF UNINTENTIONAL INJURIES RATIONALE REFERENCES THE FIND INGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COM MUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * CHIP MEMBERS IDENTIFIED INJURY AND VIOLENCE AS THE FOURTH-MOST IMPORTANT HEALTH-RELATED BEHAVIORS OVERALL (WHEN CO NSIDERING A TOTAL OF SEVEN HEALTH-RELATED BEHAVIORS) IN THE 2010 CHNA * INJURY, INCLUDING BOTH INTENTIONAL AND UNINTENTIONAL, IS THE NUMBER ONE KILLER AND DISABLER OF PERSONS AGED 1 TO 44 IN CALIFORNIA * UNINTENTIONAL INJURIES - MOTOR VEHICLE ACCIDENTS, FALLS, FIREARM S, FIRE/BURNS, DROWNING, POISONING (INCLUDING DRUGS AND ALCOHOL, GAS, CLEANERS AND CAUSTIC SUBSTANCES) AND INJURIES AT WORK - ARE ONE OF THE LEADING CAUSES OF DEATH FOR SDC RESIDEN TS OF ALL AGES, REGARDLESS OF GENDER, RACE OR REGION * DURING 2008, UNINTENTIONAL INJURY WAS THE LEADING CAUSE OF DEATH FOR PERSONS AGES 1 TO 4 YEARS AND 15 TO 34 YEARS, AND THE S IXTH-LEADING CAUSE OF DEATH OVERALL IN SDC * BETWEEN 2000 AND 2008, 6,725 SAN DIEGANS DIE D AS A RESULT OF UNINTENTIONAL INJURIES, AND SINCE 2000, THE RATE OF DEATH HAS INCREASED B Y 9 8 PERCENT * IN 2009, THERE WERE 179 DEATHS DUE TO UNINTENTIONAL INJURY IN THE COUNTY' S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO UNINTENTIONAL INJURIES WAS 36 3 DEATHS PER 100,000 POPULATION, THE HIGHEST OF ALL REGIONS AND HIGHER THAN THE SDC AGE-ADJ USTED RATE OF 28 9 DEATHS PER 100,000 POPULATION * IN FY 2008, THERE WERE 3,947 HOSPITALI ZATIONS RELATED TO UNINTENTIONAL INJURY IN THE COUNTY'S EAST REGION THE RATE OF HOSPITALI ZATIONS WAS 850 PER 100,000 POPULATION, THE HIGHEST OF ALL REGIONS AND HIGHER THAN THE CO UNTY AVERAGE OF 661 PER 100,000 POPULATION |

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| | | * IN FY 2008, THERE WERE 25,466 ED VISITS RELATED TO UNINTENTIONAL INJURY IN THE COUNTY'S EAST REGION THE RATE OF VISITS WAS 5,485 PER 100,000 POPULATION, THE HIGHEST OF ALL REGIO NS AND HIGHER THAN THE COUNTY AVERAGE OF 4,764 PER 100,000 POPULATION * ACCORDING TO HP 2 020, MOST EVENTS RESULTING IN INJURY, DISABILITY OR DEATH ARE PREDICTABLE AND PREVENTABLE THERE ARE MANY RISK FACTORS FOR UNINTENTIONAL INJURY AND VIOLENCE, INCLUDING INDIVIDUAL B EHAVIORS AND CHOICES, SUCH AS ALCOHOL USE OR RISK-TAKING, THE PHYSICAL ENVIRONMENT BOTH AT HOME AND IN THE COMMUNITY, ACCESS TO HEALTH SERVICES AND SYSTEMS CREATED FOR INJURY-RELAT ED CARE, AND THE SOCIAL ENVIRONMENT, INCLUDING INDIVIDUAL SOCIAL EXPERIENCES (SOCIAL NORMS , EDUCATION, VICTIMIZATION HISTORY), SOCIAL RELATIONSHIPS (PARENTAL MONITORING AND SUPERVI SION OF YOUTH, PEER GROUP ASSOCIATIONS, FAMILY INTERACTIONS), THE COMMUNITY ENVIRONMENT (C OHESION IN SCHOOLS, NEIGHBORHOODS AND COMMUNITIES) AND SOCIETAL-LEVEL FACTORS (CULTURAL BE LIEFS, ATTITUDES, INCENTIVES AND DISINCENTIVES, LAWS AND REGULATIONS) MEASURABLE OBJECTIV E * TO OFFER AN INJURY AND VIOLENCE PREVENTION PROGRAM FOR CHILDREN, ADOLESCENTS, AND YOUN G ADULTS THROUGHOUT SDC FY 2011 REPORT OF ACTIVITIES IN FY 2011, THINKFIRST/SHARP ON SURV IVAL PARTICIPATED IN 31 PROGRAMS AT ELEMENTARY, MIDDLE AND HIGH SCHOOLS IN EAST COUNTY, SE RVING 2,630 STUDENTS DURING THESE ONE- TO TWO-HOUR CLASSES, STUDENTS LEARNED ABOUT MODES OF INJURY, THE ANATOMY AND PHYSIOLOGY OF THE BRAIN AND SPINAL CORD, AND DISABILITY AWARENE SS THEY ALSO HEARD PERSONAL TESTIMONIES FROM INDIVIDUALS, KNOWN AS VOICES FOR INJURY PREV ENTION (VIPS), WITH TRAUMATIC BRAIN OR SPINAL CORD INJURIES IN ADDITION, DUE TO FUNDING C HANGES, THINKFIRST/SHARP ON SURVIVAL OFFERED SCHOOLS MULTIPLE OPPORTUNITIES FOR LEARNING SCHOOLS WERE PROVIDED WITH A VARIETY OF LESSON PLANS TO CHOOSE FROM, INCLUDING INFORMATION ON PHYSICAL REHABILITATION, CAREERS IN HEALTH CARE, AND DISABILITY AWARENESS PANELS TO ME ET THE NEEDS OF SPECIFIC CLASS CURRICULA IN ADDITION, THINKFIRST/SHARP ON SURVIVAL SPOKE TO AT-RISK YOUTH ABOUT THE CONSEQUENCES OF VIOLENCE, GANGS, RECKLESS DRIVING AND MAKING PO OR CHOICES THINKFIRST/SHARP ON SURVIVAL PARTICIPATED IN A VARIETY OF COMMUNITY EVENTS THR OUGHOUT FY 2011, INCLUDING PRESENTATIONS FOR YOUTH AND THEIR PARENTS, AS WELL AS HEALTH- A ND SAFETY-RELATED FAIRS AND COMMUNITY GROUPS THESE COMMUNITY-BASED EVENTS AND PRESENTATIO NS SERVED MORE THAN 1,520 PARTICIPANTS THROUGHOUT THE YEAR EVENTS INCLUDED THE ANNUAL KID S CARE FEST EVENT IN LA MESA SPONSORED BY THE GROSSMONT HEALTHCARE DISTRICT, WHERE THINKFI RST/SHARP ON SURVIVAL PROVIDED HELMET-FITTING INFORMATION AS WELL AS EDUCATION ON BOOSTER AND CAR SEATS TO APPROXIMATELY 500 COMMUNITY MEMBERS IN OCTOBER, THINKFIRST/SHARP ON SURV IVAL ALSO PROVIDED INFORMATION ON PROPER HELMET FITTING AND BOOSTER SEAT EDUCATION FOR THE EL CAJON FIRE DEPARTMENT SAFETY FAIR AND OPEN HOUSE, SERVING 800 PEOPLE ALSO IN FY 2011, THROUGH A PARTNERSHIP BETWEEN SDSU AND THE HEALTH AND SCIENCE PIPELINE INITIATIVE (HASPI) , 35 HIGH SCHOOL STUDENTS WERE EDUCATED BY THINKFIRST/ SHARP ON SURVIVAL STAFF ABOUT CAREE RS IN PHYSICAL REHABILITATION THIS TEEN DAY-CAMP WAS OFFERED TO STUDENTS TO HELP THEM CON NECT WITH HEALTH PROFESSIONALS, PRACTICE CAREER SKILLS AND EXPLORE NEW OPTIONS FOR THEIR F UTURE CAREERS A VIP ALSO HELPED STUDENTS LEARN MORE ABOUT DISABILITY AWARENESS AND HOW TO INTERACT WITH THE DISABLED POPULATION THROUGH HASPI'S GATEWAY TO ALLIED HEALTH AND NURSI NG PROGRAM, A DOZEN CUYAMACA COLLEGE STUDENTS RECEIVED A PRESENTATION FROM THINKFIRST/ SHA RP ON SURVIVAL FOCUSING ON THE DIFFERENT ELEMENTS AND CAREERS WITHIN THE PHYSICAL REHABILI TATION FIELD AS A CONCLUSION TO THE CAREERS TALK, A VIP SHARED DETAILS ON HOW THERAPISTS AND NURSES IN PHYSICAL REHABILITATION HELPED HIM TO BECOME AS INDEPENDENT AS POSSIBLE AFTE R HIS SPINAL CORD INJURY AND WHAT THE REHAB EXPERIENCE HAS MEANT PERSONALLY TO HIM IN ADD ITION, MORE THAN 200 COLLEGE STUDENTS ENROLLED IN SDSU'S DISABILITY IN SOCIETY COURSE BENE FITED FROM RECEIVING INJURY PREVENTION EDUCATION AND LEARNING ABOUT BRAIN INJURY, SPINAL C ORD INJURY AND DISABILITY AWARENESS FY 2012 PLAN THINKFIRST/SHARP ON SURVIVAL WILL DO THE FOLLOWING * WITH FUNDING SUPPORT FROM GRANTS, PROVIDE EDUCATIONAL PROGRAMMING AND PRESEN TATIONS FOR LOCAL SCHOOLS AND ORGANIZATIONS * INCREASE COMMUNITY AWARENESS OF THE PROGRAM THROUGH ATTENDANCE AND PARTICIPATION AT COMMUNITY EVENTS AND HEALTH FAIRS USING GRANT FUND ING * CONTINUE TO EVOLVE PROGRAM CURRICULA TO MEET THE NEEDS OF HEALTH CAREER PATHWAY CLAS SES AS PART OF THE HASPI PARTNERSHIP IDENTIFIED COMMUNITY NEED SPECIAL SUPPORT SERVICES F OR HOSPICE PATIENTS AND THEIR LOVED ONES AND THE COMMUNITY RATIONALE REFERENCES THE FINDIN GS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMU NITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * AS PATIENTS AND THEIR LOVE D ONES DEAL WITH DEATH AND DY ING, MANY EXPERIENCE |

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| | | INTENSE GRIEF OVER THE LOSS OF LIFE, YET HAVE THE OPPORTUNITY TO EXPERIENCE A PROFOUND TRA NSFORMATION A HOSPICE MODEL - COMBINING MEDICAL, SPIRITUAL, EMOTIONAL AND OTHER SUPPORT S ERVICES - CAN OFFER MANY PATIENTS AND THEIR FAMILIES ASSISTANCE, INFORMATION AND STRATEGIE S RELATED TO BEREAVEMENT, GRIEF AND HEALING * A 2004 JOURNAL OF THE AMERICAN MEDICAL ASSO CIATION (JAMA) STUDY (SOURCE JAMA JANUARY 7, 2004) TITLED, "QUALITY OF END-OF-LIFE CARE A ND LAST PLACE OF CARE," EXAMINED 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 INC LUDE MORE THAN ONE-THIRD OF THOSE CARED FOR BY NURSING HOMES, HOSPITALS AND HOME HEALTH AG ENCIES REPORTED EITHER INSUFFICIENT OR PROBLEMATIC EMOTIONAL SUPPORT FOR THE PATIENT AND/O R FAMILY, COMPARED TO ONE-FIFTH OF THOSE IN HOSPICE * AS PRESENTED IN THE 2010 CHNA, THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY HAS IDENTIFIED COPING WITH THE END OF LIFE AS A COMPONENT OF ITS NATIONAL HEALTH CARE QUALITY REPORT, A CONCEPTUAL FRAMEWORK FOR MEASURIN G THE PERFORMANCE IMPROVEMENT OF THE U S HEALTH SYSTEM IN ITS PROVISION OF HIGH-QUALITY C ARE * A STUDY BY THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO) SUGGESTS T HAT HOSPICE MAY HAVE A POSITIVE IMPACT ON PATIENTS' LONGEVITY THE STUDY FOUND THAT FOR CE RTAIN WELL-DEFINED TERMINALLY ILL POPULATIONS, PATIENTS WHO CHOOSE HOSPICE CARE LIVE AN AV ERAGE OF 29 DAYS LONGER THAN SIMILAR PATIENTS WHO DO NOT CHOOSE HOSPICE, ALLOWING PATIENTS AND THEIR FAMILIES EXTRA TIME FOR RESOLUTION AND CLOSURE AT THE END OF LIFE (CONNER, ET A L , 2007) * ACCORDING TO A 2011 ARTICLE IN THE AMERICAN FAMILY PHYSICIAN JOURNAL (AFP), I N THE NEXT FEW DECADES, THE DEMAND FOR FAMILY CAREGIVERS IS EXPECTED TO RISE BY 85 PERCENT FURTHERMORE, FAMILY CAREGIVING HAS BEEN AFFECTED IN SEVERAL IMPORTANT WAYS OVER THE PAST FIVE YEARS CAREGIVERS AND CARE RECIPIENTS ARE OLDER AND HAVE HIGHER LEVELS OF DISABILITY THAN IN YEARS PAST, THE DURATION, INTENSITY AND BURDEN OF CARE HAS INCREASED, THE FINANCI AL COST ASSOCIATED WITH INFORMAL CAREGIVING HAS RISEN, AND THE USE OF PAID FORMAL CARE HAS DECLINED SIGNIFICANTLY * ACCORDING TO A 2010 ARTICLE IN THE JOURNAL OF THE AMERICAN MEDI CAL ASSOCIATION (JAMA), WHEN COMPARED WITH NURSING HOMES OR HOME HEALTH NURSING SERVICES, BEREAVED FAMILY MEMBERS REPORT FEWER UNMET NEEDS FOR PAIN AND EMOTIONAL SUPPORT WHEN THE L AST PACE OF CARE WAS HOSPICE IN ADDITION, LOWER SPOUSAL MORTALITY AT 18 MONTHS WAS FOUND AMONG BEREAVED WIVES OF DECEDENTS WHO USED HOSPICE CARE VERSUS THOSE WHO DID NOT MEASURAB LE OBJECTIVES * PROVIDE COUNSELING AND SUPPORT, EDUCATION, AND REFERRAL SERVICES TO HOSPIC E PATIENTS AND THEIR LOVED ONES, AND TO THE COMMUNITY IN SDC * PROVIDE PROFESSIONAL EDUCA TION TO COMMUNITY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS * COLLABORATE WITH COMMU NITY, STATE AND NATIONAL ORGANIZATIONS TO PROVIDE APPROPRIATE SERVICES TO HOSPICE PATIENTS AND THEIR LOVED ONES AND TO THE COMMUNITY IN SAN DIEGO FY 2011 REPORT OF ACTIVITIES SHAR P HOSPICECARE SERVES PATIENTS AND THEIR LOVED ONES THROUGH A HOSPICE MODEL OF CARE IN FY 2011, KEY SERVICES INCLUDED INDIVIDUAL AND FAMILY BEREAVEMENT COUNSELING AND SUPPORT, VOLU NTEER TRAINING PROGRAMS, THE MEMORY BEAR PROGRAM, COMMUNITY AND PROFESSIONAL EDUCATION, AD VANCE CARE PLANNING, AND REFERRAL SERVICES TO HOSPICE AND PALLIATIVE CARE |

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| | | USING A FLEXIBLE APPROACH, SHARP HOSPICECARE OFFERED A VARIETY OF BEREAVEMENT SERVICE OPTI ONS - OFFERED IN SPANISH AND ENGLISH - INCLUDING PROFESSIONAL BEREAVEMENT COUNSELING THROU GH INDIVIDUAL/FAMILY AND GROUP THERAPY, EDUCATION, SUPPORT GROUPS, AND MONTHLY NEWSLETTER MAILINGS IN FY 2011, SHARP HOSPICECARE DEVOTED MORE THAN 1,700 HOURS TO HOME, OFFICE AND PHONE CONTACTS MADE TO PATIENTS AND THEIR LOVED ONES, PROVIDING THEM WITH PRE-BEREAVEMENT AND BEREAVEMENT COUNSELING SERVICES BY PROFESSIONALS WITH SPECIFIC TRAINING IN GRIEF AND L OSS IN FY 2011, 12 BEREAVEMENT SUPPORT GROUPS, INCLUDING TWO SPANISH-SPEAKING GROUPS, WER E PROVIDED FREE OF CHARGE, SERVING 202 PARTICIPANTS THE VARIOUS GROUPS WERE FACILITATED B Y SKILLED MENTAL HEALTH CARE PROFESSIONALS WHO SPECIALIZE IN THE NEEDS OF THE BEREAVED A UNIQUE EVENT ENTITLED HEALING THROUGH THE HOLIDAYS SERVED 104 ADULTS AT FOUR LOCATIONS WIT H PRESENTATIONS ON COPING WITH GRIEF DURING THE HOLIDAY SEASON, SPIRITUALITY DURING THE HO LIDAYS, AND A FAMILY'S GRIEF JOURNEY THROUGH THE HOLIDAYS IN FURTHER SUPPORT OF BEREAVEME NT COUNSELING, 1,427 PEOPLE RECEIVED 13 MONTHLY ISSUES OF THE BEREAVEMENT SUPPORT NEWSLETT ER, HEALING THROUGH GRIEF (FOR ADULTS), AND JOURNEY TO MY HEART (FOR CHILDREN UNDER 12 YEA RS) IN ADDITION, SHARP HOSPICECARE BEREAVEMENT COUNSELORS PROVIDED REFERRALS TO NEEDED CO MMUNITY SERVICES INCLUDING ONGOING MENTAL HEALTH SERVICES, FINANCIAL ASSISTANCE, CHILD PRO TECTIVE SERVICES, DRUG AND ALCOHOL COUNSELING, PARENT EDUCATION COURSES AND ANGER MANAGEME NT SHARP HOSPICECARE PROVIDED EXTENSIVE TRAINING FOR 68 NEW VOLUNTEERS IN FY 2011 POTENT IAL VOLUNTEERS UNDERGO A RIGOROUS 32-HOUR TRAINING PROGRAM TO CONFIRM THEIR UNDERSTANDING OF AND COMMITMENT TO HOSPICE CARE INCLUDING BOTH NEW AND RETURNING VOLUNTEERS, OVER 185 I NDIVIDUALS SERVED AS SHARP HOSPICECARE VOLUNTEERS DURING THE PAST FISCAL YEAR AS PART OF THE HOSPICE INTERDISCIPLINARY TEAM, VOLUNTEERS PROVIDED 6,120 HOURS OF SERVICE THROUGH DIR ECT PATIENT CARE AS WELL AS 6,150 HOURS OF CLERICAL AND ADMINISTRATIVE SUPPORT, DEVOTING 1 2,270 HOURS IN TOTAL TO THIS PROJECT IN ADDITION, SHARP HOSPICECARE COORDINATED A VOLUNTE ER-RUN WIG DONATION PROGRAM THAT IS OPEN TO COMMUNITY MEMBERS WHO HAVE SUFFERED HAIR LOSS DURING FY 2011, SHARP HOSPICECARE MET WITH 32 INDIVIDUALS AND PROVIDED 64 WIGS THE SHARP HOSPICECARE PROGRAM SUPPORTED VOLUNTEERS WITH A MONTHLY VOLUNTEER SUPPORT GROUP AND RECOG NITION DURING NATIONAL VOLUNTEER MONTH AND NATIONAL HOSPICE MONTH IN ADDITION, SHARP HOSP ICECARE PROVIDED TRAINING AND SUPERVISION TO 15 PREMEDICAL STUDENTS THROUGH THE PRE-PROFES SIONAL PROGRAM AT SDSU DURING FY 2011 THE SHARP HOSPICECARE TEEN VOLUNTEER PROGRAM TRAINE D 11 HIGH-SCHOOL-AGE TEENS (14 TO 18 YEARS OLD) DURING FY 2011 THE TEEN PROGRAM SPECIALIZ ES IN HELPING TO CREATE FAMILY VIDEOS, HOWEVER, TEENS ARE ALSO ASSIGNED SPECIAL PROJECTS I N THE OFFICE OR PATIENT ASSIGNMENTS AT LAKEVIEW AND PARKVIEW HOMES SHARP HOSPICECARE ALSO HOSTED AN INTERN FROM SAN DIEGO METROPOLITAN REGIONAL & TECHNICAL HIGH SCHOOL DURING FY 2 011 THE STUDENT SPENT ONE SIX-HOUR SHIFT PER WEEK IN SHARP HOSPICECARE'S ADMINISTRATIVE O FFICE, AND ANOTHER SIX-HOUR SHIFT IN A SHARP HOSPICECARE HOME THE STUDENT EXPERIENCED HOS PICE CARE THROUGH CASE CONFERENCES, INTERDISCIPLINARY TEAM (IDT) MEETINGS, AND A VARIETY O F OTHER TASKS THE MEMORY BEAR PROGRAM, A COMPONENT OF THE VOLUNTEER PROGRAM, PROVIDES A U NIQUE KEEPSAKE FOR FAMILY MEMBERS BY MAKING TEDDY BEARS FROM GARMENTS OF THE LOVED ONE WHO HAS PASSED ON FOR SURVIVING FAMILY MEMBERS, THESE BEARS BECOME PERMANENT REMINDERS OF TH EIR LOVED ONES SHARP HOSPICECARE VOLUNTEERS, WHO HANDCRAFT ALL BEARS STITCH BY STITCH, DE VOTED MORE THAN 5,800 HOURS TO CRAFT 968 BEARS FOR 241 FAMILIES DURING FY 2011 IN FY 2011 , SHARP HOSPICECARE PROVIDED COMMUNITY EDUCATION FOR MORE THAN 1,000 PEOPLE TOPICS INCLUD ED END-OF-LIFE CARE AND SY MPTOM MANAGEMENT, INFORMATION ABOUT HOSPICE, HOME-BASED PALLIATI VE CARE PROGRAMS, ADVANCE CARE PLANNING, THE GRIEVING PROCESS, HOSPICE AND DEMENTIA, HOSPI CE AND DEPRESSION, THE IMPORTANCE OF HUMOR IN HOSPICE AND END-OF-LIFE CARE, STRESS MANAGEM ENT AND INTEGRATIVE THERAPIES, PAIN MANAGEMENT, DEATH AND DY ING, AND HOSPICE VOLUNTEER OPP ORTUNITIES IN ADDITION, SHARP HOSPICECARE PROMOTED TRANSITIONS - AN INNOVATIVE DISEASE MA NAGEMENT PROGRAM THAT FOCUSES ON AGGRESSIVE IN-HOME DISEASE MANAGEMENT AND ALIGNS PATIENT GOALS OF CARE WITH MEDICAL, PSY CHOLOGICAL AND SPIRITUAL INTERVENTIONS THROUGHOUT THE COMMU NITY IN FY 2011, SHARP HOSPICECARE PARTICIPATED IN MULTIPLE EVENTS AND COMMUNITY FORUMS A T VARIOUS SITES THROUGHOUT SAN DIEGO, INCLUDING SERVICE CLUBS, SENIOR CENTERS, RETIREMENT COMMUNITIES, HOME HEALTH AGENCIES, COMMUNITY PLANNING GROUPS, COMMUNITY CENTERS, CHURCHES, LIBRARIES, COLLEGES AND UNIVERSITIES IN ADDITION, SHARP HOSPICECARE - IN COLLABORATION W ITH THE SGH SENIOR RESOURCE CENTER AND OFTEN ON THEIR OWN - PROVIDED A VARIETY OF CAREGIVE R CONFERENCES THROUGHOUT SDC THE CONFERENCES PROV |

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| | | IDED INFORMATION ON COMMUNICATING END-OF-LIFE WISHES, WILLS AND TRUSTS, SPIRITUAL PLANNING , AND ADVANCE CARE PLANNING ALSO IN CONJUNCTION WITH THE SGH SENIOR RESOURCE CENTER AND T HE CAREGIVER COALITION, SHARP HOSPICECARE COORDINATED END-OF-LIFE CONFERENCES AND OFFERED RESOURCES ON HOSPICE CARE, FINANCIAL PLANNING, FUNERAL PLANNING, AND ADVANCE CARE PLANNING SHARP HOSPICECARE HAS ALSO BEEN INVOLVED IN A VARIETY OF LOCAL NETWORKING GROUPS THAT PR OVIDE CAREGIVER CLASSES, END-OF-LIFE PROGRAMS, AND ADVANCE CARE PLANNING SEMINARS AND WEB PRESENTATIONS IN NOVEMBER 2010, SHARP HOSPICECARE HOSTED ITS FIFTH ANNUAL CONFERENCE FOR SAN DIEGO END-OF-LIFE PROFESSIONALS ENTITLED INTEGRATING THE MEDICAL, ETHICAL AND PHILOSOP HICAL ASPECTS OF END-OF-LIFE CARE THE CONFERENCE FEATURED A NATIONALLY RENOWNED EXPERT IN HOSPICE AND PALLIATIVE CARE, AND PROVIDED OVER 150 MEMBERS OF THE HEALTH CARE COMMUNITY W ITH AN IN-DEPTH PERSPECTIVE ON WHAT MATTERS MOST FOR PATIENTS WITH ADVANCED CHRONIC ILLNES S AS THEY ARE NEARING THE END OF THEIR LIVES IN ADDITION, SHARP HOSPICECARE PROVIDED A CO NTINUING MEDICAL EDUCATION (CME) GERIATRIC FRAILTY COURSE AT GROSSMONT HOSPITAL TO 160 COM MUNITY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS SHARP HOSPICECARE LEADERSHIP PRESEN TED AT SEVERAL STATE AND NATIONAL CONFERENCES, INCLUDING THE NATIONAL HOSPICE AND PALLIATI VE CARE ASSOCIATION, CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG), AND THE CALIFORNIA COALITION OF CARING TOPICS INCLUDED MANAGEMENT AND LEADERSHIP, THE CONTINUUM OF CARE AND ADVANCE CARE PLANNING IN FY 2011, SHARP HOSPICECARE ALSO MAINTAINED ACTIVE RELATIONSHIPS WITH ORGANIZATIONS INCLUDING SDC COUNCIL ON AGING (SDCCOA), REGIONAL HOME CARE COUNCIL, C ALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION (CHAPCA), HOSPICE AND PALLIATIVE NURSES ASSOCIATION (HPNA), AND SAN DIEGO COALITION FOR END OF LIFE CARE SHARP HOSPICECARE SERVED AS A TRAINING SITE FOR APPROXIMATELY 25 NURSING STUDENTS FROM THE UNIVERSITY OF OKLAHOMA (OU) AND POINT LOMA NAZARENE UNIVERSITY (PLNU) IN FY 2011 STUDENTS PARTNERED WITH SHARP H OSPICECARE CASE MANAGERS AND STAFF DURING HOME VISITS AND SKILLED NURSING FACILITY SITE VI SITS OFFERING A UNIQUE END-OF-LIFE CARE EXPERIENCE AT LAKEVIEW AND PARKVIEW HOMES, SHARP HOSPICECARE SERVED AS A TRAINING SITE FOR SDSU NURSING STUDENTS FOR 32 HOURS PER WEEK THRO UGHOUT THE 2011 SPRING SEMESTER IN ADDITION, SEVERAL SHARP HOSPICECARE STAFF PROVIDED GUE ST LECTURES FOR PROGRAMS AT SAN DIEGO STATE UNIVERSITY (SDSU), KAPLAN COLLEGE, AND SOUTHWE STERN COLLEGE (SWC) AT SDSU, SHARP HOSPICECARE PROVIDED A LECTURE ON MUSIC THERAPY FOR HO SPICE PATIENTS FOR THE UNIVERSITY'S MUSIC DEPARTMENT NURSING STUDENTS AT SWC RECEIVED A P RESENTATION ON HOSPICE WITH AN EMPHASIS ON BIOETHICS AND ADVANCE CARE PLANNING, AND KAPLAN COLLEGE STUDENTS WERE PROVIDED A LECTURE ENTITLED AN INTRODUCTION TO HOSPICE NURSING FY 2012 PLAN SHARP HOSPICECARE WILL DO THE FOLLOWING * OFFER INDIVIDUAL AND FAMILY BEREAVEME NT COUNSELING AND SUPPORT GROUPS * PROVIDE 13 BEREAVEMENT MAILINGS * PROVIDE VOLUNTEER TRA INING PROGRAMS FOR AT LEAST 75 ADULTS AND TEENS * OFFER A MEMORY BEAR PROGRAM TO SERVE 250 FAMILIES * CONDUCT COMMUNITY EDUCATION AND REFERRAL SERVICES * CONDUCT MONTHLY OUTREACH A CTIVITIES TO COMMUNITY GROUPS, HEALTH CARE FACILITIES, COLLEGES AND UNIVERSITIES * PROVIDE A NATIONAL HOSPICE MONTH END-OF-LIFE CONFERENCE IN NOVEMBER * CONTINUE TO PROVIDE PROFESS IONAL EDUCATION ON HOSPICE-RELATED TOPICS TO COMMUNITY MEMBERS, STUDENTS AND OTHER HEALTH CARE PROFESSIONALS * CONTINUE TO PROVIDE TRAINING OPPORTUNITIES FOR NURSING STUDENTS AND I NTERNS IDENTIFIED COMMUNITY NEED COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS A SSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWIS E INDICATED |

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| | | 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 BO OMERS THAT BEGAN TO RETIRE IN 2010 THE DHHS ESTIMATES THAT BY 2020, THERE WILL BE A NEED FOR 2 8 MILLION NURSES, 1 MILLION MORE THAN THE PROJECTED SUPPLY IN 2008, THE U S DEPART MENT OF LABOR (DOL) RANKED RN AS THE OCCUPATION WITH THE HIGHEST DEMAND RATE * ACCORDING TO THE 2010 HEALTHCARE SHORTAGE AREAS ATLAS FROM THE COUNTY OF SAN DIEGO HHSA, SDC IS ONE OF 27 COUNTIES IN CALIFORNIA LISTED AS A REGISTERED NURSE SHORTAGE AREA * THE DOL REPORTS THAT ALLIED HEALTH PROFESSIONS REPRESENT ABOUT 60 PERCENT OF THE AMERICAN HEALTH CARE WOR K FORCE AND PROJECTS SEVERE SHORTAGES OF MANY ALLIED HEALTH CARE PROFESSIONALS (DOL, 2010) * ACCORDING TO THE SAN DIEGO WORKFORCE PARTNERSHIP 2011 REPORT TITLED, HEALTHCARE WORKFO RCE DEVELOPMENT IN SDC RECOMMENDATIONS FOR CHANGING TIMES, HEALTH CARE OCCUPATIONS THAT W ILL BE IN HIGHEST DEMAND IN THE NEXT THREE TO FIVE Y EARS INCLUDE PHY SICAL THERAPISTS, MEDI CAL ASSISTANTS, OCCUPATIONAL THERAPISTS, REGISTERED NURSES, MEDICAL RECORD AND HEALTH INFO RMATION TECHNICIANS, RADIOLOGIC TECHNOLOGISTS AND TECHNICIANS, PHARMACISTS AND MEDICAL AND CLINICAL LABORATORY TECHNOLOGISTS * ACCORDING TO THE SAN DIEGO WORKFORCE PARTNERSHIP, DE SPITE THE GROWING DEMAND FOR HEALTH CARE WORKERS, EMPLOY ERS EXPRESS AN "EXPERIENCE GAP" AM ONG RECENT GRADUATES AS A CHALLENGE TO FILLING OPEN POSITIONS WHILE NEW GRADUATES OFTEN P OSSESS THE REQUISITE ACADEMIC KNOWLEDGE TO BE HIRED, THEY LACK NECESSARY REAL WORLD EXPERI ENCE * THE SAN DIEGO WORKFORCE PARTNERSHIP RECOMMENDS PROGRAMS THAT PROVIDE VOLUNTEER EXP ERIENCES TO HIGH SCHOOL AND POST-SECONDARY STUDENTS, AS ON-THE- JOB TRAINING COULD PROVIDE REAL WORLD EXPERIENCE FOR WORKERS PROGRAMS THAT TARGET UNDERREPRESENTED GROUPS AND DISAD VANTAGED STUDENTS COULD HELP INCREASE THE NUMBER OF CULTURALLY COMPETENT HEALTH CARE WORKE RS MEASURABLE OBJECTIVE * IN COLLABORATION WITH LOCAL SCHOOLS, OFFER OPPORTUNITIES FOR ST UDENTS TO EXPLORE A VAST ARRAY OF HEALTH CARE PROFESSIONS FY 2011 REPORT OF ACTIVITIES IN COLLABORATION WITH GROSSMONT UNION HIGH SCHOOL DISTRICT (GUHSD), SGH PARTICIPATED IN THE HEALTH-CAREERS EXPLORATION SUMMER INSTITUTE (HESI), PROVIDING 12 STUDENTS WITH OPPORTUNITI ES FOR CLASSROOM INSTRUCTION, JOB SHADOWING OBSERVATIONS AND LIMITED HANDS-ON EXPERIENCES IN HOSPITAL DEPARTMENTS AT THE CONCLUSION OF THE PROGRAM, STUDENTS PRESENTED THEIR EXPERI ENCES AS CASE STUDIES TO FAMILY MEMBERS, EDUCATORS AND HOSPITAL STAFF THOSE COMPLETING TH E PROGRAM RECEIVED HIGH SCHOOL CREDITS EQUAL TO TWO SUMMER SCHOOL SESSIONS IN FY 2011, HE SI STUDENTS SPENT MORE THAN 1,150 HOURS ON THE SGH CAMPUS SGH ALSO CONTINUED ITS PARTICIP ATION IN THE HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) PROGRAM IN FY 2011, PROVIDING EARLY PROFESSIONAL DEVELOPMENT FOR 173 STUDENTS FROM A BROAD ARRAY OF BACKGROUNDS IN GRAD ES NINE THROUGH 12 STUDENTS SPENT A TOTAL OF APPROXIMATELY 46,000 HOURS WITH AN ESTIMATED 50 HEALTH PROFESSIONALS IN 33 DIFFERENT DEPARTMENTS AND NURSING AREAS, AND WERE IN DIRECT CONTACT WITH HEALTH CARE PROFESSIONALS THROUGHOUT THE HOSPITAL DURING EACH SEMESTER, STU DENTS WERE SUPERVISED IN DIFFERENT LEVELS OF THE HSHMC PROGRAM AS THEY ROTATED THROUGH INS TRUCTIONAL PODS IN AREAS SUCH AS NURSING, OBSTETRICS, OCCUPATIONAL AND PHY SICAL THERAPY, B EHAVIORAL HEALTH, SICU, MICU, IMAGING, REHABILITATION, LABORATORY, PHARMACY, PULMONARY, CA RDIAC SERVICES AND FOOD SERVICES IN MAY 2011, THE HSHMC PROGRAM ACHIEVED ITS FIRST FULL G RADUATING CLASS OF STUDENTS LEVEL I OF THE HSHMC PROGRAM IS THE ENTRY LEVEL FOR ALL STUDE NTS AND IS CONDUCTED OVER A 16-WEEK PERIOD FOR FY 2011, 66 NINTH-GRADERS SHADOW PRIMARILY IN NON-NURSING AREAS OF THE HOSPITAL, INCLUDING PHY SICAL THERAPY, FOOD SERVICES, LABORATO RY, CARDIAC SERVICES, IMAGING, PHY SICIAN OFFICES, PULMONARY, PHARMACY AND RADIATION THERAP Y IN FY 2011, NINTH-GRADERS SPENT A GREATER LENGTH OF TIME WITHIN EACH DEPARTMENT IN ORDE R TO MORE FULLY EXPERIENCE DIFFERENT CLINICAL AREAS OF THE HOSPITAL, AND IN TOTAL DEVOTED 7,128 HOURS TO THE PROGRAM LEVEL II OF THE HSHMC PROGRAM OFFERS PATIENT INTERACTION, WHER E STUDENTS ARE TRAINED IN TENDER LOVING CARE (TLC) FUNCTIONS AND THEN PAIRED WITH A CERTIF IED NURSING ASSISTANT (CNA) ON NURSING FLOORS STUDENTS ASSISTED THE CNA WITH PATIENT AMBU LATION, PERSONAL HY GIENE, ETC IN FY 2011, SIXTY-FOUR 10TH GRADERS, THIRTY-THREE 11TH GRAD ERS AND TEN 12TH GRADERS PARTICIPATED IN THE LEVEL II TLC PROGRAM, EXPERIENCING COLLEGE-LE VEL CLINICAL ROTATIONS, HANDS-ON EXPERIENCE, TLC FUNCTION PATIENT CARE AND MENTORING STUD ENTS 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 SAN DIEGO MESA COLLEGE , INCLUDING ANATOMY, PHY SIOLOGY, AND HUMAN BEHAVIOR COURSES NEW IN FY 2011, 12TH GRADERS WERE ALSO TRAINED IN FIRST TOUCH - THE PATIENT-CEN |

| Identifier | Return Reference | Explanation |
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| | | TERED MODEL OF CARE PROVIDED BY SGH TO HELP EASE PATIENT ANXIETY AND INCREASE TRUST IN THE IR CAREGIVER IN ADDITION, SGH STAFF PROVIDED HSHMC STUDENTS INSTRUCTION ON EDUCATIONAL RE QUIREMENTS, CAREER LADDER DEVELOPMENT AND JOB REQUIREMENTS AT THE END OF THE ACADEMIC YEA R, SGH STAFF PROVIDED HSHMC STUDENTS, THEIR LOVED ONES, COMMUNITY LEADERS AND HOSPITAL MEN TORS A SYMPOSIUM THAT SHOWCASED THE LESSONS LEARNED THROUGHOUT THE PROGRAM FY 2012 PLAN S GH WILL DO THE FOLLOWING * IN COLLABORATION WITH GUHSD, PARTICIPATE IN THE HESI * EXPAND INTEGRATION OF FIRST TOUCH PROGRAM INTO 10TH AND 11TH GRADES * CONTINUE TO TRACK AND REPOR T OUTCOMES OF HSHMC STUDENTS AND GRADUATES * CREATE A LONG-TERM PLAN FOR PROGRAM SUSTAINAB ILITY IDENTIFIED COMMUNITY NEED WOMEN'S AND PRENATAL HEALTH SERVICES AND EDUCATION RATION ALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECE NT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * C HIP MEMBERS IDENTIFIED MATERNAL, INFANT AND CHILD HEALTH/FAMILY PLANNING AS THE FIFTH-MOST IMPORTANT HEALTH OUTCOME OVERALL (WHEN CONSIDERING A TOTAL OF SEVEN HEALTH OUTCOMES) IN T HE 2010 CHNA *ACCORDING TO A 2006 REPORT BY THE CDC, PROGRESS IN THE UNITED STATES TO IMP ROVE PREGNANCY OUTCOMES - INCLUDING LOW BIRTH WEIGHT, PREMATURE BIRTH, AND INFANT MORTALIT Y - HAS SLOWED, IN PART BECAUSE OF INCONSISTENT DELIVERY AND IMPLEMENTATION OF INTERVENTIO NS BEFORE PREGNANCY TO DETECT, TREAT, AND HELP WOMEN MODIFY BEHAVIORS, HEALTH CONDITIONS A ND RISK FACTORS THAT CONTRIBUTE TO ADVERSE MATERNAL AND INFANT OUTCOMES * BETWEEN 2005 AN D 2008, MOTHERS IN SAN DIEGO COUNTY BEGINNING THEIR PRENATAL CARE DURING THEIR FIRST TRIME STER DECREASED FROM 87 2 PERCENT TO 81 3 PERCENT, A 5 9 PERCENT DECREASE * ACCORDING TO H P 2020, THE RISK OF MATERNAL AND INFANT MORTALITY AND PREGNANCY-RELATED COMPLICATIONS CAN BE REDUCED BY INCREASING ACCESS TO QUALITY PRECONCEPTION AND INTERCONCEPTION CARE HEALTHY BIRTH OUTCOMES AND EARLY IDENTIFICATION AND TREATMENT OF HEALTH CONDITIONS AMONG INFANTS CAN PREVENT DEATH OR DISABILITY AND ENABLE CHILDREN TO REACH THEIR FULL POTENTIAL * WOMEN WHO DELIVER PREMATURELY, EXPERIENCE REPEATED MISCARRIAGES, OR DEVELOP GESTATIONAL DIABETE S ARE AT INCREASED RISK OF COMPLICATIONS WITH SUBSEQUENT PREGNANCIES, ACCORDING TO THE CDC (2006) * ACCORDING TO THE CDC, ONLY 30 PERCENT OF WOMEN AGES 18 YEARS AND OLDER ENGAGE I N REGULAR LEISURE-TIME PHY SICAL ACTIVITY (CDC, 2008) * NATIONALLY, 35 PERCENT OF WOMEN AG ES 20 AND OLDER ARE OBESE, AND 30 PERCENT OF THESE WOMEN HAVE HY PERTENSION (CDC, 2003 TO 2 006) * DATA FROM THE 2005 CHIS INDICATE THAT ONLY 38 6 PERCENT OF SDC WOMEN AGES 18 TO 65 CONSUME THE RECOMMENDED FIVE OR MORE SERVINGS OF FRUITS AND VEGETABLES DAILY * ACCORDING TO THE 2007 CHIS, ONLY 18 1 PERCENT OF ADULT WOMEN (AGED 18 TO 65 YEARS) IN SDC INDICATED THAT THEY ENGAGE IN MODERATE PHY SICAL ACTIVITY * IN THE COUNTY'S EAST REGION, ONLY 13 8 PERCENT OF ADULT WOMEN (AGED 18 TO 65 YEARS) INDICATED THAT THEY ENGAGE IN VIGOROUS PHY SIC AL ACTIVITY THE RATE OF SELF-REPORTED VIGOROUS PHY SICAL ACTIVITY WAS LOWER THAN ALL SDC R EGIONS AND LOWER THAN THE COUNTY AVERAGE OF 20 1 PERCENT (CHIS, 2007) MEASURABLE OBJECTIV ES * CONDUCT OUTREACH AND EDUCATION ACTIVITIES FOR 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-INCO ME AND UNDERSERVED WOMEN IN THE SAN DIEGO COMMUNITY WITH CRITICAL PRENATAL SERVICES * PAR TICIPATE IN PROFESSIONAL ASSOCIATIONS RELATED TO WOMEN'S SERVICES AND PRENATAL HEALTH AND DISSEMINATE RESEARCH |

| Identifier | Return Reference | Explanation |
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| | | FY 2011 REPORT OF ACTIVITIES IN FY 2011, SGH OFFERED FOUR WELLNESS AND PREVENTION-RELATED COMMUNITY CLASSES THAT ADDRESSED WOMEN'S HEALTH TOPICS THESE CLASSES - LED BY PHYSICIANS AND TOPIC-EXPERTS - REACHED A TOTAL OF 352 WOMEN THE RANGE OF TOPICS FOR THESE CLASSES IN CLUDED INFORMATION ON HEART HEALTH, PREVENTION OF OSTEOPOROSIS AND ARTHRITIS, MANAGING MEN OPAUSE SYMPTOMS AND THE EVER-POPULAR COOKING DEMONSTRATIONS THAT OFFER TIPS ON NUTRITION, COOKING AND HOW TO SELECT LOCAL SEASONAL INGREDIENTS SGH PROVIDED FREE BREASTFEEDING SUPP ORT GROUPS TO THE COMMUNITY TWICE PER WEEK, REACHING APPROXIMATELY 20 TO 25 PARTICIPANTS P ER SESSION SGH ALSO OFFERED WEEKLY POST-PARTUM DEPRESSION SUPPORT GROUPS FOR WOMEN AND FA MILIES STRUGGLING WITH THE CHALLENGES AND ADAPTATIONS OF HAVING A NEWBORN ALSO IN FY 2011 , SGH PROVIDED RESOURCES FOR AND EDUCATION ON WOMEN'S HEALTH ISSUES AND TREATMENT SERVICES AT VARIOUS COMMUNITY EVENTS INCLUDING THE SPEAKING OF WOMEN'S HEALTH CONFERENCE AND THE L ADIES OF HOPE HEALTH FAIR AT ST PETER'S CHALDEAN CATHOLIC CATHEDRAL SGH PARTICIPATED IN AND PARTNERED WITH A NUMBER OF COMMUNITY ORGANIZATIONS AND ADVISORY BOARDS FOR MATERNAL AN D CHILD HEALTH IN FY 2011, INCLUDING THE LOCAL ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC, A ND NEONATAL NURSES (AWHONN) CHAPTER, WIC, THE CALIFORNIA TERATOGEN INFORMATION SERVICE (CT IS), PARTNERSHIP FOR SMOKE-FREE FAMILIES, THE BREAST FEEDING COALITION ADVISORY BOARD, ASS OCIATION OF CALIFORNIA NURSE LEADERS (ACNL), THE REGIONAL PERINATAL CARE NETWORK (PCN), AN D THE PUBLIC HEALTH NURSE ADVISORY BOARD IN FY 2011, SGH PUBLISHED AN ARTICLE ON INFANT S ECURITY ENTITLED "HOW SAFE ARE OUR BABIES? A COMMUNITY HOSPITAL'S INNOVATIVE APPROACH TO H ARDWIRING INFANT SECURITY" IN THE JOURNAL OF PERINATAL AND NEONATAL NURSING IN ADDITION, SGH PARTICIPATED IN THE REGIONAL PERINATAL CARE NETWORK QUALITY INITIATIVE, REDUCING THE N UMBER OF ELECTIVE DELIVERIES BETWEEN 37 AND 39 WEEKS IN AUGUST 2011, SGH SUBMITTED AN ABS TRACT OF THIS WORK TO THE AMERICAN NURSES CREDENTIALING CENTER IN MAY 2011, SGH DELIVERED A PODIUM PRESENTATION TO THE PERINATAL SAFETY COLLABORATIVE ON THE IDENTIFICATION OF MATE RNAL MORBIDITIES ASSOCIATED WITH INDUCTION OF LABOR SGH'S WOMEN'S HEALTH CENTER'S PRENATA L CLINIC MIDWIVES PROVIDED IN-KIND HELP AT NEIGHBORHOOD HEALTH CENTERS IN EL CAJON, FAMILY HEALTH CENTERS OF SAN DIEGO (FHCSD), AND LAKESIDE COMMUNITY HEALTH CLINICS THE SGH PRENA TAL CLINIC PARTICIPATED IN THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP) TO OFFER COMPREHENSIVE PRENATAL CLINICAL AND SOCIAL SER VICES TO LOW-INCOME, LOW-LITERACY WOMEN WITH MEDI-CAL BENEFITS SERVICES PROVIDED INCLUDED HEALTH EDUCATION, NUTRITIONAL GUIDANCE AND PSYCHOLOGICAL/SOCIAL ISSUE SUPPORT, AS WELL AS TRANSLATION SERVICES FOR NON-ENGLISH SPEAKING WOMEN AS PART OF THIS EFFORT, WOMEN WITH N UTRITION ISSUES WERE ALSO REFERRED TO AN SGH REGISTERED DIETICIAN AND THE SGH DIABETES PRO GRAM AS NEEDED FREE EDUCATION ON GESTATIONAL DIABETES WAS ALSO PROVIDED TO PREGNANT MEMBE RS OF THE COMMUNITY IN ADDITION, THE SGH WOMEN'S HEALTH CENTER PARTNERED WITH VISTA HILL PARENTCARE TO ASSIST DRUG-ADDICTED PATIENTS WITH PSYCHOLOGICAL AND SOCIAL ISSUES DURING PR EGNANCY THESE APPROACHES HAVE BEEN SHOWN TO REDUCE BOTH LOW BIRTH WEIGHT RATES AND HEALTH CARE COSTS IN WOMEN AND INFANTS FY 2012 PLAN * PROVIDE WELLNESS AND PREVENTION CLASSES * PROVIDE COOKING AND NUTRITION CLASSES ON EATING AND STAYING HEALTHY * PROVIDE FREE BREAST FEEDING SUPPORT GROUPS * PROVIDE PARENTING EDUCATION CLASSES * PARTICIPATE IN COMMUNITY EV ENTS SUCH AS LEARN AND LIVE EVENTS FOR BREAST AND COLON CANCER AND THE SHARP SPEAKING OF W OMEN'S HEALTH CONFERENCE * PROVIDE MEDICAL SERVICES TO LOW-INCOME PATIENTS THROUGH THE PRE NATAL CLINIC IDENTIFIED COMMUNITY NEED ORTHOPEDIC / OSTEOPOROSIS EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOS T RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONA LE * ACCORDING TO THE CDC, ARTHRITIS IS THE NATIONS MOST COMMON CAUSE OF DISABILITY AN ES TIMATED 50 MILLION U S ADULTS (ABOUT ONE IN FIVE) REPORT DOCTOR-DIAGNOSED ARTHRITIS AS T HE U S POPULATION AGES, THESE NUMBERS ARE EXPECTED TO INCREASE SHARPLY TO 67 MILLION BY 2 030, AND MORE THAN ONE-THIRD OF THESE ADULTS WILL HAVE LIMITED ACTIVITY AS A RESULT IN AD DITION, A RECENT STUDY INDICATED THAT SOME FORM OF ARTHRITIS OR OTHER RHEUMATIC CONDITION AFFECTS 1 IN EVERY 250 CHILDREN (CDC, 2011) * ACCORDING TO THE NIH (2006), OSTEOPOROSIS I S RESPONSIBLE FOR MORE THAN 1 5 MILLION FRACTURES EACH YEAR, INCLUDING 250,000 WRIST FRACT URES, 300,000 HIP FRACTURES, 700,000 VERTEBRAL FRACTURES, AND 300,000 FRACTURES AT OTHER S ITES * ACCORDING TO AN HP 2010 PROGRESS REVIEW RELEASED IN 2006, OSTEOPOROSIS IS RESPONSI BLE FOR MORE THAN $14 BILLION IN HEALTH CARE COSTS ANNUALLY * ACCORDING TO DATA PRESENTED IN THE 2007 CHNA, IN THE U S , THE AGE-ADJUSTED P |

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| | | REVALENCE OF DOCTOR-DIAGNOSED ARTHRITIS IS ESTIMATED TO BE 21 3 PERCENT AMONG ADULTS AGES 18 AND OVER * ACCORDING TO HP 2020, APPROXIMATELY 80 PERCENT OF AMERICANS EXPERIENCE LOW BACK PAIN (LBP) IN THEIR LIFETIME EACH YEAR, IT IS ESTIMATED THAT 15 TO 20 PERCENT OF THE POPULATION DEVELOPS PROTRACTED BACK PAIN, 2 TO 8 PERCENT HAVE CHRONIC BACK PAIN (PAIN THA T LASTS MORE THAN 3 MONTHS), 3 TO 4 PERCENT OF THE POPULATION IS TEMPORARILY DISABLED DUE TO BACK PAIN, AND 1 PERCENT OF THE WORKING-AGE POPULATION IS DISABLED COMPLETELY AND PERMA NENTLY DUE TO LBP * IN ADDITION, RESEARCH FOR HP 2020 REVEALS THAT AMERICANS SPEND $50 BI LLION EACH YEAR FOR LBP, WHICH IS THE THIRD-MOST COMMON REASON TO UNDERGO A SURGICAL PROCE DURE AND THE FIFTH-MOST FREQUENT CAUSE OF HOSPITALIZATION (2009) * IN THE COUNTY'S EAST R EGION FROM 2006 TO 2008, THE NUMBER OF ARTHRITIS-RELATED HOSPITALIZATIONS INCREASED FROM 1 ,494 TO 1,600, WHILE THE RATE OF ARTHRITIS-RELATED HOSPITALIZATIONS INCREASED FROM 329 TO 345 PER 100,000 POPULATION THE REGIONS 2008 ARTHRITIS-RELATED HOSPITALIZATION RATE OF 345 PER 100,000 POPULATION WAS HIGHER THAN THE 2008 AGE-ADJUSTED COUNTY AVERAGE OF 291 ARTHRI TIS HOSPITALIZATIONS PER 100,000 POPULATION, AS WELL AS HIGHER THAN ALL OTHER SDC REGIONS * IN THE COUNTY'S EAST REGION FROM 2006 TO 2008, THE NUMBER OF ARTHRITIS-RELATED ED DISCH ARGES INCREASED FROM 2,022 TO 2,088, WHILE THE RATE OF ARTHRITIS-RELATED ED DISCHARGES INC REASED FROM 445 TO 450 PER 100,000 POPULATION THE REGION'S 2008 ARTHRITIS-RELATED ED DISC HARGE RATE OF 450 PER 100,000 POPULATION WAS HIGHER THAN THE 2008 AGE-ADJUSTED COUNTY AVER AGE OF 400 PER 100,000 POPULATION * IN THE COUNTY'S EAST REGION IN 2008, FEMALES HAD A HI GHER ED DISCHARGE RATE FOR ARTHRITIS-RELATED DIAGNOSIS THAN MALES (488 AND 410 PER 100,000 POPULATION, RESPECTIVELY) BLACKS HAD A HIGHER ED DISCHARGE RATE FOR ARTHRITIS-RELATED DI AGNOSIS THAN PERSONS OF OTHER RACIAL OR ETHNIC GROUPS, AND PERSONS AGES 65 AND OVER HAD HI GHER ED DISCHARGE RATES FOR ARTHRITIS-RELATED DIAGNOSIS THAN YOUNGER PERSONS MEASURABLE O BJECTIVE * PROVIDE EDUCATION ON ORTHOPEDICS AND OSTEOPOROSIS TO THE COMMUNITY, WITH AN EMP HASIS ON SENIORS FY 2011 REPORT OF ACTIVITIES IN FY 2011, SGH OFFERED SIX EDUCATIONAL SES SIONS ON ARTHRITIS AND HIP AND KNEE PROBLEMS TO MORE THAN 350 COMMUNITY MEMBERS TOPICS IN CLUDED MANAGEMENT OF ARTHRITIS AND HIP/KNEE REPAIR AND TREATMENT SESSIONS WERE HELD AT TH E GROSSMONT HEALTHCARE DISTRICT CONFERENCE CENTER ATTENDANCE RANGED FROM 28 TO 80 INDIVID UALS AT EACH EVENT SGH OFFERED SPECIALIZED EDUCATION ON OSTEOPOROSIS PREVENTION AND TREAT MENT TO THE COMMUNITY AS PART OF ITS WOMEN'S HEALTHY HOUR SERIES OF TALKS ON WOMEN'S HEAL TH ISSUES, SGH OFFERED A FREE COMMUNITY SEMINAR IN MAY ENTITLED, BETTER BONE HEALTH REDUC E YOUR RISK OF OSTEOPOROSIS AND ARTHRITIS THE SESSION WAS ATTENDED BY 60 COMMUNITY MEMBER S THE TALK PROVIDED EDUCATION ON THE RISKS OF OSTEOPOROSIS, TREATMENT OPTIONS AND TIPS FO R MAINTAINING GOOD BONE HEALTH A SHARP-AFFILIATED PHY SICIAN PROVIDED EDUCATION ON THE PAT HOLOGY OF OSTEOPOROSIS AND ITS IMPACT ON DAILY ACTIVITIES, AS WELL AS HOW EXERCISE, NUTRIT ION, AND PROPER POSTURE AND BODY MECHANICS CONTRIBUTE TO REDUCED RISK OF THE BONE DISEASE FY 2012 PLAN * CONTINUE TO OFFER ORTHOPEDIC, ARTHRITIS AND OSTEOPOROSIS EDUCATIONAL PRESE NTATIONS TO THE COMMUNITY |

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| | | SGH PROGRAM AND SERVICE HIGHLIGHTS * 24-HOUR EMERGENCY SERVICES WITH HELIPORT AND PARAMEDI C BASE STATION - DESIGNATED STEMI CENTER * ACUTE CARE * AMBULATORY CARE SERVICES, INCLUDIN G 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 * ENDOS COPY UNIT * GROSSMONT PLAZA OUTPATIENT SURGERY CENTER * GROUP AND ART THERAPIES * HOME HEA LTH * HOME INFUSION THERAPY * HOSPICE * HYPERBARIC TREATMENT * ICU * LAKEVIEW HOME * NICU * ORTHOPEDICS * OUTPATIENT DIABETES SERVICES, RECOGNIZED BY THE AMERICAN DIABETES ASSOCIAT ION * OUTPATIENT IMAGING CENTERS * LABORATORY SERVICES (INPATIENT AND OUTPATIENT) * PARKVI EW HOME * PATHOLOGY SERVICES * PEDIATRIC SERVICES * PULMONARY SERVICES * RADIOLOGY SERVICE S * REHABILITATION CENTER * ROBOTIC SURGERY * SENIOR RESOURCE CENTER * SLEEP DISORDERS CEN TER * SPIRITUAL CARE SERVICES * 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 THE LIST BELOW SHOWS THE INVOLV EMENT SHARP EXECUTIVE LEADERSHIP AND OTHER STAFF IN COMMUNITY ORGANIZATIONS AND COALITIONS IN FISCAL YEAR 2011 COMMUNITY ORGANIZATIONS ARE LISTED ALPHABETICALLY * 211 SAN DIEGO B OARD * ACADEMY OF MEDICAL-SURGICAL NURSES * ACS * AF * AIS * ALA * ALZHEIMER'S ASSOCIATION * AMERICAN ASSOCIATION OF CRITICAL CARE NURSES SAN DIEGO CHAPTER * AMERICAN COLLEGE OF HE ALTHCARE EXECUTIVES * AMERICAN DIABETES ASSOCIATION * AMERICAN HEALTH INFORMATION MANAGEME NT ASSOCIATION * AMERICAN HEART ASSOCIATION * AMERICAN HOSPITAL ASSOCIATION * AMERICAN PSY CHIATRIC NURSES ASSOCIATION * AMERICAN RED CROSS OF SAN DIEGO * ARTHRITIS FOUNDATION * ASS OCIATION FOR AMBULATORY BEHAVIORAL HEALTH CARE (NATIONAL) * ASSOCIATION FOR AMBULATORY BEH AVIORAL HEALTH CARE OF SOUTHERN CALIFORNIA * ASSOCIATION FOR CLINICAL PASTORAL EDUCATION * ASSOCIATION OF CALIFORNIA NURSE LEADERS * ASSOCIATION OF REHABILITATION NURSES * AWHONN * BLCI * BOYS AND GIRLS CLUB OF SAN DIEGO * BREAST FEEDING COALITION ADVISORY BOARD * BREAS T HEALTH COORDINATORS * CALIFORNIA ASSOCIATION OF HEALTH PLANS * CALIFORNIA ASSOCIATION OF MEDICAL STAFF SERVICES * CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS * CALIFORNIA COUNCIL FOR EXCELLENCE * CALIFORNIA DIETETIC ASSOCIATION, MEMBER COUNCIL * CALIFORNIA HEALTHCARE F OUNDATION * CALIFORNIA HEALTH INFORMATION ASSOCIATION * CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION * CHA * CALIFORNIA PERINATAL QUALITY CARE COLLABORATIVE * CALIFORNIA PHYS ICAL THERAPY ASSOCIATION * CALIFORNIA SOCIETY OF HEALTH SYSTEM PHARMACISTS * CALIFORNIA ST ATE BAR, HEALTH SUBCOMMITTEE * CALIFORNIA TERATOGEN INFORMATION SERVICE * CALIFORNIA WOMEN LEAD * CHIP ACCESS TO CARE COMMITTEE * CHIP ACCESS TO CARE COMMITTEE HEALTH LITERACY * CH IP ACCESS TO CARE GIFT OF HEALTH * CHIP BEHAVIORAL HEALTH WORK TEAM * CHIP BOARD * CHIP EX ECUTIVE PARTNERS COMMITTEE * CHIP HEALTH LITERACY TASK FORCE * CHIP NEEDS ASSESSMENT COMMI TTEE * CHIP PUBLIC POLICY COMMITTEE * CHIP STEERING COMMITTEE * CHULA VISTA CHAMBER OF COM MERCE * CHULA VISTA COMMUNITY COLLABORATIVE * CITY OF CHULA VISTA WELLNESS PROGRAM * CITY OF POWAY - HOUSING COMMISSION * COLLEGE AREA PREGNANCY SERVICES * COMMUNITY EMERGENCY RESP ONSE TEAM * CONSORTIUM FOR NURSING EXCELLENCE, SAN DIEGO * CORONADO CHAPTER OF ROTARY INTE RNATIONAL * CORONADO CHRISTMAS PARADE * CORONADO FLOWER SHOW * CREATIVE ARTS CONSORTIUM * CWISH * CYCLE EASTLAKE * DIABETES BEHAVIORAL INSTITUTE * DISABLED SERVICES ADVISORY BOARD * DOVIA * EAST COUNTY CHAMBER HEALTH COMMITTEE * EAST COUNTY PREGNANCY CARE CENTER * EAST COUNTY REFUGEE CENTER * EAST COUNTY SENIOR SERVICE PROVIDERS * ECOLIFE FOUNDATION * EL CAJ ON ROTARY * EMERGENCY NURSES ASSOCIATION, SAN DIEGO CHAPTER * EMPLOYEE ASSISTANCE PROGRAM ASSOCIATION * FAMILY HEALTH CENTERS OF SAN DIEGO * FIRST FIVE COMMISSION * GAY MEN'S SPIRI TUAL RETREAT BOARD * GROSSMONT COLLEGE * GROSSMONT HEALTHCARE DISTRICT * GROSSMONT UNION H IGH SCHOOL DISTRICT * HEALTH CARE COMMUNICATORS BOARD * HEALTHCARE FINANCIAL MANAGEMENT AS SOCIATION SAN DIEGO/IMPERIAL CHAPTER * HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUN TIES * HSHMC BOARD * HUNTINGTON'S DISEASE SOCIETY OF AMERICA * IMMUNIZE SAN DIEGO COALITIO N * INSTITUTE OF INTERNAL AUDITORS SAN DIEGO CHAPTER BOARD * INTERNATIONAL LACTATION CONSU LTANTS ASSOCIATION * KIWANIS CLUB OF BONITA * KOMEN BOARD * KOMEN BREAST CANCER COALITION COMMITTEE * KOMEN RACE FOR THE CURE COMMITTEE * LA MESA LION'S CLUB * LA MESA PARK AND REC REATION FINANCE COMMITTEE * LA MESA PARK AND RECREATION FOUNDATION BOARD * LAS HERMANAS * LEAD, SAN DIEGO, INC * LEUKEMIA & LYMPHOMA SOCIETY * MARCH OF DIMES * MEALS-ON-WHEELS EAS T COUNTY * MEDICAL LIBRARY GROUP OF SOUTHERN CALIFORNIA AND ARIZONA * MENDED HEARTS * MENT AL HEALTH AMERICA BOARD * MENTAL HEALTH COALITION |

| Identifier | Return Reference | Explanation |
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| | | * MESA COLLEGE * MIRACLE BABIES * 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 HOSPICE AND PALLIATIVE CARE ASSOCIATION * NATIONAL KIDNEY FOUNDATION * NATIONAL OVARIAN CANCER COALITION * NATIONAL PERINATAL INFORMATION CENTER * NATIONAL TRAUMA FOUNDATION BOARD * NEIGHBORHOOD HEALTHCARE COMMUNITY CLINIC - BOARD OF DIRECTORS * NURSEWEEK * PARENTS FOR ADDICTION, TREATMENT, AND HEALING * PARTNERSHIP FOR PHILANTHROPIC PLANNING OF SAN DIEGO (FORMERLY SAN DIEGO PLANNED GIVING ROUNDTABLE) * PARTNERSHIP FOR SMOKE-FREE FAMILIES * PENINSULA SHEPHERD SENIOR CENTER * PERINATAL SOCIAL WORK CLUSTER * PLANETREE BOARD OF DIRECTORS * PLANNED PARENTHOOD OF SAN DIEGO AND IMPERIAL COUNTIES * POTIKER FAMILY SENIOR RESIDENCE * PORT OF SAN DIEGO MARKETING COMMITTEE * PREMIER, INC HIT COLLABORATIVE * PREMIER, INC MEDICATION USE COMMITTEE * PROFESSIONAL ONCOLOGY NETWORK * PROJECT CARE COUNCIL * PUBLIC HEALTH NURSE ADVISORY BOARD * RECOVERY INNOVATIONS OF CALIFORNIA * REGIONAL HOME CARE COUNCIL * REGIONAL PERINATAL SYSTEM * RESIDENTIAL CARE COUNCIL * SAFE FOUNDATION * SAFETY NET CONNECT * SANDI-CAN * 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 CAREGIVER 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 PERINATAL CARE NETWORK * 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 HEALTHCARE DISASTER COUNCIL * SAN DIEGO IMMIGRANTS' RIGHTS CONSORTIUM * SAN DIEGO INTERRELIGIOUS COMMITTEE * 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | | * 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 * SCHIZOPHRENICS IN TRANSITION * SCOLIOSIS RESEARCH SOCIETY * 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 * SOUTHWESTERN COLLEGE * SUSAN G KOMEN BREAST CANCER FOUNDATION * SUSTAINABLE SAN DIEGO * SYHS * 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 * VA SAN DIEGO HEALTHCARE SYSTEM * VISTA HILL PARENTCARE * WELLPOINT/US BEHAVIORAL HEALTH CLINICAL ADVISORY BOARD * WIC * YMCA * YWCA BECKY'S HOUSE * 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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
GROSSMONT HOSPITAL FOUNDATION

**Employer identification number**
33-0124488

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (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 |
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| See Additional Data Table | | | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
| **(1)** CONTINUOUS QUALITY INSURANCE SPC<br>PO BOX 1092<br>CJ | CAPTIVE INSURANCE COMPANY | CJ | | C | | | |
| **(2)** CHARITABLE REMAINDER TRUST (3) | PROGRAM SUPPORT | CA | | T | | | |
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## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**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 | Yes | |

**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 | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproprtionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | | Yes | No | | Yes | No |
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## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|

**Additional Data**

Return to Form

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

**Form 990, Schedule R, 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 | (g) Section 512 (b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| SHARP HEALTHCARE<br>8695 SPECTRUM CENTER BLVD<br>SAN DIEGO, CA921231489<br>95-6077327 | HEALTHCARE ORGANIZATION | CA | 501(C)(3) | LINE 3 | SHARPCARE | | No |
| GROSSMONT HOSPITAL CORPORATION<br>8695 SPECTRUM CENTER BLVD<br>SAN DIEGO, CA921231489<br>33-0449527 | HOSPITAL | CA | 501(C)(3) | LINE 3 | SHARP HEALTHCARE | | No |
| SHARPCARE<br>8695 SPECTRUM CENTER BLVD<br>SAN DIEGO, CA921231489<br>61-1637133 | HEALTHCARE ORGANIZATION | CA | 501(C)(3) (PENDING) | LINE 3 | N/A | | No |
| SHARP HEALTHCARE FOUNDATION<br>8695 SPECTRUM CENTER BLVD<br>SAN DIEGO, CA921231489<br>95-3492461 | HEALTHCARE FOUNDATION | CA | 501(C)(3) | LINE 7 | SHARP HEALTHCARE | Yes | |
| SHARP HEALTH PLAN<br>8695 SPECTRUM CENTER BLVD<br>SAN DIEGO, CA921231489<br>33-0519730 | HEALTH INSURANCE COMPANY | CA | 501(C)(4) | N/A | SHARP HEALTHCARE | Yes | |
| SHARP MEMORIAL HOSPITAL<br>8695 SPECTRUM CENTER BLVD<br>SAN DIEGO, CA921231489<br>95-3782169 | HOSPITAL | CA | 501(C)(3) | LINE 3 | SHARP HEALTHCARE | Yes | |
| SHARP CHULA VISTA MEDICAL CENTER<br>8695 SPECTRUM CENTER BLVD<br>SAN DIEGO, CA921231489<br>95-2367304 | HOSPITAL | CA | 501(C)(3) | LINE 3 | SHARP HEALTHCARE | Yes | |
| SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER<br>8695 SPECTRUM CENTER BLVD<br>SAN DIEGO, CA921231489<br>95-0651579 | HOSPITAL | CA | 501(C)(3) | LINE 3 | SHARP HEALTHCARE | Yes | |