See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

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
SCRIPPS HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 4275 CAMPUS POINT COURT

Room/suite

City or town, state or country, and ZIP + 4
SAN DIEGO, CA 92121

D Employer identification number
95-1684089

E Telephone number
(858) 678-7226

G Gross receipts $ 2,972,936,548

F Name and address of principal officer
CHRISTOPHER VAN GORDER
4275 CAMPUS POINT COURT
SAN DIEGO, CA 92121

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 SCRIPPSHEALTH ORG

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

L Year of formation 1924

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 4 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA (CONTINUED IN SCHEDULE O)

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	14,503
6	Total number of volunteers (estimate if necessary)	**6**	2,017
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,570,062
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	116,296

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	32,675,457	29,783,755
9	Program service revenue (Part VIII, line 2g)	2,168,904,416	2,330,470,088
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,151,540	52,825,764
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,717,638	23,264,824
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,266,449,051	2,436,344,431
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	248,745	1,807,000
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)	1,007,336,617	1,055,666,424
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶9,260,455		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,069,409,188	1,100,823,614
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,076,994,550	2,158,297,038
19	Revenue less expenses Subtract line 18 from line 12	189,454,501	278,047,393

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,593,861,709	2,852,085,000
21	Total liabilities (Part X, line 26)	1,028,635,427	1,067,338,141
22	Net assets or fund balances Subtract line 21 from line 20	1,565,226,282	1,784,746,859

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: 2012-08-06

RICHARD ROTHBERGER EVP/CFO
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

FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 4 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA (CONTINUED IN 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 $ 1,946,297,403 including grants of $ 1,807,000) (Revenue $ 2,351,857,161)

SEE SCHEDULE O

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

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** ▶ $ 1,946,297,403

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	Yes	
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	Yes	
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		No
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	Yes	
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	Yes	
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	Yes	
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	Yes	

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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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**	Yes	
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**	Yes	
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**	Yes	
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**	Yes	
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**	Yes	
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	1,333		
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	14,503		
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 Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b Yes	
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 Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ 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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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	No
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	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
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		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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	Yes	
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	Yes	

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 ▶

RICHARD ROTHBERGER
4275 CAMPUS POINT COURT
SAN DIEGO,CA 92121
(858)678-6828

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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								13,678,087	0	4,861,470

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 ▶ 1,560

		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
SCRIPPS CLINIC MEDICAL GROUP 10666 N TORREY PINES RD MS129 LA JOLLA, CA 92037	PHYSICIAN SERVICES	138,859,184
SCRIPPS COASTAL MEDICAL GROUP 501 WASHINGTON AVE 601 SAN DIEGO, CA 92103	PHYSICIAN SERVICES	50,782,851
MCCARTHY BUILDING COMPANIES 20401 SW BIRCH ST STE 300 NEWPORT BEACH, CA 92006	CONSTRUCTION	37,446,929
KILROY REALTY LP 12200 W OLYMPIC BLVD 200 LOS ANGELES, CA 90064	LEASE SERVICES	12,805,269
EMERGENCY ACUTE CARE MED CORP 440 STEVENS AVE STE 150 SOLANA BEACH, CA 92075	PHYSICIAN SERVICES	11,656,980
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 ▶ 149		

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					
	b Membership dues 1b					
	c Fundraising events 1c	507,593				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	29,276,162				
	g Noncash contributions included in lines 1a-1f $	7,487,759				
	h **Total.** Add lines 1a-1f . . . . . ▶		29,783,755			
Program Service Revenue		Business Code				
	2a HEALTHCARE DELIVERY REVENUE	622110	2,218,890,952	2,217,846,874	1,044,078	
	b CAPITATION PREMIUM	622110	71,502,171	71,502,171		
	c RESEARCH REVENUE	541700	7,266,993	6,919,286	347,707	
	d JOINT VENTURE - CHILDRENS HOSPITAL	622110	5,819,085	5,819,085		
	e RENTAL INCOME - MEDICAL OFFICE BUILDING	531120	10,653,195	10,653,195		
	f All other program service revenue		16,337,692	16,337,692		
	g **Total.** Add lines 2a–2f . . . . . ▶		2,330,470,088			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		21,788,066	0	44,970	21,743,096
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(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	566,987,787				
	b Less cost or other basis and sales expenses	535,950,089				
	c Gain or (loss)	31,037,698				
	d Net gain or (loss) . . . . . ▶		31,037,698			31,037,698
Other Revenue	8a Gross income from fundraising events (not including $ 507,593 of contributions reported on line 1c) See Part IV, line 18 . . . a	1,069,898				
	b Less direct expenses . . . b	642,028				
	c Net income or (loss) from fundraising events . . ▶		427,870			427,870
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	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 . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA	722310	5,802,643	5,802,643		
	b PARKING	812930	2,677,282	2,543,975	133,307	
	c GIFT SHOP	453220	1,544,447	1,544,447		
	d All other revenue		12,812,582	11,496,008		1,316,574
	e **Total.** Add lines 11a–11d . . . . . ▶		22,836,954			
	12 **Total revenue.** See Instructions . . . ▶		2,436,344,431	2,350,465,376	1,570,062	54,525,238

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	1,807,000	1,807,000		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	18,257,609		18,257,609	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	815,322,824	731,334,533	78,759,831	5,228,460
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,164,000	26,533,049	3,500,861	130,090
9 Other employee benefits	132,913,091	118,253,363	14,009,177	650,551
10 Payroll taxes	59,008,900	52,445,552	6,274,277	289,071
a Fees for services (non-employees) Management	0			
b Legal	6,036,853	646,231	5,367,652	22,970
c Accounting	527,996	13,652	514,344	
d Lobbying	489,897	0	489,897	
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	3,139,800		3,139,800	
g Other	372,627,186	347,864,478	24,166,184	596,524
12 Advertising and promotion	3,556,981	324,183	3,220,948	11,850
13 Office expenses	398,548,889	388,733,946	8,888,875	926,068
14 Information technology	0			
15 Royalties	0			
16 Occupancy	71,152,319	63,297,462	7,655,179	199,678
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	13,538,240	11,938,676	1,599,564	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	91,970,689	88,295,970	3,674,719	
23 Insurance	6,523,167	6,509,772	13,395	
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 HOSPITAL FEE PROGRAM	79,451,766	79,451,766		
b REPAIRS & MAINTENANCE	44,600,184	23,493,268	21,060,689	46,227
c LOSS ON IMPAIRMENT	1,961,780	1,961,780		
d PROFESSIONAL CLAIMS EXPENSES	906,250	906,250		
e BAD DEBT	89,492	89,492		
f All other expenses	5,702,125	2,396,980	2,146,179	1,158,966
25 **Total functional expenses.** Add lines 1 through 24f	2,158,297,038	1,946,297,403	202,739,180	9,260,455
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		506,688,259	2	624,787,001
	3	Pledges and grants receivable, net		26,952,656	3	25,264,516
	4	Accounts receivable, net		250,792,672	4	250,516,944
	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		515,667	7	687,129
	8	Inventories for sale or use		30,659,540	8	29,961,850
	9	Prepaid expenses and deferred charges		13,822,671	9	41,364,501
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,836,549,514			
	b	Less accumulated depreciation	10b 987,553,299	781,990,459	10c	848,996,215
	11	Investments—publicly traded securities		525,186,264	11	440,203,894
	12	Investments—other securities See Part IV, line 11		343,111,000	12	485,217,000
	13	Investments—program-related See Part IV, line 11		9,233,008	13	9,314,963
	14	Intangible assets		33,914,773	14	33,953,343
	15	Other assets See Part IV, line 11		70,994,740	15	61,817,644
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,593,861,709	16	2,852,085,000
Liabilities	17	Accounts payable and accrued expenses		303,777,923	17	337,402,887
	18	Grants payable			18	
	19	Deferred revenue		11,302,644	19	13,078,381
	20	Tax-exempt bond liabilities		619,641,282	20	608,828,692
	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		8,446,438	23	5,460,073
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		85,467,140	25	102,568,108
	26	**Total liabilities.** Add lines 17 through 25		1,028,635,427	26	1,067,338,141
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		1,376,703,739	27	1,605,255,443
	28	Temporarily restricted net assets		119,066,984	28	107,716,333
	29	Permanently restricted net assets		69,455,559	29	71,775,083
		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		1,565,226,282	33	1,784,746,859
	34	Total liabilities and net assets/fund balances		2,593,861,709	34	2,852,085,000

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	2,436,344,431
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,158,297,038
3	Revenue less expenses Subtract line 2 from line 1	3	278,047,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,565,226,282
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-58,526,816
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	1,784,746,859

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	Yes	
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	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

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
SCRIPPS HEALTH

Employer identification number
95-1684089

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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

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).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

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
SCRIPPS HEALTH	95-1684089

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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
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?	Yes		287,345
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		37,312
i	Other activities? If "Yes," describe in Part IV	Yes		165,240
j	Total lines 1c through 1i			489,897
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
PUBLIC AFFAIRS EDUCATION AND INFORMATION	SCHEDULE C, PART II-B, LINE 1I	SCRIPPS HEALTH IS AS MEMBER OF SEVERAL HOSPITAL ASSOCIATIONS AND HEALTH CARE ORGANIZATIONS AND HAS PARTICIPATED IN PUBLIC AFFAIRS AND ADVOCACY ACTIVITIES ORGANIZED BY THESE ORGANIZATIONS THIS ACTIVITY HAS INCLUDED BRIEFING OF LEGISLATORS AND LEGISLATIVE STAFF MEMBERS (FEDERAL, STATE AND LOCAL) ON MATTERS AFFECTING HEALTH CARE AND HEALTH CARE OPERATIONS ACTIVITY IS ON FEDERAL, STATE AND LOCAL LEVELS AND LOCATIONS SUCH MATTERS INCLUDE ACCOUNTABLE CARE ACT (HEALTH REFORM), BUDGET IMPACTS, REIMBURSEMENT, PROVIDER FEES, DATA MANAGEMENT AND REPORTING, QUALITY AND PATIENT SAFETY, HEALTH INFORMATION TECHNOLOGY, EMERGENCY DEPARTMENT OPERATIONS AND IMPACTS, UNINSURED, COST SHIFT IMPACTS AND OTHER SAFETY NET ISSUES, COMMUNITY BENEFIT PROGRAMS, GRADUATE MEDICAL EDUCATION, VALUE-BASED PURCHASING, BUNDLED PAYMENTS, ACCOUNTABLE CARE ORGANIZATIONS THE ORGANIZATION STAFFS A GOVERNMENT RELATIONS DEPARTMENT THAT COORDINATES INFORMATION AND EDUCATION PROGRAMS ON PUBLIC POLICY AND ADVOCACY MATTERS ALL WORK IS FOCUSED ON ISSUES AND NOT ON PARTISAN MATTERS, CANDIDATES OR POLITICAL ACTIVITIES NO CORPORATE ACTIVITY ADDRESSED PARTISAN CAMPAIGNS A PORTION OF ANNUAL MEMBERSHIP DUES SCRIPPS HEALTH PAYS TO CALIFORNIA HOSPITAL ASSOCIATION (CHA) AND ITS SUBSIDIARY THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD & IC), AMERICAN HOSPITAL ASSOCIATION (AHA), THE ALLIANCE OF CATHOLIC HEALTH CARE AND PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS (PEACH) IS DIRECTED BY THESE ORGANIZATIONS TO DIRECT LOBBYING SERVICES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

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
SCRIPPS HEALTH

Employer identification number
95-1684089

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	87,057,000	81,098,000	69,740,000		
b Contributions	2,316,000	685,000	7,288,000		
c Investment earnings or losses	657,000	7,714,000	5,902,000		
d Grants or scholarships	703,000	36,000	0		
e Other expenditures for facilities and programs	1,930,000	1,636,000	1,372,000		
f Administrative expenses	807,000	768,000	460,000		
g End of year balance	86,590,000	87,057,000	81,098,000		

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- 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)	Yes	
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	26,592,333	65,153,697		91,746,030
b Buildings		799,283,316	409,684,769	389,598,547
c Leasehold improvements		75,183,248	34,429,643	40,753,605
d Equipment		699,998,315	543,438,887	156,559,428
e Other		170,338,605		170,338,605
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				848,996,215

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		
(3) Other		
(A) PRIVATE EQUITY INVESTMENTS	7,760,107	F
(B) HEDGE FUND INVESTMENTS	121,189,431	F
(C) FGN EQUITY COMMINGLED FUNDS	43,088,739	F
(D) DOM FXD INC COMMINGLED FUNDS	216,677,968	F
(E) FGN FXD INC COMMINGLED FUNDS	96,500,755	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	485,217,000	

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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ANNUITY AND UNITRUSTS	9,716,854
DEFERRED RETIREMENT LIABILITY	16,804,341
DEPOSITS & CONTINGENCIES	83,957
SELF INSURED MALPRACTICE LIABILITY	17,064,900
SELF INSURED WORKERS COMP LIABILITY	45,055,660
ASSET RETIREMENT OBLIGATION	13,813,293
AGENCY ENDOWMENT LIABILITY	830,244
ARBITRAGE REBATE LIABILITY	419,180
INTERCOMPANY LIABILITIES	-1,220,321
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	102,568,108

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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
INTENDED USES OF ORGANIZATIONS ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	CONTRIBUTIONS RECEIVED FOR CAPITAL PROJECTS USE INCLUDING BUILDING PROJECTS, MAJOR RENOVATIONS, AND EQUIPMENT PURCHASES $1,086,131 CONTRIBUTIONS RECEIVED TO FUND GRADUATE MEDICAL EDUCATION PROGRAMS, FELLOWS, AND LECTURE SERIES $14,782,529 CONTRIBUTIONS RECEIVED FOR USE IN SPECIFIC DEPARTMENTS OR DIVISIONS IN THE HOSPITALS AND/OR CLINICS $24,979,944 CONTRIBUTIONS RECEIVED TO COVER COSTS OF HEALTHCARE PROVIDED TO INDIVIDUALS WITHOUT INSURANCE OR THE MEANS FOR PAYING FOR THEIR CARE $12,820,850 CONTRIBUTIONS RECEIVED TO FUND RESEARCH PROJECTS IN SPECIFIC AREAS OR DIVISIONS $14,683,156 TOTAL - $68,352,610
UNCERTAIN TAX POSITIONS UNDER ASC 740 (FKA FIN 48)	SCHEDULE D, PART X, LINE 2	SCRIPPS HEALTH IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES HOWEVER, SCRIPPS HEALTH IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION NO INCOME TAX PROVISION HAS BEEN RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS TAKEN AS A WHOLE NO SIGNIFICANT TAX LIABILITY FOR TAX BENEFITS, INTEREST OR PENALTIES WAS ACCRUED AT SEPTEMBER 30, 2011 OR 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
North America	0	25	Program Services	Reconstructive Surgery	173,358
East Asia and the Pacific	0	14	Program Services	Medical Care & Trainin	43,537
Central America and the Caribbean	0	0	Investments		95,876,806
East Asia and the Pacific	0	0	Fundraising		0
Central America and the Caribbean	0	0	Fundraising		0
North America	0	0	Fundraising		0
3a Sub-total	0	39			96,093,701
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	39			96,093,701

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
ACCOUNTING METHOD	SCHEDULE F, PART I, LINE 3, COLUMN F	THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS IN COLUMN F

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

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
SCRIPPS HEALTH

Employer identification number
95-1684089

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
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 SPINOFF 2011 (event type)	(b) Event #2 MERCY BALL '11 (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	485,484	310,890	781,117	1,577,491
	2 Less Charitable contributions	150,855	90,930	265,808	507,593
	3 Gross income (line 1 minus line 2)	334,629	219,960	515,309	1,069,898
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	77,069	57,830	222,980	357,879
	7 Food and beverages	60	3,537		3,597
	8 Entertainment	200	15,700	46,499	62,399
	9 Other direct expenses	33,943	34,814	149,396	218,153
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				642,028
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				427,870

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			41,216,024	0	41,216,024	1 910 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			141,543,730	124,971,888	16,571,842	0 770 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			39,022,213	17,405,159	21,617,054	1 000 %
d **Total** Financial Assistance and Means-Tested Government Programs			221,781,967	142,377,047	79,404,920	3 680 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			6,292,954	1,024,381	5,268,573	0 240 %
f Health professions education (from Worksheet 5)			23,535,692	5,591,590	17,944,102	0 830 %
g Subsidized health services (from Worksheet 6)			21,831,463	12,712,847	9,118,616	0 420 %
h Research (from Worksheet 7)			22,943,384	6,383,325	16,560,059	0 770 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			2,025,702	11,278	2,014,424	0 090 %
j **Total** Other Benefits			76,629,195	25,723,421	50,905,774	2 360 %
k **Total.** Add lines 7d and 7j			298,411,162	168,100,468	130,310,694	6 040 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development	1	0	51,676	0	51,676	0 %
3	Community support	5	4,616	346,063	11,345	334,718	0 %
4	Environmental improvements						
5	Leadership development and training for community members	4	2,734	110,999	49,133	61,866	0 %
6	Coalition building	3	2,212	163,483	72,935	90,548	0 %
7	Community health improvement advocacy	5	20	332,307	0	332,207	0 %
8	Workforce development						
9	Other						
10	**Total**	18	9,582	1,004,528	133,413	871,015	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	16,602,587		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	343,069,577		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	405,590,777		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-62,521,200		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	SCRIPPS ENCINITAS	AMBULATORY SURGERY CENTER	55 500 %	0 %	25 000 %
2	Surgery Center				
3	SCRIPPS MEMORIAL	MEDICAL OFFICE BUILDING	15 300 %	0 %	77 200 %
4	XIMED MEDICAL				
5	SCRIPPS MERCY ASC	AMBULATORY SURGERY CENTER	73 500 %	0 %	26 500 %
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? **5**

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	Scripps Memorial Hospital La Jolla 9888 Genesee Avenue La Jolla, CA 92037	X	X		X	X	X	X	X	
2	Scripps Mercy Hospital 4077 5th Avenue San Diego, CA 92103	X	X		X	X	X	X	X	
3	Scripps Green Hospital 10666 N Torrey Pines Road La Jolla, CA 92037	X	X		X	X	X			
4	Scripps Memorial Hospital Encinitas 354 Santa Fe Drive Encinitas, CA 92024	X	X		X	X	X	X	X	
5	Scripps Mercy Hospital Chula Vista 435 H Streeet Chula Vista, CA 91910	X	X		X	X	X	X	X	

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Scripps Memorial Hospital La Jolla

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	**9**		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Scripps Mercy Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Scripps Green Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Scripps Memorial Hospital Encinitas

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Scripps Mercy Hospital Chula Vista

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **29**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 3C		FPG ARE USED TO DETERMINE CHARITY CARE ELIGIBILITY

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 6A		SCRIPPS HEALTH COMMUNITY BENEFIT REPORT IS PREPARED FOR THE HEALTH SYSTEM AS A WHOLE AND CAN BE FOUND AT WWW SCRIPPS ORG/ABOUT-US__SCRIPPS-IN-THE- COMMUNITY

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7G		SUBSIDIZED HEALTH SERVICES ARE CLINICAL PROGRAMS PROVIDED DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN EVEN AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT AND MEDI-CAL SHORTFALLS SCRIPPS PROVIDES SUCH SERVICES BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED AND, IF NO LONGER OFFERED, THEY WOULD EITHER BE UNAVAILABLE IN THE AREA OR FALL TO GOVERNMENT OR ANOTHER NOT-FOR-PROFIT ORGANIZATION TO PROVIDE SUBSIDIZED SERVICES DO NOT INCLUDE SUCH ANCILLARY SERVICES AS LAB WORK AND RADIOLOGY IF THESE SERVICES ARE PROVIDED TO LOW-INCOME PERSONS, THEY ARE REPORTED AS CHARITY CARE/FINANCIAL ASSISTANCE SCRIPPS' TOTAL NET COST FOR SUBSIDIZED HEALTH SERVICES FOR FY11 WAS $9,118,616 THIS INCLUDES SCRIPPS INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES, MERCY CLINIC AND SCRIPPS IN-LIEU OF FUNDS, WHICH ARE USED FOR UNFUNDED OR UNDERFUNDED PATIENTS AND THEIR POST-DISCHARGE NEEDS INCLUDING BOARD AND CARE, SKILLED NURSING FACILITIES, LONG-TERM ACUTE CARE AND HOME HEALTH IN ADDITION, THE FUNDS MAY BE USED FOR MEDICATIONS, EQUIPMENT AND TRANSPORTATION SERVICES MERCY CLINIC OF SCRIPPS MERCY HOSPITAL SAN DIEGO FOUNDED IN 1930 AND ADOPTED BY THE SISTERS OF MERCY IN 1961, MERCY CLINIC OF SCRIPPS MERCY HOSPITAL IS A PRIMARY CARE CLINIC THAT TREATS MORE THAN 1,000 PATIENTS EACH MONTH TOTAL PATIENT VISITS FOR PRIMARY AND SUBSPECIALTY CARE AT THE CLINIC IN FY11 WERE 12,715 A FULL TIME CLINIC STAFF OF NURSES AND OTHER PERSONNEL WORK HAND-IN-HAND WITH PHYSICIANS FROM SCRIPPS MERCY HOSPITAL AS AN INTEGRAL PART OF TREATING ITS PATIENTS, MERCY CLINIC SERVES AS A TRAINING GROUND FOR MORE THAN 50 RESIDENTS EACH YEAR FROM THE SCRIPPS MERCY HOSPITAL GRADUATE MEDICAL EDUCATION PROGRAM ESTABLISHED WITH THE INTENT OF CARING FOR THE POOR, MERCY CLINIC HAS BECOME A CRITICAL SOURCE OF MEDICAL CARE FOR SAN DIEGO'S "WORKING AND DISABLED POOR" EACH YEAR, 90 PERCENT OF PATIENT VISITS ARE PAID THROUGH MEDI-CAL, MEDICARE OR SOME OTHER INSURANCE PLAN THE REMAINING 10 PERCENT PAY WHAT, AND IF, THEY CAN THOUSANDS OF PEOPLE IN THE REGION RELY ON MERCY CLINIC, MOST ARE LOW-INCOME, MEDICALLY UNDERSERVED ADULTS AND SENIORS WHO OTHERWISE WOULD HAVE NO ACCESS TO HEALTH CARE THE TOTAL SUBSIDIZED NET COST FOR MERCY CLINIC FOR FY11 WAS $2 3 MILLION (EXCLUDES MEDI-CAL, BAD DEBT AND CHARITY CARE)

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F		$89,492 IS THE AMOUNT OF BAD DEBT INCLUDED IN PART IX, LINE 25 BUT ADDED BACK FOR THE PURPOSE OF CALCULATING THE PERCENTAGES IN SCHEDULE H, PART I, LINE 7, COLUMN (F)

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7		FINANCIAL SUPPORT REFLECTS THE COST (LABOR, SUPPLIES, OVERHEAD, ETC) ASSOCIATED WITH THE PROGRAMS/SERVICE LESS DIRECT REVENUE THE FIGURE DOES NOT INCLUDE A CALCULATION FOR PHYSICIAN AND STAFF VOLUNTEER LABOR HOURS IN SOME INSTANCES, AN ENTIRE COMMUNITY BENEFIT PROGRAM COST CENTER HAS BEEN DIVIDED BETWEEN SEVERAL INITIATIVES SCRIPPS EMPLOYEES TRACK COMMUNITY BENEFIT PROGRAMS/ACTIVITIES VIA AN ACCESS COMMUNITY BENEFIT DATABASE THE ACCESS COMMUNITY BENEFIT DATABASE HAS BEEN ALIGNED TO THE SCHEDULE H 990 CATEGORIES AND REPORTING CRITERIA THE DATABASE IS USED TO RECORD INFORMATION FOR EACH ACTIVITY (SERVICE OR PROGRAM) WHICH PROVIDES COMMUNITY BENEFIT THIS DATABASE IS USED TO RECORD ACTUAL EXPENSES AND FUNDING/OFFSETTING REVENUE FOR SINGLE OR MULTIPLE OCCURRENCES OF AN "ACTIVITY" ALL COMMUNITY BENEFIT PROGRAMS/ACTIVITIES ARE THEN ENTERED INTO THE "COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY" (CBISA) DATABASE CBISA SERVES AS THE ROLL UP AND OR END PRODUCT OF COMMUNITY BENEFIT TRACKING IT IS ALIGNED WITH THE NEW SCHEDULE H REQUIREMENTS AND HOUSES THE SCHEDULE H WORKSHEETS THAT CAN BE USED FOR AUDIT PURPOSES FINANCE WORKS TO RECONCILE UNCOMPENSATED CARE NUMBERS ACCORDING TO THE SCHEDULE H METHODOLOGY FINANCIAL PLANNING EXCEL WORKSHEETS ARE USED TO RECONCILE COMMUNITY BENEFIT NUMBERS INCLUDING UNCOMPENSATED CARE NUMBERS SCRIPPS UNCOMPENSATED CARE FY2011 METHODOLOGY SCRIPPS CONTINUES TO CONTRIBUTE RESOURCES TO PROVIDE LOW- AND NO-COST HEALTH CARE SERVICES TO POPULATIONS IN NEED CALCULATIONS FOR BAD DEBT AND CHARITY CARE IS ESTIMATED BY EXTRACTING THE GROSS WRITE-OFFS OF BAD DEBT AND CHARITY CARE CHARGES AND APPLYING THE HOSPITAL RATIO OF COST TO CHARGES (RCC) TO ESTIMATE THE COST OF CARE CALCULATIONS FOR MEDI-CAL AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS AND MEDICARE SHORTFALL ARE DERIVED USING THE PAYOR-BASED COST ALLOCATION METHODOLOGY PROVIDER TAX PROGRAM (REFLECTED IN PART I, LINE 7B) IN JANUARY 2010, THE STATE OF CALIFORNIA ENACTED LEGISLATION THAT PROVIDED FOR SUPPLEMENTAL MEDI-CAL PAYMENTS TO CERTAIN HOSPITALS FUNDED BY A QUALITY ASSURANCE FEE PAID BY PARTICIPATING HOSPITALS AND MATCHING FEDERAL FUNDS ("THE 2010 HOSPITAL FEE PROGRAM") THE LEGISLATION COVERED THE PERIOD OF APRIL 1, 2009 THROUGH DECEMBER 31, 2010 (21 MONTHS) THE CENTERS FOR MEDICARE & MEDICAID SERVICES ("CMS") APPROVED THE 2010 HOSPITAL FEE PROGRAM IN ITS ENTIRETY IN DECEMBER 2010, AND, THEREFORE, ALL ACTIVITY OF THE PROGRAM WAS RECOGNIZED DURING THE YEAR ENDED SEPTEMBER 30, 2011, RESULTING IN NET ADDITIONAL INCOME OF $22,620,000 THE SUPPLEMENTAL PAYMENTS RECEIVED DURING THE YEAR ENDED SEPTEMBER 30, 2011 ENCOMPASSED FEE-FOR-SERVICE PAYMENTS TO THE ORGANIZATION DIRECTLY FROM THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES AS WELL AS PAYMENTS ROUTED THROUGH MANAGED CARE PLANS, AMOUNTING IN TOTAL TO APPROXIMATELY $102,072,000 THESE PAYMENTS WERE RECORDED IN NET PATIENT REVENUE IN THE CONSOLIDATED STATEMENTS OF OPERATIONS QUALITY ASSURANCE FEES ASSESSED TO AND PAID BY THE ORGANIZATION RELATED TO THE 2010 HOSPITAL FEE PROGRAM DURING THE YEAR ENDED SEPTEMBER 30, 2011, WERE $77,850,000 AND WERE RECORDED AS PROVIDER TAX FEES IN THE CONSOLIDATED STATEMENTS OF OPERATIONS THE CALIFORNIA HOSPITAL ASSOCIATION CREATED A PRIVATE PROGRAM, THE CALIFORNIA HEALTH FOUNDATION AND TRUST (CHFT), ESTABLISHED FOR SEVERAL PURPOSES, INCLUDING AGGREGATING AND DISTRIBUTING FINANCIAL RESOURCES TO SUPPORT CHARITABLE ACTIVITIES AT VARIOUS HOSPITALS AND HEALTH SYSTEMS IN CALIFORNIA (TOGETHER WITH THE SUPPLEMENTAL PAYMENTS AND THE QUALITY ASSURANCE FEE DISCUSSED ABOVE, THE 2010 PROVIDER FEE PROGRAM) DURING THE YEAR ENDED SEPTEMBER 30, 2011, THE ORGANIZATION MADE CHARITABLE CONTRIBUTIONS OF $1,602,000 RELATED TO THE 2010 PROVIDER FEE PROGRAM TO CHFT, WHICH WERE RECORDED AS PROVIDER TAX FEES IN THE CONSOLIDATED STATEMENTS OF OPERATIONS

Identifier	ReturnReference	Explanation
SCHEDULE H, PART II		COMMUNITY BUILDING ACTIVITIES ECONOMIC DEVELOPMENT - THE COSTS ASSOCIATED WITH THE FOLLOW ING PRO GRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 2 EXECUTIVE LEADERSHIP, SPONSORED B Y THE OFFICE OF THE PRESIDENT, DONATES TIME ON NOT-FOR PROFIT BOARDS REPRESENTING SCRIPPS HEALTH, INCLUDING THE FOLLOWING ORGANIZATIONS AND BOARDS SAN DIEGO REGIONAL CHAMBER OF CO MMERCE (CHAMBER BOARD, CHAMBER CEO ROUNDTABLE AND POLICY COMMITTEE ASSIGNMENTS), SAN DIEGO COUNTY TAXPAYERS ASSOCIATION (SDCTA BOARD, EXECUTIVE COMMITTEE AND HEALTH COMMITTEE WORK ASSIGNMENTS), SAN DIEGO REGIONAL ECONOMIC DEVELOPMENT CORPORATION (EDC BOARD AND POLICY CO MMITTEE ASSIGNMENTS), AND THE DOWNTOWN SAN DIEGO PARTNERSHIP (DSDP BOARD AND WORKING COMMI TTEE ASSIGNMENTS) COMMUNITY SUPPORT - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS AR E REPORTED ON SCHEDULE H, PART II, LINE 3 THE CITY HEIGHTS WELLNESS CENTER (CHWC) IS A UN IQUE RESOURCE, AS THERE IS NO OTHER COMMUNITY-BASED FACILITY PROMOTING HEALTH AND WELLNESS IN CENTRAL SAN DIEGO THE OVERALL GOAL OF CHWC IS TO PREVENT DISEASE AND PROMOTE HEALTH, STRENGTHEN COMMUNITY PARTNERSHIPS AND PROVIDE OPPORTUNITIES TO RESIDENTS TO BECOME SELF-EM POWERED AND BECOME MORE INVOLVED IN MANAGING THEIR OWN HEALTH IN FY11, THE CENTER PROVIDE D COMMUNITY MEETINGS FOCUSED ON ACCESS TO HEALTH CARE SERVICES, CREATING A SAFER COMMUNITY ENVIRONMENT AND COMMUNITY-WIDE COMMUNICATION AND COMMUNITY BUILDING STRATEGIES THE CENTE R IS OPERATED JOINTLY BY SCRIPPS MERCY HOSPITAL AND CHILDREN'S HOSPITAL HOLIDAY CARDS TO OVERSEAS MILITARY HOLIDAYS CARDS SEND ENCOURAGEMENT TO OVERSEE MILITARY PERSONNEL THE CAR DS WERE SIGNED AND THE ENVELOPES WERE LEFT OPEN FOR FINAL INSPECTION BY PITNEY BOWES SCRI PPS GATHERED THE CARDS AND MAILED TO PITNEY BOWES SO THEY WOULD RECEIVE THE CARDS ON TIME IN ADDITION, SCRIPPS COLLECTED DONATED GIFTS MAILED TO A NAVY SHIP AT SEA ON ACTIVE DUTY FOR ONE YEAR EAT LIKE A MARINE FUNDRAISER SCRIPPS HEALTH AND MEDASSETS WORKED TOGETHER WI TH THEIR VENDORS TO RAISE MORE THAN $155,000 TO SPONSOR A MAKE-UP HOMECOMING BALL FOR THE MARINES FROM THE DARK HORSE BATTALION MARINES AND THEIR FAMILY MEMBERS TRAVELED FROM AROU ND THE COUNTRY TO LAS VEGAS TO ATTEND THEIR SPECIAL HOMECOMING BALL SCRIPPS HEALTH AND ME DASSETS THANKED THOSE VENDORS WHO HELPED FUND THE ENTIRE HOMECOMING BALL BY INVITING THEM TO "EAT LIKE A MARINE" THIS THANK YOU RECEPTION PROVIDED A CHANCE FOR ALL WHO CONTRIBUTED TO MEET SOME OF OUR COUNTRY'S BRAVEST MARINES FROM THE DARK HORSE BATTALION THEY WERE ON HAND TO SHARE THEIR STORIES AND TEACH GUESTS HOW TO PREPARE MEALS READY TO EAT (MRE'S) D ISASTER PREPAREDNESS - COMMUNITY OUTREACH AND EDUCATION HAVING THE ABILITY TO PROVIDE EMER GENCY SERVICES TO THOSE INJURED IN A LOCAL DISASTER WHILE CONTINUING TO CARE FOR HOSPITALI ZED PATIENTS IS A CRITICAL COMMUNITY NEED SCRIPPS DELEGATES PARTICIPATION IN SD COUNTY AN D STATE OF CA ADVISORY GROUPS TO PLAN, IMPLEMENT AND EVALUATE KEY DISASTER PREPAREDNESS RE SPONSE PLANS AND FUNDING EFFORTS LED BY THE DISASTER PREPAREDNESS PROGRAM UNDER THE DIREC TION OF THE CHIEF MEDICAL OFFICER AMERICAN HEART ASSOCIATION HEART WALK AMERICAN HEART WA LK -SCRIPPS ALLOCATED $29,010 IN OPERATIONAL FUNDS TO SUPPORT THE AMERICAN HEART ASSOCIATI ON'S EFFORTS TO FIGHT HEART DISEASE AND STROKE IN ADDITION, THE SCRIPPSASSISTS EMPLOYEE V OLUNTEER PROGRAM COORDINATED WALKER PARTICIPATION AND FUND RAISING EFFORTS THE SAN DIEGO HEART WALK RAISED MORE THAN $1 2 MILLION IN 2011, MORE THAN 2,000 SCRIPPS HEART WALK PART ICIPANTS - EMPLOYEES, FAMILIES AND FRIENDS - WALKED TO HELP RAISE MORE THAN $138,000 ADDI TIONALLY, SCRIPPS REACHED OUT TO THE COMMUNITY AT THE EVENT BY PROVIDING BLOOD PRESSURE SC REENINGS, HEALTH EDUCATION MATERIALS, AND MORE FOOD STAMP ASSISTANCE THE CITY HEIGHTS WEL LNESS CENTER (CHWC) HOSTS ELIGIBILITY WORKERS FROM THE SAN DIEGO HUNGER COALITION WHO ARE AVAILABLE TO COUNSEL PEOPLE AND HELP FILL OUT APPLICATIONS FOR FOOD STAMP ASSISTANCE CHWC NOT ONLY PROVIDES THE NEEDED SPACE FOR THIS ACTIVITY, BUT ALSO ACTIVELY PARTICIPATES BY D EVELOPING OUTREACH FLYERS, SCHEDULING COMMUNITY RESIDENTS, AND OVERALL COORDINATION FOR TH E CLASS MID-CITY CAN, SAN DIEGO CITY HEIGHTS WELLNESS CENTER HOSTS AND PARTICIPATES IN MO NTHLY NETWORKING MEETINGS FOR MID-CITY CAN (COMMUNITY ADVOCACY NETWORK) THESE MEETINGS PR OVIDE AN OPPORTUNITY FOR COMMUNITY RESIDENTS AND REPRESENTATIVES FROM PRIVATE AND PUBLIC O RGANIZATIONS, FAITH COMMUNITIES, SCHOOLS AND BUSINESSES TO COME TOGETHER FOR ACTION ON ARE AS OF COMMON INTEREST IN ASSOCIATION WITH THESE MEETINGS, SELF-DIRECTED MOMENTUM TEAMS HA VE BEEN DEVELOPED TO PROVIDE DIRECTION AND LEADERSHIP AS NEEDS AND ISSUES ARISE WITHIN THE COMMUNITY SAN DIEGO CAREGIVER ACTION NETWORK (SANDI-CAN) THE CITY HEIGHTS WELLNESS CENTE R HOSTS MONTHLY MEETINGS FOR SANDI-CAN, A COMMUNITY PARTNERSHIP OF 200 CONSUMERS, VOLUNTEE RS, CAREGIVERS, AND SERVICE PROVIDERS DEDICATED TO WORKING TOGETHER ON PROJECTS THAT ENHAN CE THE LIVES OF OLDER ADULTS AND ADULTS WITH DISAB

Identifier	ReturnReference	Explanation
SCHEDULE H, PART II		ILITIES LIVING IN THE CITY OF SAN DIEGO LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS -- THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, P ART II, LINE 5 CITY HEIGHTS WELLNESS CENTER - HEALTH ADVOCACY PROJECT THE CITY HEIGHTS WE LLNESS CENTER HEALTH ADVOCACY PROJECT IS SUPPORTED BY A GRANT FROM THE CALIFORNIA ENDOWMEN T FOUNDATION AND IS DESIGNED TO STRENGTHEN THE CAPACITY TO DELIVER CULTURALLY AND RELIGIOU SLY COMPETENT HEALTH PROMOTION SERVICES TO SOMALI AND EAST AFRICAN WOMEN AND THEIR FAMILIE S THIS PROGRAM ADDRESSES UNMET NEEDS LIKE PRENATAL OUTREACH AND EDUCATION, CULTURALLY ADA PTED NUTRITION AND FITNESS EDUCATION, BREASTFEEDING EDUCATION, EARLY CHILDHOOD HEALTH, AND NUTRITION AND SAFETY CLASSES THE PROJECT IS SPONSORED BY SCRIPPS MERCY SAN DIEGO COMMUNI TY BENEFIT SERVICES LEAD SAN DIEGO VISIONARY AWARDS THROUGH THE OFFICE OF THE PRESIDENT, SCRIPPS SPONSORED THE LEAD SAN DIEGO VISIONARY AWARD LEAD SAN DIEGO MEMBERS AND INVESTORS PLAY A VITAL ROLE IN DEVELOPING DIVERSE LEADERS THE VISIONARY AWARDS STRIVE TO INSPIRE I NNOVATIONS AND SHARE SUCCESSES IN COMMUNITY LEADERSHIP LEARNING FOR LIFE SAN DIEGO - IMPE RIAL COUNCIL BOY SCOUTS OF AMERICA SCRIPPS SPONSORSHIP, PROVIDED BY SCRIPPS OFFICE OF THE PRESIDENT, SUPPORTED THE DISTINGUISHED CITIZEN'S DINNER THE EVENT RAISED FUNDS FOR OUTREA CH PROGRAMS DELIVERED BOTH IN SCHOOL AND AFTER SCHOOL TO SUPPORT YOUTH IN HIGH-RISK AREAS OF SAN DIEGO COUNTY, AFFORDING THEM THE OPPORTUNITY TO BUILD LEADERSHIP SKILLS, DEVELOP CH ARACTER AND LEARN JOB SKILLS FOUNDATION OF THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES DONATION MADE TO THE FOUNDATION OF THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES, FUND FOR INNOVATION IN HEALTHCARE LEADERSHIP THIS DONATION WILL HELP FUND THE IMPLEMENTATION AND APPLICATION OF HEALTH SERVICES RESEARCH AND TO HELP DEVELOP FUTURE LEADERSHIP SPONSORED B Y SCRIPPS OFFICE OF THE PRESIDENT COALITION BUILDING - THE COSTS ASSOCIATED WITH THE FOLL OWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 6 CALIFORNIA ENDOWMENT MEETING T HE CITY HEIGHTS WELLNESS CENTER (CHWC) HOSTS MEETINGS OF THE CALIFORNIA ENDOWMENT (A PRIVA TE, STATEWIDE HEALTH FOUNDATION) FOR ITS 10-YEAR BUILDING HEALTHY COMMUNITIES INITIATIVE, WHICH AIMS TO SUPPORT THE DEVELOPMENT OF COMMUNITIES WHERE YOUTH ARE HEALTHY, SAFE AND REA DY TO LEARN THE CHWC HAS BEEN INVOLVED, PARTICIPATORY AND SUPPORTIVE OF THE ENDOWMENT AND THEIR EFFORTS IN THIS INITIATIVE CALIFORNIA PARTNERSHIP LATINOS Y LATINAS EN ACCIN (LLEA), A PROJECT OF MID-CITY CAN (COMMUNITY ADVOCACY NETWORK), SUPPORTS LATINOS IN USING THEIR COLLECTIVE VOICE EFFECTIVELY AND INCREASING LATINO INVOLVEMENT IN ALL LEVELS OF COMMUNITY DECISION MAKING AND CIVIC PARTICIPATION LLEA HAS BEEN IN EXISTENCE SINCE 2002, AS A GRAS SROOTS EFFORT LEAD BY CONCERNED PARENTS, RESIDENTS AND TEACHERS OF THE CITY HEIGHTS COMMUN ITY MOVILIZANDO EL VOTO INMIGRANTE IS A CAMPAIGN IN WHICH LLEA COLLABORATED WITH CALIFORN IA PARTNERSHIP, A COALITION OF COMMUNITY GRASSROOTS ORGANIZATIONS THROUGHOUT THE STATE OF CALIFORNIA OVER THE LAST THREE YEARS LLEA MEMBERS HAVE WALKED PRECINCTS IN CITY HEIGHTS B EFORE, DURING AND AFTER ELECTORAL CAMPAIGNS WITH THE GOAL OF IDENTIFYING POTENTIAL IMMIGRA NT VOTERS AND ENGAGING THEM IN DIALOGUE ABOUT ISSUES FACING THE LATINO COMMUNITY IN CITY H EIGHTS DURING THE NOVEMBER PRESIDENTIAL ELECTIONS RETURNED OUT MORE THAN 2,500 CITY HEIGH TS VOTERS WHO WERE KEY IN A HISTORIC SUCCESS FOR PEOPLE OF COLOR IN THIS COUNTRY SPONSORE D BY SCRIPPS CITY HEIGHTS WELLNESS CENTER FOOD JUSTICE MOMENTUM TEAM THE CITY HEIGHTS WEL LNESS CENTER HOSTS AND CO-CHAIRS MONTHLY MEETINGS OF THE FOOD JUSTICE MOMENTUM TEAM THE M ISSION OF THIS TEAM IS TO GATHER A DIVERSE COMMUNITY WORKING TOGETHER TOWARDS CREATING AN ECOLOGICALLY SOUND, ECONOMICALLY VIABLE AND SOCIALLY JUST FOOD SYSTEM FOR ALL ACCESS TO H EALTH CARE THE CITY HEIGHTS WELLNESS CENTER HOSTS AND PARTICIPATES IN MONTHLY MEETINGS OF THE ACCESS TO HEALTH CARE MOMENTUM TEAM

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 4		FOOTNOTE FOR PART III, LINE 4 - BAD DEBT FOOTNOTE The Organization adopted the accounting standard addressing the presentation of the provision for bad debts as of the current reporting period and as such, net patient service revenues are reported net of the provision for bad debts on the statements of operations The Organization records its provision for doubtful accounts based upon historical experience, as well as collection trends for major payor types The provision for bad debts for fiscal year 2010 was reclassified as a reduction of net patient service revenues BAD DEBT METHODOLOGY UNCOMPENSATED COST IS ESTIMATED BY APPLYING RATIO-COST-TO-CHARGE (RCC) PERCENTAGES FOR THE HOSPITAL TO THE GROSS BAD-DEBT ADJUSTMENTS, LESS RECOVERIES THE FOLLOWING COSTS ARE EXCLUDED BAD DEBT ADJUSTMENTS AT COST FOR MEDI-CAL AND CMS PATIENTS, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND RESEARCH, AND EXPENSES EXCLUDED IN THE MEDICARE COST REPORT THE AMOUNT ON PART III, LINE 2 REPRESENTS PATIENT CARE CHARGES WRITTEN OFF TO BAD DEBT WHERE THE PATIENT HAD THE ABILITY TO PAY WHERE A PATIENT QUALIFIED FOR PARTIAL OR FULL CHARITY CARE, THE UNPAID AMOUNT IS NOT CONSIDERED BAD DEBT WE BELIEVE THAT BAD DEBT PERTAINING TO PATIENT CARE CHARGES SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THESE PATIENTS RECEIVE TREATMENT REGARDLESS OF WHETHER WE COLLECT PAYMENT FOR THE SERVICES PERFORMED DESCRIBE HOW THE ORGANIZATION HAS ACCOUNTED FOR DISCOUNTS IN DETERMINING BAD DEBT EXPENSE (E G SELF-PAY DISCOUNTS) A PROMPT-PAY DISCOUNT OF 50 PERCENT IS AVAILABLE BAD DEBT DOES NOT INCLUDE ANY AMOUNTS RELATED TO DISCOUNTS

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 8		MEDICARE AND MEDICARE HMO HOSPITALS MEDICARE ALLOWABLE COSTS ARE DETERMINED USING A COST TO CHARGE RATIO THE FOLLOWING COSTS ARE EXCLUDED CHARITY AND BAD DEBT ADJUSTMENTS AT COST FOR MEDICARE AND MEDICARE SENIOR PATIENTS, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND RESEARCH, SUBSIDIZED HEALTH SERVICES PROVIDED TO MEDICARE PATIENTS AND EXPENSES EXCLUDED IN THE MEDICARE COST REPORT DESCRIBE THE ORGANIZATION'S RATIONALE FOR THE POSITION THAT MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT AS A NOT-FOR-PROFIT, COMMUNITY BENEFIT 501(C)(3) ORGANIZATION, SCRIPPS HEALTH'S PURPOSE IS TO MEET THE MEDICAL NEEDS OF THE COMMUNITIES SERVED MEDICARE COVERS A SIGNIFICANT PROPORTION OF THE SAN DIEGO COMMUNITY PATIENT POPULATION, INPATIENT AND OUTPATIENT THE LEVEL OF QUALITY AND ACCESS TO CARE IS THE SAME, REGARDLESS OF PAYER HOSPITALS DO NOT DETERMINE THE LEVEL OF PAYMENT FOR MEDICARE, RATHER, IT IS SUBJECT TO GOVERNMENT REIMBURSEMENT POLICY THERE IS A WELL-DOCUMENTED MEDICARE REIMBURSEMENT SHORTFALL OF PAYMENT FOR CARE NOT MEETING THE COST OF DELIVERING CARE THAT SHORTFALL IS AN UNREIMBURSED AMOUNT THAT MUST BE ACCOUNTED FOR IN THE HOSPITAL'S FINANCIAL STATEMENTS IT IS REAL AND SUBSTANTIAL IT SHOULD BE ACCEPTED AS A SHORTFALL IN IRS REPORTING STANDARDS SCRIPPS MUST ACCEPT THE PATIENTS REGARDLESS OF REIMBURSEMENT RATES FROM MEDICARE AND IF PATIENTS ARE NOT CARED FOR BY SCRIPPS IT IS LIKELY THAT ANOTHER COMMUNITY OR GOVERNMENT AGENCY WOULD HAVE TO COVER THE CARE OF THE PATIENT

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 9B		COLLECTION POLICY ALL PATIENT FINANCIAL RESOURCES ARE EXPLORED PRIOR TO USING A COLLECTION AGENCY OR OTHER MEANS TO COLLECT ON ACCOUNTS THE ORGANIZATION ALSO SCREENS PATIENTS WHO CANNOT AFFORD TO PAY CO-INSURANCE AND DEDUCTIBLES TO SEE WHETHER THEY QUALIFY FOR FINANCIAL ASSISTANCE OR CHARITY CARE PROGRAM IF THE PATIENT DOES NOT QUALIFY, OR IF THERE IS A LACK OF INFORMATION AVAILABLE TO MAKE A DETERMINATION AND NO CONTACT IS ESTABLISHED WITH THE PATIENT, THEN THE ORGANIZATION MAY USE A COLLECTION AGENCY OR INTERNAL STAFF TO COLLECT THE ACCOUNT WHEN A COLLECTION AGENCY OR THE ORGANIZATION STAFF DETERMINES THAT A PATIENT CANNOT PAY ON THE ACCOUNT, THE ORGANIZATION WRITES THE ACCOUNT OFF AS CHARITY SHOULD A PATIENT MAKE A PAYMENT ON AN ACCOUNT THAT HAS BEEN WRITTEN OFF TO BAD-DEBT EXPENSE, BAD-DEBT EXPENSE IS REDUCED TO THE EXTENT OF THE PAYMENT

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	SCHEDULE H, PART VI, LINE 2	DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES CALIFORNIA SENATE BILL 697 (CHAPTERED IN 1994) REQUIRES AN UPDATED COMMUNITY HEALTH NEEDS ASSESSMENT AT LEAST EVERY THREE YEARS IDENTIFYING SAN DIEGO COUNTY'S HEALTH PRIORITIES IS A COMPLEX PROCESS THE WORKING GROUP KNOWN AS THE SAN DIEGO COUNTY SB697 COALITION WAS INITIALLY ATTENDED BY REPRESENTATIVES FROM OVER 25 HEALTH CARE-RELATED ORGANIZATIONS WITH THE GOAL OF PRODUCING ONE NEEDS ASSESSMENT TO MAXIMIZE RESOURCES AND DEVELOP A MORE COMPREHENSIVE REPORT FOR THE COUNTY OF SAN DIEGO THE COALITION, RENAMED COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) SHORTLY AFTER THE COMPLETION OF THE FIRST ASSESSMENT, FORMALIZED ITS ROLE TO PROVIDE OVERSIGHT AND DIRECTION TO THE PERIODIC NEEDS-ASSESSMENT PROCESS SCRIPPS STRIVES TO IMPROVE COMMUNITY HEALTH THROUGH COLLABORATION WORKING WITH OTHER HEALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BUSINESSES AND GRASSROOTS MOVEMENTS, THE ORGANIZATION IS BETTER ABLE TO BUILD UPON EXISTING ASSETS TO ACHIEVE BROAD COMMUNITY HEALTH GOALS COMMUNITY HEALTH IMPROVEMENT PARTNERS SCRIPPS IS AN OFFICIAL PARTNER AND AN ACTIVE PARTICIPANT IN COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) THROUGH CHIP, MORE THAN 25 COMMUNITY HEALTH-RELATED ORGANIZATIONS COME TOGETHER TO JOINTLY ADDRESS THE COUNTY'S HEALTH NEEDS SCRIPPS WORKS WITH CHIP AND OTHER HEALTH CARE SYSTEMS AND PARTNERS TO DEVELOP A COMPREHENSIVE COUNTY HEALTH NEEDS ASSESSMENT, UPDATED EVERY THREE YEARS, INCLUDING COUNTY, STATE AND NATIONAL HEALTH STATISTIC COMPARISONS THE COLLABORATIVE ASSESSMENT PROCESS IS ONE OF THE MOST RESPECTED IN CALIFORNIA CHARTING THE COURSE VI HEALTH NEEDS ASSESSMENT FOR SAN DIEGO COUNTY "CHARTING THE COURSE VI," CHIP'S 2010 HEALTH NEEDS ASSESSMENT FOR SAN DIEGO COUNTY, BUILDS ON THE WORK DONE IN THE FIVE PREVIOUS ASSESSMENTS IN 1995, 1998, 2001, 2004 AND 2007 THE CHIP HEALTH NEEDS ASSESSMENTS MONITOR CHANGES AND TRENDS IN HEALTH STATUS AMONG SAN DIEGO COUNTY RESIDENTS THIS INFORMATION PROVIDES THE BASIS UPON WHICH PROGRAMS AND INTERVENTIONS CAN BE TARGETED, DEVELOPED AND EVALUATED, WITH THE ULTIMATE GOAL OF IMPROVING THE HEALTH OF THE COMMUNITY AND ITS MEMBERS IN ADDITION TO FULFILLING LEGISLATIVE REQUIREMENTS, "CHARTING THE COURSE VI" PROVIDES A RESOURCE FOR INDIVIDUALS, AGENCIES AND INSTITUTIONS TO IDENTIFY COMMUNITY HEALTH NEEDS AND CONCERNS IT IS AVAILABLE VIA THE CHIP WEBSITE (WWW SDCHIP ORG)

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	SCHEDULE H, PART VI LINE 3	DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S CHARITY CARE POLICY HOSPITAL CARE CAN BE EXPENSIVE AND IS OFTEN UNEXPECTED TO HELP MEET THE NEEDS OF LOW-INCOME UNINSURED AND UNDERINSURED PATIENTS WHO USE SCRIPPS HOSPITALS, SCRIPPS HAS A PATIENT FINANCIAL ASSISTANCE POLICY CONSISTENT WITH CALIFORNIA AB774 "FAIR PRICING POLICY" LEGISLATION, CHAPTERED IN 2006 FOLLOWING PRINCIPLES AND GUIDELINES SET BY THE AMERICAN HOSPITAL ASSOCIATION AND THE CALIFORNIA HOSPITAL ASSOCIATION, THE POLICY ESTABLISHES STANDARDS FOR CHARITY CARE, BILLING AND DEBT COLLECTION PRACTICES AND LOW-INCOME PATIENT ASSISTANCE THROUGH DISCOUNTED HOSPITAL CHARGES SCRIPPS ACTIVELY SCREENS, MONITORS AND IDENTIFIES PATIENT ACCOUNTS THAT MAY BENEFIT FROM FINANCIAL ASSISTANCE, PROVIDES COUNSELING, INFORMATION AND LANGUAGE INTERPRETATION AND MAKES EVERY REASONABLE EFFORT TO ASSIST PATIENTS IN MEETING FINANCIAL OBLIGATIONS WHEN NECESSARY, SCRIPPS ALSO HELPS PATIENTS UNDERSTAND AND PARTICIPATE IN FINANCIAL ASSISTANCE OPTIONS THIS INCLUDES BILLING STATEMENTS THAT ALERT PATIENTS TO THE AVAILABILITY OF ASSISTANCE AS WELL AS LIMITS ON ACCOUNT COLLECTION ACTIVITIES (SCRIPPS DOES NOT, FOR EXAMPLE, APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESIDENCES AS A MEANS OF COLLECTING UNPAID HOSPITAL BILLS) ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON AN EVALUATION OF INCOME AND EXPENSE INFORMATION FOR LOW-INCOME, UNINSURED PATIENTS EARNING LESS THAN 200 PERCENT OF THE FEDERAL POVERTY GUIDELINES (FPG), SCRIPPS FULLY FORGIVES THE ENTIRE BILL FOR INDIVIDUALS WHO EARN BETWEEN 201-400 PERCENT OF THE FPG, FINANCIAL ASSISTANCE IS BASED ON A SCHEDULE WITH SHARE-OF-COST DISCOUNTS SCRIPPS POSTS A SUMMARY OF ITS CHARITY CARE POLICY ON THE SCRIPPS WEB SITE AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT THE FINANCIAL ASSISTANCE POLICY IS IN WRITTEN FORM TO GUIDE AND DIRECT STAFF AND EFFECTIVELY COMMUNICATES HOW OUR COMMITMENT WILL BE APPLIED CONSISTENTLY TO ALL PATIENTS THE POLICY INITIALLY ESTABLISHED IN 2001 WAS REVISED TO BE CONSISTENT WITH AB774 "FAIR PRICING POLICY" LEGISLATION THE PRACTICES ESTABLISHED IN THE POLICY REFLECT SCRIPPS' CONTINUING COMMITMENT TO ASSISTING LOW-INCOME UNINSURED PATIENTS WITH DISCOUNTED HOSPITAL CHARGES, CHARITY CARE, BILLING AND DEBT COLLECTION PRACTICES POLICY HIGHLIGHTS INCLUDE - SCRIPPS HEALTH WILL RESPECT THE DIGNITY OF EACH PATIENT, ACT ETHICALLY IN ALL PATIENT FINANCIAL MATTERS AND COMMUNICATE EFFECTIVELY TO ASSIST PATIENTS IN RESOLVING THEIR FINANCIAL OBLIGATIONS EVERY REASONABLE EFFORT IS MADE TO ASSIST PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION TO PAY FOR HOSPITAL SERVICES SCRIPPS FINANCIAL ASSISTANCE IS DESIGNED TO SUPPORT PATIENTS WITH DEMONSTRATED FINANCIAL NEED AND IS NOT INTENDED TO SUPPLEMENT OR CIRCUMVENT THIRD PARTY COVERAGE INCLUDING MEDICARE - FINANCIAL ASSISTANCE INFORMATION IS POSTED IN CONSPICUOUS REGISTRATION AREAS INCLUDING THE EMERGENCY DEPARTMENT, BILLING OFFICE, MAIN ADMISSION, AND ANCILLARY SERVICE LOCATIONS PATIENT ACCOUNTS THAT MAY BENEFIT FROM FINANCIAL ASSISTANCE ARE ACTIVELY SCREENED, MONITORED AND IDENTIFIED AS SOON AS POSSIBLE EVALUATION FOR FINANCIAL ASSISTANCE ELIGIBILITY IS BASED ON THE EVALUATION OF INCOME AND EXPENSE INFORMATION PROVIDED BY THE PATIENT - SCRIPPS HEALTH WILL WORK TO ASSIST ANY PATIENT UNABLE TO PAY FOR SERVICES, WHO COOPERATIVELY PROVIDES INFORMATION ABOUT HIS/HER ABILITY TO PAY FAILURE BY THE PATIENT TO COOPERATE MAY RESULT IN THE INABILITY OF THE HOSPITAL TO PROVIDE FINANCIAL ASSISTANCE DETERMINATION - PATIENTS ARE PROVIDED WITH COUNSELING AND WRITTEN INFORMATION REGARDING FINANCIAL ASSISTANCE LANGUAGE INTERPRETIVE SERVICES ARE UTILIZED FREE OF CHARGE WHENEVER NECESSARY TO FACILITATE THE PATIENTS UNDERSTANDING AND PARTICIPATION IN FINANCIAL ASSISTANCE OPTIONS - FINANCIAL ASSISTANCE APPLIES TO INDIVIDUALS WHOSE FAMILY INCOME LEVEL IS 400 PERCENT OF THE FEDERAL POVERTY GUIDELINES OR BELOW DETERMINATION IS MADE ON AN ALL OR PARTIAL BASIS USING THE APPROVED DISCOUNT SCHEDULE

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	SCHEDULE H, PART VI, LINE 4	DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AN D DEMOGRAPHIC CONSTITUENTS IT SERVES (E G , URBAN, SUBURBAN, RURAL), THE COMMUNITY OR COM MUNITIES (E G , POPULATION, AVERAGE INCOME, PERCENTAGES OF COMMUNITY RESIDENTS WITH INCOME S BELOW THE FEDERAL POVERTY GUIDELINE, PERCENTAGE OF THE HOSPITAL'S AND COMMUNITY'S PATIEN TS WHO ARE UNINSURED OR MEDICAID RECIPIENTS), THE NUMBER OF OTHER HOSPITALS SERVING THE CO MMUNITY OR COMMUNITIES, AND WHETHER ONE OR MORE FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY MEETING THE CHALLENGES OF A DIVERSE BO RDER COMMUNITY SAN DIEGO COUNTY IS AN INTERNATIONAL BORDER COMMUNITY COMPRISED OF 3 2 MILL ION PEOPLE GEOGRAPHICALLY DISPERSED OVER 4,300 SQUARE MILES, THE POPULATION REPRESENTS MU LTIPLE ETHNIC GROUPS THE SAN DIEGO ASSOCIATION OF GOVERNMENT'S (SANDAG) POPULATION GROWTH PROJECTIONS ARE JUST OVER 1 PERCENT PER YEAR, EXTENDING OUT 25 YEARS TO THE YEAR 2030 TH E SANDAG 2050 SUB-REGIONAL GROWTH FORECAST PROJECTS POPULATION GROWTH TO 4 4 MILLION BY 20 50 THIS IS A 40 0% INCREASE IN POPULATION GROWTH DEMOGRAPHIC ESTIMATES AND PROJECTIONS A RE BASED ON SANDAG 2010 ESTIMATES AND ARE AVAILABLE AT THE ZIP CODE LEVEL AT HTTP //DATAWA REHOUSE SANDAG ORG A BREAKDOWN OF THE REGIONAL DEMOGRAPHICS CAN BE FOUND IN THE REGIONAL FORUM SECTIONS OF THE CHARTING THE COURSE VI HEALTH NEEDS ASSESSMENT FOR SAN DIEGO COUNTY (APPENDIX SECTION) HTTP //WWW SDCHIP ORG SCRIPPS SERVES A QUARTER OF THE TOTAL COUNTY PO PULATION, CONCENTRATING SERVICES IN THE NORTH COASTAL, NORTH CENTRAL, CENTRAL AND SOUTH RE GIONS OF SAN DIEGO COUNTY WHERE SCRIPPS FACILITIES ARE LOCATED SCRIPPS MERCY HOSPITAL (IN CLUDING SAN DIEGO AND CHULA VISTA CAMPUSES) PROVIDES 67 PERCENT OF THE CHARITY CARE WITHIN THE SCRIPPS SYSTEM SCRIPPS MERCY'S SERVICE AREA HAS A MORE ECONOMICALLY DISADVANTAGED PO PULATION COMPARED TO THE COUNTY AS A WHOLE, WITH THE LOWEST NUMBERS OF INSURED ADULTS IN T HE COUNTY AND A MUCH HIGHER PERCENTAGE OF ETHNIC MINORITIES, PRIMARILY HISPANIC AND ASIAN AS A DISPROPORTIONATE-SHARE HOSPITAL, SCRIPPS MERCY SAN DIEGO AND CHULA VISTA CAMPUSES PL AY IMPORTANT HEALTH CARE SERVICE ROLES IN THE CENTRAL/SOUTHERN SAN DIEGO COUNTY SERVICE AR EA (RANGING FROM INTERSTATE 8 TO THE UNITED STATES-MEXICO BORDER) MORE THAN HALF OF SCRIP PS MERCY SAN DIEGO AND CHULA VISTA PATIENTS ARE GOVERNMENT INSURED-MEDICARE AND MEDI-CAL SCRIPPS HOSPITALS HOUSE 26 0 PERCENT OF THE COUNTY'S GENERAL ACUTE-CARE LICENSED BEDS SCR IPPS PROVIDES SIGNIFICANT AND GROWING VOLUMES OF EMERGENCY, OUTPATIENT AND PRIMARY CARE I N FY11, SCRIPPS PROVIDED 2 1 MILLION OUTPATIENT VISITS ALMOST HALF (43 7 PERCENT) OF SAN DIEGO SAFETY NET DISCHARGES ARE FROM CENTRAL AND SOUTH SUBURBAN REGIONS SAFETY NET DISCHA RGES INCLUDE COUNTY INDIGENT PROGRAMS, MEDI-CAL AND SELF PAY COUNTY SAFETY NET DISCHARGES CY10 - CENTRAL DISCHARGES - 17,493 - SOUTH SUBURBAN DISCHARGES - 13,404 SCRIPPS OSHPD SA FETY NET DISCHARGES CY10 - SCRIPPS CENTRAL DISCHARGES - 5,359 - SCRIPPS SOUTH SUBURBAN DI SCHARGES - 4,252 COUNTY OVERVIEW ACCESS TO MEDICAL CARE IS CRUCIAL TO THE WELL-BEING OF IN DIVIDUALS AND THE SAN DIEGO COMMUNITY AS A WHOLE THERE ARE MANY BARRIERS TO CARE FOR THE SAFETY NET POPULATION THAT PREVENT THEM FROM OBTAINING MUCH NEEDED MEDICAL SERVICES LACK OF INSURANCE IS A PRIMARY BARRIER, AS EVIDENCED BY THE 17 2 PERCENT OF ADULTS AGE 19-64 (E XCLUDING MEDICARE AND MILITARY) WHO LACK HEALTH INSURANCE IN SAN DIEGO COUNTY THE CALIFOR NIA HEALTHCARE FOUNDATION (CHCF) REPORTED ESTIMATES THAT 21% OF STATE RESIDENTS HAD NO INS URANCE IN 2010, THE SAME PERCENTAGES OF 2009 BUT UP FROM 19 3% IN 2000 CALIFORNIA HAD THE HIGHEST NUMBER OF UNINSURED RESIDENTS IN THE NATION AT 6 9 MILLION - A FUNCTION OF IT BEI NG THE MOST POPULOUS STATE IN THE U S - AND THE EIGHTH HIGHEST PERCENTAGE AMONG STATES CA LIFORNIA'S HIGH RATE OF UNINSURED RESIDENTS IS ATTRIBUTABLE TO SEVERAL FACTORS, INCLUDING A STEADY DECLINE IN EMPLOYER-BASED HEALTH COVERAGE THE CHCF REPORT NOTED THAT "THE PERCEN TAGE OF CALIFORNIANS WHO OBTAIN THEIR INSURANCE THROUGH THEIR JOB HAS CONTINUED TO FALL," DECLINING FROM 61 9% IN 2000 TO 53% IN 2010 DURING THE SAME TIME PERIOD, THE PERCENTAGE O F STATE RESIDENTS COVERED BY MEDI-CAL INCREASED FROM 13 3% IN 2000 TO 19 3% IN 2010 INCOM E WAS ALSO A FACTOR, WITH 35 1% OF STATE RESIDENTS WITH ANNUAL INCOMES UNDER $25,000 LACKI NG INSURANCE BUT EVEN MORE AFFLUENT RESIDENTS WERE NOT IMMUNE, WITH 18 3% OF RESIDENTS WI TH HOUSEHOLD INCOMES BETWEEN $50,000 AND $75,000 GOING WITHOUT HEALTH INSURANCE IN 2010 T HE RATES OF UNINSURED RESIDENTS IN THE STATE COULD DECLINE IN 2011 AS MORE ADULTS WITHOUT INSURANCE FIND COVERAGE THROUGH THE STATE'S BRIDGE TO REFORM PROGRAM SINCE THE START OF 2 011, A DOZEN COUNTIES HAVE LAUNCHED LOW-INCOME HEALTH PLANS TO COVER UNINSURED ADULTS WHO DO NOT QUALIFY FOR MEDI-CAL, PROVIDING COVERAGE FOR MORE THAN 200,000 RESIDENTS (CALIFORNI A HEALTHCARE FOUNDATION CALIFORNIA HEALTH CARE AL

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	SCHEDULE H, PART VI, LINE 4	MANAC, DECEMBER 2011) ACCORDING TO A 2006 SAN DIEGO COUNTY HEALTH CARE SAFETY NET STUDY, NEARLY ONE-THIRD OF SAN DIEGO COUNTY'S POPULATION (909,661) IS UNINSURED OR UNDERINSURED, WITH THE HIGHEST CONCENTRATION - HALF OF THE TOTAL - SOUTH OF INTERSTATE 8 THE HOSPITALS AND COMMUNITY CLINICS THAT PROVIDE HEALTH CARE TO THIS POPULATION COMPRISE THE SAFETY NET SINCE SAN DIEGO COUNTY DOES NOT OPERATE A PUBLIC HOSPITAL, THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HIGHLY DEPENDENT UPON HOSPITALS AND COMMUNITY HEALTH CLINICS TO PROVID E CARE TO UNINSURED AND MEDICALLY UNDERSERVED POPULATIONS FINDING MORE EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE CURRENT SAFETY NET IS A CRITICAL POLICY CHALLENGE THE SAN DIEG O COUNTY HEALTH CARE SAFETY NET STUDY FOUND THAT THE CENTRAL AND SOUTH REGIONS HAVE THE LA RGEST PROPORTION OF UNINSURED NORTH CENTRAL HAS THE LEAST NUMBER OF UNINSURED THE COUNTY HAS 14 3 PERCENT OF ITS POPULATION ON MEDI-CAL (434,936) CENTRAL AND SOUTH REGIONS HAVE THE LARGEST NUMBER OF MEDI-CAL BENEFICIARIES (22 3 AND 19 4 PERCENT, RESPECTIVELY) COMBIN ED, THE SAFETY NET CONSUMER COMPRISES 29 5 PERCENT OF THE POPULATION (907,661) WHILE PUBL IC SUBSIDIES (E G , COUNTY MEDICAL SERVICES) HELP FINANCE SERVICES FOR SAN DIEGO COUNTY'S UNINSURED POPULATIONS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE COMBINED WITH M EDI-CAL AND MEDICARE FUNDING SHORTFALLS, SCRIPPS AND OTHER LOCAL HOSPITALS ARE LEFT TO ABS ORB THE COST INVOLVED IN CARING FOR UNINSURED PATIENTS INTO THEIR OPERATING BUDGETS THE F INANCIAL BURDEN PLACED ON HOSPITALS AND PHYSICIANS CARING FOR UNINSURED PATIENTS IS SIGNIF ICANT SAN DIEGO MEDI-CAL REIMBURSEMENT IS AMONG THE LOWEST IN CALIFORNIA, ALREADY THE STA TE WITH THE NATION'S LOWEST MEDICAID REIMBURSEMENT RATE

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, LINE 5	PROVIDE ANY OTHER IMPORTANT INFORMATION TO DESCRIBING HOW THE ORGANIZATION'S HOSPITALS OR HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E G , OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS ETC) FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 4 BILLION, PRIVATE, NOT-FOR - PROFIT COMMUNITY HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA SCRIPPS TREATS A HALF-MILLION PA TIENTS ANNUALLY THROUGH THE DEDICATION OF MORE THAN 2,563 AFFILIATED PHYSICIANS AND 13,323 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH CARE, AND AN AMBULATOR Y CARE NETWORK OF CLINICS, PHYSICIAN OFFICES AND OUTPATIENT CENTERS THROUGHOUT THE SAN DIE GO REGION SCRIPPS IS A RECOGNIZED LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DI SEASE AND IS AT THE FOREFRONT OF CLINICAL RESEARCH AND GRADUATE MEDICAL EDUCATION AS A NO T-FOR- PROFIT HEALTH CARE SYSTEM, SCRIPPS TAKES PRIDE IN ITS SERVICE TO THE COMMUNITY THE SCRIPPS SYSTEM IS GOVERNED BY A 14-MEMBER VOLUNTEER BOARD OF TRUSTEES THIS SINGLE POINT O F AUTHORITY FOR ORGANIZATIONAL POLICY ENSURES A UNIFIED APPROACH TO SERVING PATIENTS ACROS S THE REGION THE BOARD IS RESPONSIBLE FOR PROMOTING CORPORATE PURSUIT OF ITS MISSION, APP ROVAL OF THE BUDGET AND ASSURING THROUGH OVERSIGHT THE EFFECTIVE FUNCTIONING OF THE CORPOR ATION ITS PURPOSE IS TO ESTABLISH AND MAINTAIN A NONPROFIT PUBLIC BENEFIT CORPORATION ORG ANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES, WHOSE ACTIVITIES A RE CONDUCTED IN SUCH A MANNER THAT NO PART OF ITS NET EARNINGS WILL BENEFIT OF ANY TRUSTEE , OFFICER OR OTHER INDIVIDUAL THESE VOLUNTEERS GIVE COUNTLESS HOURS OF SERVICE TO THE HOS PITAL SYSTEM IN THEIR OVERSIGHT ROLE, PARTICIPATION IN VARIOUS BOARD COMMITTEES AND GENERA L STEWARDSHIP ALL FIVE ACUTE-CARE HOSPITAL CAMPUSES HAVE AN OPEN MEDICAL STAFF FOR ALL QU ALIFIED PHYSICIANS THE BOARD OF TRUSTEES HAS AUTHORITY TO APPROVE BYLAWS, RULES AND REGUL ATIONS FOR THE MEDICAL STAFF OF EACH HOSPITAL, SURGERY CENTER OR SIMILAR FACILITY, AND TO APPOINT, SUSPEND OR REMOVE ANY PHYSICIAN FROM THE MEDICAL STAFF ALL FIVE ACUTE-CARE HOSPI TAL CAMPUSES PARTICIPATE IN MEDI-CAL AND MEDICARE CONTRACTS SCRIPPS SURPLUS FUNDS ARE REI NVESTED BACK INTO THE SAN DIEGO COMMUNITY SURPLUS FUNDS ARE UTILIZED FOR NEW FACILITIES, EQUIPMENT, SEISMIC RETROFITTING, PROFESSIONAL EDUCATION AND HEALTH RESEARCH, ACCESS TO PAT IENT CARE AND COMMUNITY BENEFIT PROGRAMS EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO ADVANC E HEALTH CARE SERVICES THROUGH CLINICAL RESEARCH AND MEDICAL EDUCATION PROGRAMS DURING FY 11 (OCTOBER 2010 TO SEPTEMBER 2011), SCRIPPS INVESTED $35,486,538 IN PROFESSIONAL TRAINING PROGRAMS AND HEALTH RESEARCH TO ENHANCE SERVICE DELIVERY AND TREATMENT PRACTICES FOR SAN DIEGO COUNTY QUALITY HEALTH CARE DEPENDS ON HEALTH EDUCATION SYSTEMS AND MEDICAL RESEARCH PROGRAMS WITHOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GENERATION OF HEALTH CARE PROVID ERS OR TO OFFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSIONALS, THE QUALITY OF HEALTH CARE WOULD BE GREATLY DIMINISHED MEDICAL RESEARCH ALSO PLAYS AN IMPORTANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH THROUGH THE DEVELOPMENT OF NEW AND INNOVATIVE TR EATMENT OPTIONS PROFESSIONAL EDUCATION AND HEALTH RESEARCH REFLECTS CLINICAL RESEARCH, AS WELL AS PROFESSIONAL EDUCATION FOR NON-SCRIPPS EMPLOYEES INCLUDING GRADUATE MEDICAL EDUCA TION, NURSING RESOURCE DEVELOPMENT AND OTHER HEALTH CARE PROFESSIONAL EDUCATION RESEARCH TAKES PLACE PRIMARILY AT SCRIPPS CLINICAL RESEARCH SERVICES, SCRIPPS WHITTIER DIABETES INS TITUTE, SCRIPPS GENOMIC MEDICINE AND SCRIPPS TRANSLATIONAL SCIENCE INSTITUTE CALCULATIONS ARE BASED ON TOTAL PROGRAM EXPENSES LESS APPLICABLE DIRECT-OFFSETTING REVENUE EXPENSES A RE NOT OFFSET BY GRANT REVENUE OR RESTRICTED FUNDS ACCORDING TO THE SCHEDULE H 990 IRS GUI DELINES A LACK OF HEALTH INSURANCE AND ACCESS TO SPECIALTY AND PRIMARY CARE PROVIDERS ARE TWO OF THE PRIMARY BARRIERS TO HEALTH CARE ON BOTH A LOCAL AND NATIONAL LEVEL WITHOUT AC CESS TO BASIC HEALTH CARE SERVICES, INDIVIDUALS SUFFER FROM MORE ACUTE EPISODES OF ILLNESS , INJURY AND MORTALITY LACK OF INSURANCE ALSO INCREASES THE BURDEN ON HOSPITALS AND HEALT H PROVIDERS IN AN EFFORT TO PROVIDE FOR POPULATIONS IN NEED, SCRIPPS ASSISTED IN FY11 WIT H THE FOLLOWING HEALTH CARE PROGRAMS AND PROJECTS MERCY OUTREACH SURGICAL TEAM (MOST) REA CHING OUT TO THOSE WHO HAVE LIMITED ACCESS TO HEALTH CARE, THE MERCY OUTREACH SURGICAL TEA M (MOST) PROVIDES MEDICAL AND SURGICAL CARE TO UNDERPRIVILEGED CHILDREN AND ADULTS FROM OT HER COUNTRIES THE VOLUNTEER GROUP OF PHYSICIANS, NURSES, TECHNICIANS AND OTHERS PERFORM L IFE-CHANGING SURGERIES TO CORRECT CLEFT LIPS, CLEFT PALATES, BURN SCARS, CROSSED EYES, HER NIAS AND A VARIETY OF OTHER CONDITIONS DURING FY11, THE MOST TEAM SERVED 233 INDIVIDUALS GRADUATE MEDICAL EDUCATION STAFF SUPPORT TO ST VINCENT DE PAUL VILLAGE MEDICAL CENTER AN D MID-CITY COMMUNITY CLINICS THE GRADUATE MEDICAL

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, LINE 5	EDUCATION (GME) PROGRAM AT SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC FOCUSES ON PHYSICIAN TRAINING AND CLINICAL RESEARCH, WITH 28 RESIDENTS AND 37 FELLOWS THE PROGRAM ALSO GIVES B ACK TO THE COMMUNITY BY STAFFING EVENING CLINICS AT ST VINCENT DE PAUL VILLAGE AND THE MI D-CITY COMMUNITY CLINIC, WHERE SCRIPPS RESIDENTS AND STAFF PROVIDED MEDICAL CARE TO APPROX IMATELY 295 OF OUR COUNTY'S MOST VULNERABLE RESIDENTS DURING FY11 SCRIPPS HEALTH COMMUNIT Y BENEFIT GRANTING IN 2011, SCRIPPS AWARDED A TOTAL OF $215,000 IN SEVEN COMMUNITY GRANTS TO PROGRAMS BASED THROUGHOUT SAN DIEGO, RANGING FROM $10,000 TO $120,000 EACH THE PROJECT S THAT RECEIVED FUNDING ADDRESS SOME OF SAN DIEGO COUNTY'S HIGH-PRIORITY HEALTH NEEDS WITH THE GOAL OF IMPROVING ACCESS TO VITAL HEALTH CARE SERVICES FOR A VARIETY OF AT-RISK POPUL ATIONS, INCLUDING PEOPLE WHO ARE HOMELESS, ECONOMICALLY DISADVANTAGED, AND MENTALLY ILL S INCE THE COMMUNITY BENEFIT FUND BEGAN, SCRIPPS HAS AWARDED $2 2 MILLION DOLLARS

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM	SCHEDULE H, PART VI, LINE 6	IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED SCRIPPS HEALTH IS AN INTEGRATED HEALTH SYSTEM, OPERATING FIVE ACUTE CARE HOSPITALS AND TWENTY-TWO OUT PATIENT CLINICS IN SAN DIEGO COUNTY IN ADDITION, SCRIPPS HEALTH IS THE PARENT ORGANIZATION OF THE WHITTIER INSTITUTE OF DIABETES WHICH OFFERS IMPROVED QUALITY OF LIFE FOR INDIVIDUALS WITH DIABETES THROUGH INNOVATIVE EDUCATION PROGRAMS, CLINICAL CARE, RESEARCH AND COLLABORATION THAT PURSUES PREVENTION AND A CURE

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	SCHEDULE H, PART VI, LINE 7	California Scripps Health Community Benefit Report can be found at http //www scripps org/about-us__scripps-in-the-community

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **29** Name and address	Type of Facility (Describe)
Scripps Clinic - Torrey Pines 10666 N Torrey Pines Rd La Jolla, CA 92037	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Rancho Bernardo 15004 Innovation Dr San Diego, CA 92128	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Carmel Valley 3811 Valley Centre Dr San Diego, CA 92130	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC- Cedar 130 Cedar Rd Vista, CA 92083	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic- Encinitas 310 Santa Fe Dr Encinitas, CA 92024	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Mission Valley 7565 Mission Valley Road San Diego, CA 92108	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Mission Valley 7425 Mission Valley Road San Diego, CA 92108	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC- Carlsbad 2176 Salk Ave Carlsbad, CA 92008	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC- Hillcrest 501 Washington St 525 600 San Diego, CA 92103	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Rancho San Diego 10862 Calle Verde La Mesa, CA 91941	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Rancho San Diego 3835 Avocado La Mesa, CA 91941	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC- Escondido 488 E Valley Pkwy 411 Escondido, CA 92025	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMNET
SCMC- Eastlake 971 Lane Avenue Chula Vista, CA 91914	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC- Mission 2201 Mission Oceanside, CA 92058	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Del Mar 12395 El Camino Real Ste 317 112 Del Mar, CA 92130	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC- Encinitas 477 N El Camino Real A208B305 Encinitas, CA 92024	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC- Del Mar 1335 Camino Del Mar Del Mar, CA 92014	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Santee 278 Town Center Pkwy Ste 105 Santee, CA 92071	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC- OBGYN Encinitas 332 Santa Fe Dr Ste 115 Encinitas, CA 92024	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic- La Jolla OBGYN Genesee Ave 170 San Diego, CA 92121	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic- La Jolla Memorial Campus XIMED Bldg Ste 600 San Diego, CA 92121	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic- La Jolla Memorial Campus XIMED Bldg Ste 510 San Diego, CA 92121	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC- Sycamore 2120 Thibido Vista, CA 92084	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC- OBGYN Vista 2067 W Vista Way Vista, CA 92083	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
SCMC- Oncology at Mercy 501 Washington St 525 600 San Diego, CA 92103	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Coronado 1317 A Ynez Pl Coronado, CA 92118	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Mental Health 15004 Innovation Dr San Diego, CA 92128	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
Scripps Home Health Services 9619 Chesapeake Dr Suite 300 San Diego, CA 92123	HOME HEALTH SERVICES
Scripps Cardio & Thoracic Surgery Center 9850 Genesee Avenue 560 La Jolla, CA 92037	PRIMARY CARE AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

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
SCRIPPS HEALTH

Employer identification number
95-1684089

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) Infoline of San Diego CountyPO Box 881307 SAN DIEGO,CA 92018	33-1029843	501(c)(3)	15,000				PROGRAM SUPPORT
(2) Partnership for Smoke Free Families3020 Childrens Way SAN DIEGO,CA 92123	95-3545901	501(c)(3)	15,000				PROGRAM SUPPORT
(3) Legal Aid Society of San Diego1764 SD Ave Ste 200 SAN DIEGO,CA 92110	98-1869806	501(c)(3)	120,000				PROGRAM SUPPORT
(4) Catholic Charities349 Cedar Street SAN DIEGO,CA 92101	23-7334012	501(c)(3)	55,000				PROGRAM SUPPORT
(5) California Health Foundation & Trust (CHFT) 1215 K ST STE 800 SACRAMENTO,CA 95814	94-1498697	501(c)(3)	1,602,000				CA HOSP FEE PROGRAM

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 5

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

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
Description of Organization's Procedures for Monitoring the Use of Grants	FORM 990, SCHEDULE I, LINE 2	A SEMI-ANNUAL REPORT AND A LINE ITEM FINANCIAL ACCOUNTING OF THE GRANT DISBURSEMENT TO DATE IS REQUIRED THIS SEMI-ANNUAL REPORT SHALL INCLUDE PROGRESS MADE TOWARD MEETING OBJECTIVES OUTLINED IN THE GRANT APPLICATION A FINAL REPORT IS DUE WITHIN THIRTY (30) DAYS FOLLOWING THE EXPIRATION DATE OF THE GRANT IN ADDITION TO THE PROGRESS MADE TOWARD MEETING THE OBJECTIVES OUTLINED IN THE GRANT APPLICATION, THE FINAL REPORT SHALL INCLUDE QUANTITATIVE AND QUALITATIVE RESULTS OF THE PROGRAM AGAINST ITS STATED GOALS AND OBJECTIVES A FINANCIAL ACCOUNTING OF THE GRANT DISBURSEMENT AGAINST THE BUDGET MUST BE INCLUDED AS PART OF THIS FINAL REPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

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
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If 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**	Yes	
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**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
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				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(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 Compensation Information	Schedule J, Part I, Line 1	Scripps Health incurs the cost of a membership for a business networking club in San Diego for the Chief Executive Officer This membership is used 100% for business purposes and accordingly, no part of this benefit is included within the Chief Executive Officer's taxable compensation The membership fee is $94 per month CERTAIN EXECUTIVES REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II RECEIVE AN AUTOMOBILE ALLOWANCE THE ALLOWANCE IS INCLUDED IN TAXABLE WAGES AND REPORTED ON THEIR W-2
SEVERANCE PAYMENT	Schedule J, Part I, Line 4A	THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAY IN CALENDAR YEAR 2010 BRIAN ISSELL, MD - $35,807
SERP	Schedule J, Part I, Line 4B	SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN (SERP) PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO CERTAIN KEY EMPLOYEES IT HAS BEEN CLOSED TO NEW PARTICPANTS SINCE 2001 THE PLAN PROVIDES A BENEFIT DETERMINED BY A FORMULA DRIVEN BY THE EXECUTIVE'S AVERAGE OF THE FIVE HIGHEST YEARS OF PAY AND TAKES INTO CONSIDERATION TENURE AT SCRIPPS HEALTH, AGE AND LIFE EXPECTANCY AND ASSUMES MAXIMUM PARTICIPATION IN OTHER RETIREMENT PROGRAMS SCRIPPS HEALTH EXECUTIVE BENEFITS PROGRAM PROVIDES A 457F PLAN WITH A FLEXIBLE BENEFIT ALLOWANCE THAT CAN BE USED TO PURCHASE ADDITIONAL INSURANCE COVERAGE FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES ANY REMAINING BENEFIT ALLOWANCE CAN BE DEPOSITED INTO THE SUPPLEMENTAL ACCUMULATION RETIREMENT ACCOUNT (SARA) WITH A FUTURE VESTING DATE THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SARA PLAN IN CALENDAR YEAR 2010 MARY L CARRAHER - $ 8,137 DAVID M COHN - $ 35,555 JOHN ENGLE - $ 48,189 CARL ETTER - $ 41,489 GARY FYBEL - $ 58,483 LARRY HARRISON - $ 57,497 ROBERT T HOFF - $ 18,361 BRIAN ISSELL, MD - $180,838 BARBARA PRICE - $ 45,811 PATRIC THOMAS - $ 13,141

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHRISTOPHER VAN GORDER	(I) (II)	1,001,043 0	420,899 0	31,179 0	1,170,401 0	43,380 0	2,666,902 0	0 0
RICHARD ROTHBERGER	(I) (II)	612,723 0	220,562 0	50,234 0	114,532 0	29,112 0	1,027,163 0	0 0
RICHARD SHERIDAN	(I) (II)	425,277 0	123,229 0	26,252 0	585,282 0	23,958 0	1,183,998 0	0 0
ARNOLD BRENT EASTMAN MD	(I) (II)	523,762 0	160,174 0	44,653 0	475,886 0	53,097 0	1,257,572 0	0 0
VICTOR V BUZACHERO	(I) (II)	468,464 0	154,349 0	19,582 0	125,674 0	31,064 0	799,133 0	0 0
JUNE KOMAR	(I) (II)	464,064 0	133,286 0	29,154 0	583,479 0	21,892 0	1,231,875 0	0 0
LARRY HARRISON	(I) (II)	446,327 0	120,512 0	91,631 0	68,144 0	41,349 0	767,963 0	57,497 0
THOMAS GAMMIERE	(I) (II)	487,924 0	114,285 0	13,316 0	88,684 0	28,402 0	732,611 0	0 0
GARY FYBEL	(I) (II)	471,874 0	109,081 0	97,624 0	66,319 0	34,865 0	779,763 0	58,483 0
ROBIN BROWN	(I) (II)	415,853 0	106,654 0	27,531 0	254,642 0	33,216 0	837,896 0	0 0
CARL ETTER	(I) (II)	379,595 0	88,312 0	70,824 0	55,687 0	28,767 0	623,185 0	41,489 0
JOHN ENGLE	(I) (II)	314,744 0	97,635 0	73,452 0	60,284 0	22,936 0	569,051 0	48,189 0
MARY L CARRAHER	(I) (II)	224,256 0	55,609 0	39,460 0	17,937 0	14,871 0	352,133 0	8,137 0
BRIAN ISSELL MD	(I) (II)	427,224 0	77,530 0	223,122 0	84,111 0	16,870 0	828,857 0	180,838 0
BARBARA PRICE	(I) (II)	371,756 0	86,540 0	69,590 0	62,218 0	28,635 0	618,739 0	45,811 0
CATHY GUIBAL	(I) (II)	299,034 0	14,750 0	10,283 0	43,950 0	19,149 0	387,166 0	0 0
DAVID M COHN	(I) (II)	282,078 0	67,479 0	56,651 0	47,037 0	24,428 0	477,673 0	35,555 0
MARC A REYNOLDS	(I) (II)	307,634 0	91,627 0	11,519 0	62,669 0	15,404 0	488,853 0	0 0
EDWARD NAZARRO	(I) (II)	299,845 0	15,613 0	10,293 0	51,358 0	30,242 0	407,351 0	0 0
JOHN E ARMSTRONG	(I) (II)	290,347 0	65,988 0	18,541 0	39,952 0	38,050 0	452,878 0	0 0
PATRIC THOMAS	(I) (II)	315,605 0	68,191 0	23,360 0	23,068 0	9,219 0	439,443 0	13,141 0
ROBERT T HOFF	(I) (II)	310,469 0	73,553 0	40,428 0	33,736 0	24,828 0	483,014 0	18,361 0
GLEN MUELLER	(I) (II)	285,523 0	68,196 0	28,541 0	5,399 0	63,037 0	450,696 0	0 0
DANA LAUNER	(I) (II)	377,319 0	51,417 0	2,446 0	7,350 0	22,963 0	461,495 0	0 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CA STATEWIDE COMMUNITIES DEVELOPMENT AGENCY	68-0164610	1309116Y1	03-02-2007	49,995,000	SEE PART V		X		X	X	
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033F5A4	08-14-2008	99,830,304	SEE PART V		X		X		X
C	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033F5L0	08-14-2008	221,230,000	SEE PART V		X		X		X
D	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033FWK2	06-02-2005	40,975,000	SEE PART V		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	2,010,000	32,160,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	49,995,000	99,830,304	221,230,000	40,975,000
4	Gross proceeds in reserve funds	0	9,904,407	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	0	0	0	0
7	Issuance costs from proceeds	146,070	0	0	280,659
8	Credit enhancement from proceeds	0	0	5,544	918,283
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	0	0
11	Other spent proceeds	49,848,930	89,925,897	221,224,456	39,776,058
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2005			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X	X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X	X		X	
b	Name of provider	CITIBANK NA				CITIBANK NA			
c	Term of hedge		23 1				23 1		14 3
d	Was the hedge superintegrated?		X				X		X
e	Was a hedge terminated?		X				X		X
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SEE SCHEDULE O		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HG FENTON COMPANY INC	SEE PART V	2,435,550	SEE PART V		No
(2) MATTHEW BALOGH	SEE PART V	50,289	SEE PART V		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	SCHEDULE L, PART IV	MARTIN DICKINSON IS ON THE BOARD OF H G FENTON COMPANY, INC , A REAL ESTATE COMPANY, FROM WHICH THE ORGANIZATION LEASES LAND AND BUILDINGS AND HAS ENTERED INTO A DEVELOPMENT AGREEMENT MATTHEW BALOGH, SON-IN-LAW OF BOARD MEMBER GORDON R CLARK, IS EMPLOYED BY SCRIPPS HEALTH

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

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
SCRIPPS HEALTH

Employer identification number
95-1684089

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	4	149,840	OPINIONS OF EXPERTS
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	14,560	COST/SELLING PRICE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	42	6,738,322	COST/SELLING PRICE
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	X	7	574,037	COST/SELLING PRICE
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	3	11,000	OPINIONS OF EXPERTS
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (EVENT INVENTORY)	X	651	0	0
26	Other ▶( )				
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** 0

			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
CONTRIBUTIONS REPORTED	SCHEDULE M, PART I, COLUMN B	THE NUMBER OF TRANSACTIONS, WHICH MOST CLOSELY APPROXIMATES THE NUMBER OF ITEMS CONTRIBUTED IS BEING REPORTED IN COLUMN B HOWEVER, CONTRIBUTIONS OF EQUIPMENT AND EVENT GIFTS IN KIND INCLUDE MULTIPLE COMPONENTS
THIRD PARTIES ENGAGED TO SOLICIT, PROCESS AND SELL NON-CASH CONTRIBUTIONS	SCHEDULE M, PART I, ITEM 32B	SCRIPPS HEALTH USES A NUMBER OF BROKERS AND VENDORS IN THE COURSE OF SOLICITING, PROCESSING AND LIQUIDATING DONATED NON-CASH ASSETS REAL ESTATE BROKERS LOCATE BUYER AND NEGOTIATE/CLOSE SALE THROUGH ESCROW, SECURITIES BROKER RECEIVE DONATED SECURITIES INTO SCRIPPS ACCOUNTS, SELL ASSETS ON SECURITIES MARKET, AND REMIT NET PROCEEDS TO SCRIPPS, TRANSACTION SERVICES PROVIDER PROVIDE HOSTED WEB SITE SUPPORTING EVENT REGISTRATION, ON-LINE AUCTIONS, AND/OR EVENT ON-SITE AUTOMATED PROCESSING SYSTEM FOR SPECIAL EVENTS, CONSIGNMENT AUCTION HOUSE ACCEPT GOODS FOR SALE THROUGH AUCTIONS, LOCATE BUYERS, SETTLE PAYMENT WITH BUYERS, AND REMIT NET PROCEEDS TO SCRIPPS HEALTH, DIRECT MAIL SERVICES PROVIDER PLAN AND SCHEDULE MAILINGS, DESIGN AND PRODUCE COLLATERAL MATERIALS, DELIVER MAIL LIST WITH MATERIALS TO COMMERCIAL MAIL HOUSE, ANALYZE RESULTS, AND PROVIDE GUIDANCE ON FUTURE STRATEGIES
NON-CASH GIFTS - REVENUE RECOGNITION	SCHEDULE M, PART I, ITEM 33	IT IS SCRIPPS HEALTH'S POLICY TO ONLY RECORD CONTRIBUTION REVENUE FOR NON-CASH ITEMS IF THE FAIR MARKET VALUE IS OVER $10,000 GIFTS OF SECURITIES ARE AN EXCEPTION TO THIS POLICY AND ARE RECORDED AS CONTRIBUTION REVENUE ONCE THE SECURITY IS SOLD

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493220013512

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
SCRIPPS HEALTH

Employer identification number
95-1684089

Identifier	Return Reference	Explanation
BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES	FORM 990, PART I AND PART III, LINE 1	FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 4 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA SCRIPPS TREATS OVER HALF A MILLION PATIENTS ANNUALLY THROUGH THE DEDICATION OF 2,563 AFFILIATED PHYSICIANS AND 13,323 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH CARE, AND AN AMBULATORY CARE NETWORK OF CLINICS, PHYSICIANS' OFFICES AND OUTPATIENT CENTERS THROUGHOUT THE SAN DIEGO REGION SCRIPPS HEALTH'S MISSION STATEMENT IS AS FOLLOWS SCRIPPS STRIVES TO PROVIDE SUPERIOR HEALTH SERVICES IN A CARING ENVIRONMENT AND TO MAKE A POSITIVE MEASURABLE DIFFERENCE IN THE HEALTH OF INDIVIDUALS IN THE COMMUNITIES WE SERVE WE DEVOTE OUR RESOURCES TO DELIVERING QUALITY, SAFE, COST-EFFECTIVE, AND SOCIALLY RESPONSIBLE HEALTH CARE SERVICES WE ADVANCE CLINICAL RESEARCH, HEALTH EDUCATION, EDUCATION OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, AND SPONSOR GRADUATE MEDICAL EDUCATION WE COLLABORATE WITH OTHERS TO DELIVER THE CONTINUUM OF CARE THAT IMPROVES THE HEALTH OF OUR COMMUNITY

Identifier	Return Reference	Explanation
FY11 PROGRAM SERVICES ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	FULFILLING THE SCRIPPS MISSION DURING THIS FISCAL YEAR, SCRIPPS DEVOTED $320,673,826 TO CO MMUNITY BENEFIT PROGRAMS AND SERVICES IN THE AREAS OF UNCOMPENSATED CARE, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND HEALTH RESEARCH OUR PROGRAMS EMPHASIZE COMMUNITY-BA SED PREVENTION EFFORTS AND USE INNOVATIVE APPROACHES TO REACH RESIDENTS AT GREATEST RISK F OR HEALTH PROBLEMS WE MAKE COMMITMENTS TO IMPROVE THE HEALTH OF OUR PATIENTS AND OUR SAN DIEGO COMMUNITIES AS A LONG-STANDING MEMBER OF THESE COMMUNITIES, AND AS A NOT-FOR-PROFIT COMMUNITY RESOURCE, OUR GOAL AND RESPONSIBILITY ARE TO PROVIDE HELP AND ASSISTANCE FOR AL L WHO COME TO US FOR CARE, AND TO REACH OUT ESPECIALLY TO THOSE WHO FIND THEMSELVES VULNER ABLE AND WITHOUT SUPPORT THIS RESPONSIBILITY IS AN INTRINSIC PART OF OUR MISSION THROUGH OUR CONTINUED ACTIONS AND COMMUNITY PARTNERSHIPS, WE STRIVE TO RAISE THE QUALITY OF LIFE IN THE COMMUNITY AS A WHOLE ASSESSING COMMUNITY NEED CALIFORNIA SENATE BILL 697 REQUIRES THE UPDATING OF A COMMUNITY HEALTH NEEDS ASSESSMENT AT LEAST EVERY THREE YEARS IDENTIFY IN G SAN DIEGO COUNTY'S HEALTH PRIORITIES IS A COMPLEX PROCESS OUTLINED IN THE FOLLOWING PAGE S SCRIPPS STRIVES TO IMPROVE COMMUNITY HEALTH THROUGH COLLABORATION WORKING WITH OTHER H EALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BUSINESSES AND GRASSROOTS MOVEMENTS, WE ARE BETTER ABLE TO BUILD UPON EXISTING ASSETS TO ACHIEVE BROAD COMMUNITY HEALTH GOALS THE REPORT IS THE SIXTH EDITION OF THE TRIENNIAL NEEDS ASSESSMENT THE PROJECT WAS INITIA LLY UNDERTAKEN BY THE HOSPITAL COUNCIL OF SAN DIEGO AND IMPERIAL COUNTIES IN 1995 TO ASSIS T PRIVATE NOT-FOR-PROFIT HOSPITALS TO COMPLY WITH STATE COMMUNITY BENEFIT LEGISLATION SENA TE BILL 697 (SB697), WHICH REQUIRED THEM TO CONDUCT A PERIODIC ASSESSMENT OF THE HEALTH NE EDS OF THOSE LIVING IN THEIR SERVICE AREA IN ORDER TO BETTER RESPOND TO THE COMMUNITY'S HE ALTH NEEDS THE GROUP WAS INITIALLY KNOWN AS THE SAN DIEGO COUNTY SB697 COALITION AND ATTE NDED BY REPRESENTATIVES FROM OVER 25 HEALTH CARE-RELATED ORGANIZATIONS THE GOAL OF THE CO ALITION WAS TO COLLABORATE AND PRODUCE ONE NEEDS ASSESSMENT IN ORDER TO MAXIMIZE RESOURCES AND DEVELOP A MORE COMPREHENSIVE REPORT FOR THE COUNTY OF SAN DIEGO DURING THE FIVE SUBS EQUENT NEEDS ASSESSMENTS, THE COALITION, RENAMED COMMUNITY HEALTH IMPROVEMENT PARTNERS (CH IP), SHORTLY AFTER THE COMPLETION OF THE FIRST ASSESSMENT, FORMALIZED ITS ROLE TO PROVIDE OVERSIGHT AND DIRECTION TO THE PERIODIC NEEDS ASSESSMENT PROCESS COMMUNITY HEALTH IMPROVE MENT PARTNERS SCRIPPS IS AN OFFICIAL PARTNER AND AN ACTIVE PARTICIPANT IN COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) THROUGH CHIP, MORE THAN 25 COMMUNITY HEALTH-RELATED ORGANIZA TIONS COME TOGETHER TO JOINTLY ADDRESS THE COUNTY'S HEALTH NEEDS SCRIPPS WORKS WITH CHIP AND OTHER HEALTH CARE SYSTEMS AND PARTNERS TO DEVELOP A COMPREHENSIVE COUNTY HEALTH NEEDS ASSESSMENT WHICH IS UPDATED EVERY THREE YEARS, INCLUDING COUNTY, STATE AND NATIONAL HEALTH STATISTIC COMPARISONS THE COLLABORATIVE ASSESSMENT PROCESS IS ONE OF THE MOST RESPECTED IN CALIFORNIA CHARTING THE COURSE VI HEALTH NEEDS ASSESSMENT FOR SAN DIEGO COUNTY CHARTI NG THE COURSE VI IS INTENDED TO HELP FULFILL LEGISLATIVE REQUIREMENTS OF SB 697 AND TO PRO VIDE A RESOURCE FOR INDIVIDUALS, AGENCIES AND INSTITUTIONS TO IDENTIFY COMMUNITY HEALTH NE EDS AND CONCERNS READERS ARE ENCOURAGED TO EXPLORE CHARTING THE COURSE VI TO LEARN MORE A BOUT THE CRITICAL HEALTH ISSUES IMPACTING SAN DIEGO COUNTY RESIDENTS THIS DOCUMENT PRESEN TS A WEALTH OF INFORMATION RELATING THE HEALTH ISSUES TO RACE/ETHNICITY, GENDER, AGE CATEG ORY AND GEOGRAPHIC REGION THE REPORT ALSO MONITORS CHANGES AND TRENDS IN HEALTH STATUS AM ONG SAN DIEGO COUNTY RESIDENTS THIS INFORMATION PROVIDES THE BASIS UPON WHICH COMMUNITY H EALTH PROGRAMS AND INTERVENTIONS CAN BE TARGETED, DEVELOPED AND EVALUATED, WITH THE ULTIMA TE GOAL OF IMPROVING THE HEALTH OF THE COMMUNITY AND ITS MEMBERS TO GAIN A FULL UNDERSTAN DING OF SCRIPPS' HEALTH ASSESSMENT AND ANALYSIS OF COMMUNITY NEED IN SAN DIEGO, WE RECOMME ND REVIEWING THE CHIP 2010 "CHARTING THE COURSE VI" SAN DIEGO COUNTY HEALTH NEEDS ASSESSME NT AT HTTP://WWW SDCHIP ORG 2010 PRIORITY SETTING PROCESS ONE OF THE MAJOR FEATURES OF EA CH NEEDS ASSESSMENT IS THE REVIEW OF HEALTH ISSUES FELT TO BE IMPACTING THE SAN DIEGO REGI ON THESE HEALTH ISSUES ARE EXAMINED FROM A LOCAL (SAN DIEGO COUNTY), STATE AND NATIONAL P ERSPECTIVE. THE STARTING POINT FOR THIS PROCESS WAS A REVIEW OF THE 38 HEALTHY PEOPLE 2020 FOCUS AREAS BECAUSE OF THE LARGE NUMBER AND THE DIVERSITY OF HEALTH ISSUES, THE NEEDS AS SESSMENT COMMITTEE SELECTED 17 OF THESE HEALTH ISSUES FOR ADDITIONAL STUDY AND POSSIBLE IN CLUSION IN THIS YEAR'S NEEDS ASSESSMENT THESE ISSUES WERE SELECTED BASED ON AN EXTENSIVE REVIEW OF THE ISSUES AND A RANKING OF THEIR PERCEIVED IMPORTANCE BY THE NEEDS ASSESSMENT C OMMITTEE. THE GOAL OF THE PRIORITY-SETTING PROCESS FOR CHARTING THE COURSE VI WAS TO PROVI DE AN ORGANIZED, OBJECTIVE METHOD OF REVIEWING AND

Identifier	Return Reference	Explanation
FY11 PROGRAM SERVICES ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	PRIORITIZING THE HEALTH ISSUES FACING SAN DIEGO COUNTY BECAUSE OF THE LARGE NUMBER AND T HE DIVERSITY OF HEALTH ISSUES, THE NEEDS ASSESSMENT COMMITTEE SELECTED 17 OF THESE HEALTH ISSUES FOR ADDITIONAL STUDY AND POSSIBLE INCLUSION IN THIS YEAR'S NEEDS ASSESSMENT THESE ISSUES WERE DIVIDED INTO THREE CATEGORIES - OVERARCHING ISSUES (4 ISSUES) - CONSIDERED OV ERARCHING BECAUSE THEY POTENTIALLY IMPACT ALL OF THE OTHER ISSUES IN THIS REPORT THESE IN CLUDED O ACCESS TO HEALTH SERVICES O HEALTH COMMUNICATIONS AND HEALTH INFORMATION TECHNOL OGY O PUBLIC HEALTH INFRASTRUCTURE O SOCIAL DETERMINANTS OF HEALTH - HEALTH-RELATED BEHAVI ORS (7 ISSUES) - BEHAVIORS THAT ARE IMPORTANT COMPONENTS IN LONG-TERM HEALTH, SUCH AS O I MMUNIZATION O SMOKING CESSATION O IMPROVING NUTRITION O INCREASING PHY SICAL ACTIVITY O ACH IEVING A HEALTHY WEIGHT STATUS O ORAL HEALTH O VIOLENCE AND INJURY PREVENTION - HEALTH OUT COMES (7 ISSUES) - LOOKS AT THE CHANGE IN THE HEALTH STATUS OF THE POPULATION AND VARIOUS DEMOGRAPHIC GROUPS OVER TIME RELATED TO O CANCER O DIABETES O HEART DISEASE AND STROKE O INFECTIOUS DISEASES O MATERNAL, INFANT AND CHILD HEALTH O MENTAL HEALTH O RESPIRATORY DISE ASES TO HELP NARROW THE NUMBER OF HEALTH ISSUES, 379 COMMUNITY LEADERS FROM THROUGHOUT SAN DIEGO COUNTY WERE INVITED TO PRIORITIZE EACH ISSUE BASED ON THE FOLLOWING FOUR CRITERIA 1 WHAT IS THE SIZE OF THE HEALTH ISSUE IN SAN DIEGO COUNTY? 2 WHAT IS THE SERIOUSNESS OF THE HEALTH ISSUE IN SAN DIEGO COUNTY? 3 WHAT COMMUNITY RESOURCES ARE CURRENTLY AVAILABLE TO ADDRESS THE HEALTH ISSUE? 4 HOW MUCH DATA OR INFORMATION DO WE HAVE TO EVALUATE THE H EALTH ISSUE'S OUTCOME? PARTICIPANTS IN THIS PRIORITY-SETTING PROCESS WERE ASKED TO REVIEW THE INFORMATION FOR EACH HEALTH ISSUE COVERED IN A BRIEFING DOCUMENT, PROVIDE THEIR RATING S FROM THEIR PERSPECTIVE AND WEIGH EACH ISSUE USING THE INFORMATION PROVIDED ALONG WITH TH EIR KNOWLEDGE OF THE HEALTH ISSUE. OVERALL, 72 COMMUNITY LEADERS PARTICIPATED IN THE PRIOR ITY SETTING PROCESS BASED ON INPUT FROM THIS PRIORITY-SETTING PROCESS, THE NEEDS ASSESSME NT COMMITTEE SELECTED FIVE HEALTH ISSUES FOR THE FOCUS OF CHARTING THE COURSE IV - ACCESS TO HEALTH SERVICES - SOCIAL DETERMINANTS OF HEALTH - WEIGHT STATUS AND PHY SICAL ACTIVITY - INJURY AND VIOLENCE - MENTAL HEALTH CHARTING THE COURSE VI CONTAINS AN IN-DEPTH REVIEW O F THESE FIVE HEALTH ISSUES ABOVE ALONG WITH THE PRIORITY-SETTING PROCESS USED TO SELECT TH ESE ISSUES AND THE BACKGROUND INFORMATION RELATED TO 17 ADDITIONAL ISSUES REVIEWED AS PART OF THE PRIORITY-SETTING PROCESS IN ADDITION, INFORMATION IS PRESENTED RELATED TO THE COM MUNITY FORUMS HELD IN EACH OF THE SIX REGIONS OF SAN DIEGO COUNTY TO GAIN INSIGHTS INTO TH E HEALTH ISSUES OF WEIGHT STATUS, MENTAL HEALTH, AND INJURY AND VIOLENCE, AND TO BEGIN THE PROCESS OF IDENTIFY ING SOME OF THE ROOT CAUSES RELATED TO THESE ISSUES

Identifier	Return Reference	Explanation
MEETING THE CHALLENGES OF A DIVERSE BORDER COMMUNITY		SAN DIEGO COUNTY IS AN INTERNATIONAL BORDER COMMUNITY COMPRISED OF 3 2 MILLION PEOPLE GEO GRAPHICALLY DISPERSED OVER 4,300 SQUARE MILES, THE POPULATION REPRESENTS MULTIPLE ETHNIC G ROUPS THE SAN DIEGO ASSOCIATION OF GOVERNMENT'S (SANDAG) POPULATION GROWTH PROJECTIONS AR E JUST OVER 1 PERCENT PER YEAR, EXTENDING OUT 25 YEARS TO THE YEAR 2030 THE SANDAG 2050 S UB-REGIONAL GROWTH FORECAST PROJECTS POPULATION GROWTH TO 4 4 MILLION BY 2050 THIS IS A 4 0 0% INCREASE IN POPULATION GROWTH DEMOGRAPHIC ESTIMATES AND PROJECTIONS ARE BASED ON SAN DAG 2010 ESTIMATES AND ARE AVAILABLE AT THE ZIP CODE LEVEL AT HTTP//DATAWAREHOUSE SANDAG ORG A BREAKDOWN OF THE REGIONAL DEMOGRAPHICS CAN BE FOUND IN THE REGIONAL FORUM SECTIONS OF THE CHARTING THE COURSE VI HEALTH NEEDS ASSESSMENT FOR SAN DIEGO COUNTY (APPENDIX SECT ION) HTTP//WWW SDCHIP ORG SCRIPPS SERVES A QUARTER OF THE TOTAL COUNTY POPULATION, CONCE NTRATING SERVICES IN THE NORTH COASTAL, NORTH CENTRAL, CENTRAL AND SOUTH REGIONS OF SAN DI EGO COUNTY WHERE SCRIPPS FACILITIES ARE LOCATED COUNTY OVERVIEW ACCORDING TO A 2006 SAN D IEGO COUNTY HEALTHCARE SAFETY NET STUDY, NEARLY ONE-THIRD OF SAN DIEGO COUNTY'S POPULATION (909,661) IS UNINSURED OR UNDERINSURED, WITH THE HIGHEST CONCENTRATION - HALF OF THE TOTA L - SOUTH OF INTERSTATE 8 THE HOSPITALS AND COMMUNITY CLINICS THAT PROVIDE HEALTH CARE TO THIS POPULATION ARE THE SAFETY NET THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HIG HLY DEPENDENT UPON HOSPITALS AND COMMUNITY HEALTH CLINICS TO PROVIDE CARE TO UNINSURED AND MEDICALLY UNDERSERVED POPULATIONS FINDING MORE EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE CURRENT SAFETY NET IS A CRITICAL POLICY CHALLENGE WHILE PUBLIC SUBSIDIES (E G , COUNT Y MEDICAL SERVICES) HELP FINANCE SERVICES FOR SAN DIEGO COUNTY'S UNINSURED POPULATIONS, TH ESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE COMBINED WITH MEDI-CAL AND MEDICARE FUND ING SHORTFALLS, SCRIPPS AND OTHER LOCAL HOSPITALS ARE LEFT TO ABSORB THE COST INVOLVED IN CARING FOR THE UNINSURED IN THEIR OPERATING BUDGETS THE FINANCIAL BURDEN PLACED ON HOSPIT ALS AND PHY SICIANS TO CARE FOR UNINSURED PATIENTS IS SIGNIFICANT SAN DIEGO HAS EXPERIENCE D A BRIEF IMPROVEMENT IN THE NUMBER OF INSURED RESIDENTS FROM 2003 TO 2009 AT THAT TIME, 17 2 PERCENT OF THE ADULT (19 TO 64 & NON-MILITARY) POPULATION IN SAN DIEGO COUNTY LACKS H EALTH INSURANCE COVERAGE THE CALIFORNIA HEALTHCARE FOUNDATION (CHCF) REPORTED ESTIMATES O F 21% OF STATE RESIDENTS HAD NO INSURANCE IN 2010, THE SAME PERCENTAGES OF 2009 BUT UP FRO M 19 3% IN 2000 CALIFORNIA HAD THE HIGHEST NUMBER OF UNINSURED RESIDENTS IN THE NATION AT 6 9 MILLION - A FUNCTION OF IT BEING THE MOST POPULOUS STATE IN THE U S - AND THE EIGHTH HIGHEST PERCENTAGE AMONG STATES CALIFORNIA'S HIGH RATE OF UNINSURED RESIDENTS IS ATTRIBUT ABLE TO SEVERAL FACTORS, INCLUDING A STEADY DECLINE IN EMPLOYER-BASED HEALTH COVERAGE THE CHCF REPORT NOTED THAT "THE PERCENTAGE OF CALIFORNIANS WHO OBTAIN THEIR INSURANCE THROUGH THEIR JOB HAS CONTINUED TO FALL," DECLINING FROM 61 9% IN 2000 TO 53% IN 2010 DURING THE SAME TIME PERIOD, THE PERCENTAGE OF STATE RESIDENTS COVERED BY MEDI-CAL INCREASED FROM 13 3% IN 2000 TO 19 3% IN 2010 INCOME WAS ALSO A FACTOR, WITH 35 1% OF STATE RESIDENTS WITH ANNUAL INCOMES UNDER $25,000 LACKING INSURANCE BUT EVEN MORE AFFLUENT RESIDENTS WERE NOT IMMUNE, WITH 18 3% OF RESIDENTS WITH HOUSEHOLD INCOMES BETWEEN $50,000 AND $75,000 GOING WITHOUT HEALTH INSURANCE IN 2010 THE RATES OF UNINSURED RESIDENTS IN THE STATE COULD DECL INE IN 2011 AS MORE ADULTS WITHOUT INSURANCE FIND COVERAGE THROUGH THE STATE'S BRIDGE TO R EFORM PROGRAM SINCE THE START OF 2011, A DOZEN COUNTIES HAVE LAUNCHED LOW-INCOME HEALTH P LANS TO COVER UNINSURED ADULTS WHO DON'T QUALIFY FOR MEDI-CAL, PROVIDING COVERAGE FOR MORE THAN 200,000 RESIDENTS LAST YEAR CALIFORNIA HOSPITALS PROVIDED MORE THAN $12 5 BILLION I N UNCOMPENSATED CARE IN 2010 ACCORDING TO THE CALIFORNIA HOSPITAL ASSOCIATION OF THAT AMO UNT, MEDICARE AND MEDI-CAL PAY MENTS WERE $8 3 BILLION LESS THAN THE ACTUAL COST OF PROVIDI NG NECESSARY HEALTH CARE SERVICES, WHILE CHARITY CARE AND BAD DEBTS TOTALED MORE THAN $4 B ILLION THE AVERAGE CALIFORNIA HOSPITAL RECEIVES 68 PERCENT OF ITS REVENUE FROM MEDICARE A ND MEDI-CAL, FOR CERTAIN HOSPITALS, THAT NUMBER EXCEEDS 95 PERCENT FINANCIAL ASSISTANCE A SSISTING LOW-INCOME, UNINSURED PATIENTS THE SCRIPPS FINANCIAL ASSISTANCE POLICY IS CONSIST ENT WITH THE AB774 "FAIR PRICING POLICY" LEGISLATION THE PRACTICES ESTABLISHED REFLECT OU R COMMITMENT WITH RESPECT TO ASSISTING LOW-INCOME, UNINSURED PATIENTS WITH DISCOUNTED HOSP ITAL CHARGES, CHARITY CARE, BILLING AND DEBT COLLECTION PRACTICES OUR PROGRAM IS PROVIDED WITHOUT REGARD TO RACE, ETHNICITY, GENDER, RELIGION OR NATIONAL ORIGIN SCRIPPS PROVIDES FULL FINANCIAL ASSISTANCE TO LOW-INCOME AND UNINSURED PATIENTS EARNING LESS THAN 200 PERCE NT OF THE FEDERAL POVERTY LEVEL GUIDELINES FOR INDIVIDUALS WHO QUALIFY BETWEEN 201-400 PE RCENT OF THE POVERTY LEVEL, FINANCIAL ASSISTANCE I

Identifier	Return Reference	Explanation
MEETING THE CHALLENGES OF A DIVERSE BORDER COMMUNITY		S BASED ON A DISCOUNT SCHEDULE FOR 2011, HEALTH AND HUMAN SERVICES DEFINED THE 200 PERCEN T FEDERAL POVERTY LEVEL OF A FAMILY OF FOUR AS $44,700 COMMUNITY HEALTH SERVICES COMMUNIT Y HEALTH SERVICES INCLUDE PREVENTION AND WELLNESS PROGRAMS SUCH AS SCREENINGS, HEALTH EDUC ATION, SUPPORT GROUPS AND HEALTH FAIRS, WHICH ARE SUPPORTED BY OPERATIONAL FUNDS, GRANTS, IN-KIND DONATIONS, AND PHILANTHROPY THESE PROGRAMS ARE DESIGNED TO RAISE PUBLIC AWARENESS , UNDERSTANDING OF AND ACCESS TO IDENTIFIED COMMUNITY HEALTH NEEDS SCRIPPS CATEGORIZES CO MMUNITY HEALTH SERVICES ACCORDING TO THE SCHEDULE H 990 CATEGORIES MANDATED BY THE IRS IT IS CATEGORIZED INTO FIVE MAIN AREAS o COMMUNITY HEALTH IMPROVEMENT SERVICES o COMMUNITY BENEFIT OPERATIONS o CASH AND IN-KIND CONTRIBUTIONS o SUBSIDIZED HEALTH SERVICES o COMMUNI TY BUILDING ACTIVITIES DURING THIS FISCAL YEAR, SCRIPPS INVESTED $17,272,628 IN COMMUNITY HEALTH SERVICES (INCLUDES SUBSIDIZED HEALTH) THIS FIGURE REFLECTS THE COST ASSOCIATED WIT H PROVIDING SUCH ACTIVITIES, INCLUDING SALARIES, MATERIALS AND SUPPLIES, MINUS REVENUE FO LLOWING ARE HIGHLIGHTS OF JUST SOME OF THE ACTIVITIES CONDUCTED BY SCRIPPS DURING THIS FIS CAL YEAR

Identifier	Return Reference	Explanation
ACCESS TO CARE		A LACK OF HEALTH INSURANCE AND ACCESS TO SPECIALTY AND PRIMARY CARE PROVIDERS ARE TWO OF T HE PRIMARY BARRIERS TO HEALTH CARE ON BOTH A LOCAL AND NATIONAL LEVEL WITHOUT ACCESS TO B ASIC HEALTH CARE SERVICES, INDIVIDUALS SUFFER FROM MORE ACUTE EPISODES OF ILLNESS, INJURY AND MORTALITY IT IS ALSO AN INCREASED BURDEN ON HOSPITALS AND HEALTH PROVIDERS RESULTING FROM PROVIDING UNCOMPENSATED CARE TO THE UNINSURED RISING RATES OF UNINSURED MAY BE REFLE CTED IN HIGHER USE OF EMERGENCY DEPARTMENTS, WHICH BY LAW MUST PROVIDE AT LEAST STABILIZIN G CARE TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY REVIEW OF THE SAN DIEGO COUNTY ED DIS CHARGES BY SOURCE OF PAY MENT BETWEEN 2006 AND 2008 FOUND THE DEMAND OF ED SERVICES INCREAS ED BY 11 9%, 582,129 AND 651,595 RESPECTIVELY IN ADDITION, SEVERAL SHIFTS IN PAY OR SOURCE S WERE NOTED INCLUDING A DECLINE IN PRIVATE HMO AND WORKER COMPENSATION ED DISCHARGES AND INCREASES IN BOTH SELF PAY AND MEDI-CAL ED DISCHARGES THE DECLINE IN PRIVATE HMP COVERAGE WAS OFFSET BY A SLIGHT INCREASE IN OTHER PRIVATE INSURANCE THE INCREASE IN SELF-PAY AND MEDI-CAL DISCHARGES SUGGESTS MORE PATIENTS ARE RELY ING ON ED CARE DUE TO LACK OF INSURANCE COVERAGE IN AN EFFORT TO PROVIDE FOR POPULATIONS IN NEED, SCRIPPS ASSISTED IN FY11 WITH THE FOLLOWING EXAMPLES OF HEALTH CARE PROGRAMS AND PROJECTS MERCY OUTREACH SURGICAL TEAM (MOST) - THE MERCY OUTREACH SURGICAL TEAM (MOST) WORKS TO MITIGATE THE EFFECTS PHY SICAL DE FORMITIES HAVE ON CHILDREN BY PROVIDING RECONSTRUCTIVE SURGERIES AT NO COST TO CHILDREN IN NEED THROUGH VOLUNTEERISM, MOST PROVIDES RECONSTRUCTIVE SURGERIES TO MORE THAN 400 CHILD REN (UNDER 18 Y EARS OF AGE) WITH PHY SICAL DEFORMITIES CAUSED BY BIRTH DEFECTS OR ACCIDENTS IN MEXICO IN SPECIAL CIRCUMSTANCES, SURGERIES ALSO ARE PROVIDED FOR ADULTS DURING FY11, THE MOST TEAM PROVIDED RECONSTRUCTIVE SURGERIES FOR MORE THAN 353 CHILDREN (SPONSORED BY SCRIPPS MERCY HOSPITAL SAN DIEGO AND AFFILIATED PHY SICIANS) GRADUATE MEDICAL EDUCATION S TAFF SUPPORT TO ST VINCENT DE PAUL VILLAGE MEDICAL CENTER AND MID-CITY COMMUNITY CLINICS - WEEKLY COMMUNITY CLINICS WERE HELD AT THE ST VINCENT DE PAUL AND MID-CITY COMMUNITY CLI NICS STAFFED BY THE SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC INTERNAL MEDICINE RESIDENTS , THESE CLINICS PROVIDED MEDICAL CARE TO APPROXIMATELY 294 OF OUR COUNTY'S MOST VULNERABLE RESIDENTS DURING FY11 (SPONSORED BY SCRIPPS CLINIC/GREEN HOSPITAL) FIJI ALLIANCE PROJECT - IN PARTNERSHIP WITH THE INTERNATIONAL RELIEF TEAMS OF SAN DIEGO, THE LOLOMA FOUNDATION, SCRIPPS EMPLOY EES, SCRIPPS CLINIC PHY SICIANS AND OTHER SCRIPPS AFFILIATED PHY SICIANS PROV IDED MEDICAL AND SURGICAL SERVICES IN FIJI TO PERSONS IN NEED RESIDENTS FROM SCRIPPS CLIN IC AND SCRIPPS GREEN HOSPITAL HAVE AN OPPORTUNITY TO PARTICIPATE IN THE MEDICAL MISSIONS A S ONE OF THEIR ROTATIONS EXAMPLES OF PROCEDURES INCLUDE CLEFT LIP AND PALATE REPAIRS, REP AIRS OF DEFORMITIES OF EY ELIDS, FACE AND FEET, BURN SCAR REVISION, BREAST MASSES, DIABETES MANAGEMENT AND HERNIA REPAIRS ALL SURGICAL SUPPLIES WERE DONATED BY PROFESSIONAL HOSPITA L SUPPLY CORP (PHS), THE SUPPLIER FOR SCRIPPS HEALTH SY STEM THE SUPPLIES INCLUDED SURGIC AL GOWNS, GLOVES, DRAPES, DRESSINGS, BANDAGES, SUTURES, ETC CARDINAL HEALTH SY STEMS, WHIC H PROVIDES PHARMACEUTICALS AND OTHER SUPPLIES TO SCRIPPS HEALTH, DONATED ALL THE MEDICATIO NS NECESSARY (SPONSORED BY SCRIPPS CLINIC/GREEN HOSPITAL) SCRIPPS HEALTH COMMUNITY BENEFI T (CB) FUND - IN 2011, SCRIPPS AWARDED A TOTAL OF $215,000 IN COMMUNITY GRANTS TO PROGRAMS BASED THROUGHOUT SAN DIEGO SCRIPPS AWARDED SIX GRANTS RANGING FROM $10,000 TO $120,000 E ACH THE PROJECTS THAT RECEIVED FUNDING ADDRESS SOME OF SAN DIEGO COUNTY'S HIGH-PRIORITY H EALTH NEEDS WITH THE GOAL OF IMPROVING ACCESS TO VITAL HEALTH CARE SERVICES FOR A VARIETY OF AT-RISK POPULATIONS, INCLUDING THE HOMELESS, ECONOMICALLY DISADVANTAGED, MENTALLY ILL A ND OTHERS SINCE THE COMMUNITY BENEFIT FUND BEGAN, SCRIPPS HAS AWARDED $2 2 MILLION DOLLAR S PROGRAMS FUNDED DURING FY11 INCLUDE O CB FUND - CONSUMER CENTER FOR HEALTH EDUCATION A ND ADVOCACY (CCHEA) FUNDING PROVIDES LOW INCOME UNINSURED MERCY CLINIC PATIENTS' AND BEHA VIORAL HEALTH PATIENTS WHO NEED ASSISTANCE IN OBTAINING HEALTHCARE BENEFITS, SSI AND RELAT ED SERVICES, WHILE SIMULTANEOUSLY REDUCING UNCOMPENSATED CARE EXPENSES FOR MERCY THIS PRO JECT PROVIDES ADVOCACY SERVICES FOR THE TIME-INTENSIVE GOVERNMENT BENEFIT CASES (SPONSORE D BY SCRIPPS MERCY HOSPITAL ADMINISTRATION) O CB FUND - CATHOLIC CHARITIES - FUNDING AWAR DED TO PROVIDE SHORT-TERM EMERGENCY SHELTER TO MEDICALLY FRAGILE HOMELESS PATIENTS BEING D ISCHARGED FROM SCRIPPS MERCY HOSPITAL SAN DIEGO AND TO EXPAND TO SCRIPPS MERCY CHULA VISTA CASE MANAGEMENT AND SHELTER IS PROVIDED FOR PREVIOUSLY HOMELESS PATIENTS DISCHARGED FROM SCRIPPS MERCY HOSPITAL WHO NO LONGER REQUIRE HOSPITAL CARE BUT DO NEED A SHORT-TERM SUPPO RTIVE RECUPERATIVE ENVIRONMENT PATIENTS DEMONSTRATING A READINESS FOR CHANGE ARE ASSISTED WITH ONE WEEK IN A HOTEL ALONG WITH FOOD AND BUS

Identifier	Return Reference	Explanation
ACCESS TO CARE		FARE TO PURSUE CASE PLAN THE FOCUS OF THE CASE MANAGEMENT IS TO STABILIZE THE CLIENT BY H ELPING THEM CONNECT TO MORE PERMANENT SOURCES OF INCOME, HOUSING AND ONGOING SUPPORTS FOR EFFORTS TOWARD SELF-RELIANCE THE GOAL OF THIS PARTNERSHIP IS TO REDUCE THE INCIDENCE OF E R RECIDIVISM IN THIS POPULATION AND IMPROVE THE QUALITY OF LIFE FOR THE PATIENT O CB FUND - 2-1-1 NEW ACCESS SYSTEM - FUNDING WAS AWARDED FOR 2-1-1 HEALTHCARE NAVIGATION PROGRAM THERE IS AN OVERWHELMING NEED FOR A DEPENDABLE SERVICE TO ASSIST PEOPLE IN NAVIGATING TODA Y'S COMPLEX HEALTHCARE SYSTEM SINCE THE INCEPTION OF THE HEALTHCARE NAVIGATION PROGRAM, 2 -1-1 HAS RESPONDED TO OVER 6,000 CALLS FROM CLIENTS SPECIFICALLY SEEKING HEALTH-RELATED RE SOURCES AND 5,726 SELF SELECTED "HEALTH" AS THEIR NEED 2-1-1 SAN DIEGO IS THE DIALING COD E FOR INFORMATION ABOUT COMMUNITY, HEALTH AND DISASTER SERVICES IT CONNECTS PEOPLE WITH R ESOURCES OVER THE PHONE, ONLINE AND IN PRINT LOCALLY, 2-1-1 SAN DIEGO WAS LAUNCHED IN JUN E 2005 AS A MULTILINGUAL AND CONFIDENTIAL SERVICE COMMITTED TO PROVIDING ACCESS 24/7 O CB FUND - AMERICAN HEART ASSOCIATION - FUNDING AWARDED FOR THE 2011 HEART WALK CORPORATE SPO NSORSHIP HEART DISEASE AND STROKE ARE THE NUMBER ONE AND NUMBER THREE CAUSES OF DEATH IN THE NATION FOR MEN AND WOMEN HEART DISEASE IS THE NATION'S LEADING CAUSE OF DEATH, CLAIMI NG MORE THAN 950,000 AMERICAN LIVES EACH YEAR SCRIPPS PARTNERS WITH THE AMERICAN HEART AS SOCIATION ON THEIR ANNUAL HEART WALK, TO RAISE FUNDS FOR RESEARCH, PROFESSIONAL AND PUBLIC EDUCATION AND ADVOCACY O CB FUND - PARTNERSHIP FOR SMOKE-FREE FAMILIES - THE PARTNERSHIP FOR SMOKE-FREE FAMILIES PROGRAM (PSF) IS A COMPREHENSIVE TOBACCO CONTROL PROGRAM TO REDUC E TOBACCO SMOKE EXPOSURE AMONG PREGNANT WOMEN AND SMALL CHILDREN BY SYSTEMATICALLY SCREENI NG PREGNANT WOMEN AND NEW PARENTS FOR TOBACCO USE IN THEIR OBSTETRICIAN'S AND PEDIATRICIAN 'S OFFICE AND LINKING THEM WITH TAILORED INTERVENTIONS PSF HAS BECOME A STANDARD OF CARE IN SAN DIEGO COUNTY AND A NATIONALLY RECOGNIZED MODEL PSF PROVIDES A VALUABLE RESOURCE FO R PHYSICIANS AND SMOKING CESSATION SERVICES SPECIFICALLY FOR PREGNANT WOMEN AND NEW PARENT S THAT WAS PREVIOUSLY NON-EXISTENT IN SAN DIEGO CANCER/ONCOLOGY CANCER IS THE SECOND LEAD ING CAUSE OF DEATH IN THE U S EXCEEDED ONLY BY HEART DISEASE AND ACCOUNTS FOR ALMOST ONE QUARTER OF ALL DEATHS IN SAN DIEGO COUNTY ACCORDING TO NATIONAL CANCER INSTITUTE (NCI) ES TIMATES, IN 2009 THERE WILL BE 1,479,350 NEW CASES OF CANCER DIAGNOSED AND AN ESTIMATED 56 2,540 DEATHS RELATED TO CANCER CURRENTLY LUNG, BREAST, COLORECTAL AND PROSTATE CANCERS AC COUNTED FOR 53% OF ALL NEW CASES OF CANCER AND 50% OF ALL CANCER DEATHS IN SAN DIEGO COUN TY DURING 2007, PERSONS AGE 55 AND OVER ACCOUNTED FOR ALMOST 88% OF CANCER DEATHS WITH MOR TALITY RATES PER 100,000 POPULATION RANGING FROM 267 7 AMONG THOSE IN THE 55 - 64 AGE CATE GORY TO 1,533 5 AMONG THOSE AGE 85 AND OVER TRENDS BETWEEN 2000 AND 2007, SAN DIEGO COUNT Y'S AGE-ADJUSTED MORTALITY RATE FOR CANCER HAS DECLINED FROM 189 1 TO 162 6 PER 100,000 PO PULATION IN RESPONSE TO THIS SERIOUS HEALTH CONCERN, SCRIPPS HAS DEVELOPED A SERIES OF PR EVENTION AND WELLNESS PROGRAMS DESIGNED TO EDUCATE PEOPLE ON THE IMPORTANCE OF EARLY DETEC TION AND TREATMENT FOR SOME OF THE MOST COMMON FORMS OF CANCER THE FOLLOWING ARE SOME EXA MPLES OF CANCER PROGRAMS AND ACTIVITIES IN WHICH SCRIPPS ENGAGED IN DURING FY11

Identifier	Return Reference	Explanation
SCRIPPS GREEN CANCER CENTER SUPPORT GROUPS		SCRIPPS GREEN CANCER CENTER SUPPORT GROUPS OFFER CANCER PATIENTS THE OPPORTUNITY TO EXPRES S THE EMOTIONS THAT COME WITH A CANCER DIAGNOSIS AND HELP THEM COPE MORE EFFECTIVELY WITH THEIR TREATMENT REGIMEN BY NURTURING THEIR PHYSICAL, EMOTIONAL AND SPIRITUAL WELL BEING C LASSES AT SCRIPPS GREEN HOSPITAL SUCH AS THE FREE CANCER WRITING WORKSHOP, WHEN WORDS HEAL , ARE DESIGNED TO USE EXPRESSIVE WRITING TO HELP PATIENTS NAVIGATE THEIR JOURNEY WITH CANC ER IN 2011, 16 CANCER PATIENTS ATTENDED A SUPPORT GROUP AT SCRIPPS GREEN AT A COST OF $1, 818 TO PROVIDE THESE FREE SERVICES TO THE COMMUNITY (SPONSORED BY SCRIPPS GREEN HOSPITAL) SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFIT SERVICES BREAST HEALTH CLINICAL SER VICES A TOTAL OF 4,968 WOMEN WERE REFERRED TO CLINICAL BREAST HEALTH SERVICES IN THE COMMU NITY AND SCRIPPS MERCY HOSPITAL CHULA VISTA RADIOLOGY SERVICES A TOTAL OF 6,859 SERVICES WERE PROVIDED INCLUDING TELEPHONE REMINDERS, OUTREACH AND EDUCATION, CASE MANAGEMENT AND A VARIETY OF PRESENTATIONS (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BEN EFITS) SCRIPPS MERCY HOSPITAL CHULA VISTA, RADIOLOGY LOSS TO FOLLOW-UP SERVICES A TOTAL O F 36 PATIENTS HAVE BEEN PROVIDED SUPPORT OF THESE PATIENTS, A TOTAL OF 77 SERVICES WERE P ROVIDED SERVICES INCLUDE ENCOURAGEMENT FOR PATIENTS TO REPEAT EXAM, ASSIST PATIENTS TO GE T HEALTH INSURANCE APPROVAL TO REPEAT EXAM, SOCIAL/ EMOTIONAL SUPPORT, AND EDUCATION ABOUT HOW TO PREVENT BREAST CANCER (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFITS) SCRIPPS MERCY HOSPITAL CHULA VISTA RADIOLOGY POSITIVE BREAST CANCER PATIENT SU PPORT A TOTAL OF 14 PATIENTS WERE SUPPORT A TOTAL OF 61 SERVICES WERE PROVIDED THAT INCLU DE PHONE CALLS, HOME VISITS, GIVE A PACKAGE WITH A CALENDAR, A PEN AND EDUCATIONAL MATERIA LS, SOCIAL AND EMOTIONAL SUPPORT (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA, COMMUN ITY BENEFITS) SCRIPPS POLSTER BREAST CARE CENTER MUSIC AS MEDICINE PROGRAM PATIENTS AND T HEIR SUPPORT PERSON PARTICIPATE IN THE MUSIC AS MEDICINE THERAPY CLASS FACILITATED BY A MU SIC THERAPIST THE MUSIC THERAPIST ASKS QUESTIONS AND TAILORS THE THERAPY TO THE PARTICIPA NTS' EMOTIONAL AND PHYSICAL NEEDS SESSIONS INVOLVE LISTENING TO MUSIC, WRITING SONGS, DIS CUSSING WHAT LYRICS MEAN TO THE PARTICIPANTS, USE OF SINGING BOWLS, VOCALIZATION, AND DRUM MING RESEARCH HAS SHOWN MUSIC'S ABILITY TO BOOST THE IMMUNE FUNCTION, TO BLOCK INCOMING P AIN STIMULI, LOWER BLOOD PRESSURE AND INFLUENCE EMOTIONAL WELL BEING (SPONSORED BY SCRIPP S POLSTER BREAST CARE CENTER) SCRIPPS POLSTER BREAST CARE CENTER SUPPORT GROUPS SCRIPPS P OLSTER BREAST CARE CENTER SUPPORT GROUPS PROVIDE A VENUE FOR WOMEN TO COME TOGETHER, DISCU SS ISSUES RELATING TO DIAGNOSES, AND RECEIVE SUPPORT THE SUPPORT GROUPS ARE OFFERED TO WO MEN IN THE SAN DIEGO COMMUNITY (SPONSORED BY SCRIPPS POLSTER BREAST CARE CENTER) CANCER CENTER AWARENESS AND EDUCATIONAL EVENTS A SERIES OF EDUCATIONAL EVENTS, COORDINATED WITH A MERICAN CANCER SOCIETY AWARENESS MONTHS, ON VARIOUS TYPES OF CANCER, SUCH AS BREAST CANCER , LUNG CANCER, CERVICAL CANCER, COLORECTAL CANCER, SKIN CANCER, OVARIAN/GYNECOLOGICAL CANC ER, AND PROSTATE CANCER AN RN CLINICIAN ANSWERS QUESTIONS AND PROVIDES WRITTEN EDUCATIONA L MATERIAL (SPONSORED BY SCRIPPS MEMORIAL HOSPITAL LA JOLLA CANCER CENTER) HEALTH EDUCAT ION AND SUPPORT GROUPS EDUCATION AND SUPPORT GROUPS PROVIDED TO SAN DIEGO COUNTY RESIDENTS REGARDING A WIDE VARIETY OF HEALTH CONCERNS AND DISEASES EDUCATION AND SUPPORT GROUP TOP ICS INCLUDE FAMILIES WHO HAVE EXPERIENCED THE LOSS OF A CHILD, CHILDREN WHO HAVE LOST A P ARENT TO CANCER, INFERTILITY, PARENTING TWINS, IMPROVING CHILDREN'S READING ABILITIES, HUN TINGTON'S DISEASE, PARKINSON'S DISEASE, MENTAL ILLNESS, OSTOMY, POSTPARTUM, GYNECOLOGICAL CANCER, CHRONIC PAIN, AND MULTIPLE SCLEROSIS (SPONSORED BY SCRIPPS LA JOLLA COMMUNITY BEN EFIT SERVICES) CARDIOVASCULAR DISEASE CORONARY HEART DISEASE AND STROKE ARE THE NUMBER ON E AND NUMBER THREE CAUSES OF DEATH IN THE NATION FOR BOTH MEN AND WOMEN HEART DISEASE IS OUR NATION'S LEADING CAUSE OF DEATH, CLAIMING MORE THAN 950,000 AMERICAN LIVES EVERY YEAR STROKE IS AMERICA'S THIRD KILLER AND IS A LEADING CAUSE OF SERIOUS, LONG-TERM DISABILITY ACCORDING TO THE AMERICAN HEART ASSOCIATION, AN ESTIMATED 80,000,000 AMERICAN ADULTS HAVE ONE OR MORE TYPES OF CARDIOVASCULAR DISEASE (CVD) IT IS ESTIMATED THAT FEWER THAN HALF O F THESE, 38,100,000, ARE AGE 60 OR OLDER HIGH BLOOD PRESSURE, CORONARY HEART DISEASE (CHD) AND STROKE ARE THE MOST COMMON FORMS OF CVD CHD WAS THE LARGEST SINGLE KILLER OF AMERIC ANS IN 2006, RESULTING IN 445,687 DEATHS THE PREVALENCE OF CHD AMONG U S ADULTS AGE 20 A ND OLDER WAS 16,800,000 AND AN ESTIMATED 785,000 PERSONS IN THE U S HAD A NEW CORONARY AT TACK AND ANOTHER 470,000 HAD A RECURRENT ATTACK DURING 2006 AN ESTIMATED ADDITIONAL 195,0 00 PERSONS HAD A SILENT ATTACK DURING THIS SAME PERIOD STROKE KILLED 137,119 PEOPLE IN 20 06 IT'S THE THIRD LARGEST CAUSE OF DEATH, RANKING

Identifier	Return Reference	Explanation
SCRIPPS GREEN CANCER CENTER SUPPORT GROUPS		BEHIND "DISEASES OF THE HEART" AND ALL FORMS OF CANCER STROKE IS A LEADING CAUSE OF SERI OUS, LONG-TERM DISABILITY IN THE UNITED STATES THERE ARE NINE POTENTIALLY MODIFIABLE RISK FACTORS FOR CVD THAT HAVE BEEN IDENTIFIED AS CONSISTENT IN MEN AND WOMEN ACROSS ETHNIC GR OUPS AND REGIONS THEY INCLUDE CIGARETTE SMOKING, ABNORMAL BLOOD LIPID LEVELS, HYPERTENSIO N, DIABETES, ABDOMINAL OBESITY, A LACK OF PHYSICAL ACTIVITY, LOW DAILY FRUIT AND VEGETABLE CONSUMPTION, ALCOHOL OVERCONSUMPTION, AND PSYCHOSOCIAL INDEX DURING 2007, DISEASES OF TH E HEART WERE THE SECOND LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY, ACCOUNTING FOR 4,743 D EATHS DURING THIS PERIOD BETWEEN 2003 AND 2007, THE NUMBER OF HEART DISEASE DEATHS DROPPE D 12 PERCENT FROM 5,404 IN 2003 THE AGE-ADJUSTED RATE OF DEATH RELATED TO HEART DISEASE D URING 2007 WAS 151 PER 100,000 POPULATION DURING 2007, THE SAN DIEGO COUNTY DEATH RATE PE R 100,000 ATTRIBUTED TO CHD WAS 112 5 THOSE MOST IMPACTED WERE MALES 148 3, WHITES 118 8, AFRICAN AMERICANS 179 0 AND PERSONS AGES 65 AND OLDER, ACCOUNTING FOR 82% OF CHD DEATHS THE SAN DIEGO DEATH RATE FOR STROKE WAS 36 1 PER 100,000 POPULATION HISPANICS AND AFRICAN AMERICANS HAVE THE HIGHEST RATE OF STROKE, 43 1 AND 41 0, RESPECTIVELY WOMEN, WITH A RAT E OF 36 1 ACCOUNTED FOR 59 1% OF SAN DIEGO COUNTY STROKE DEATHS DURING FY11, SCRIPPS ENGA GED IN THE FOLLOWING HEART HEALTH CARDIOVASCULAR DISEASE PREVENTION AND TREATMENT ACTIVITI ES AMERICAN HEART WALK SCRIPPS ALLOCATED $10,000 IN OPERATIONAL FUNDS AND $30,000 IN IN-K IND DONATIONS TO SUPPORT THE AMERICAN HEART ASSOCIATION'S EFFORTS TO FIGHT HEART DISEASE A ND STROKE IN ADDITION, THE SCRIPPSASSISTS EMPLOYEE VOLUNTEER PROGRAM COORDINATED WALKER P ARTICIPATION AND FUND RAISING EFFORTS THE SAN DIEGO HEART WALK EXCEEDED ITS GOAL BY RAISI NG MORE THAN $1 MILLION IN 2011, MORE THAN 2,000 SCRIPPS HEART WALK PARTICIPANTS - EMPLOY EES, FAMILIES AND FRIENDS - WALKED TO HELP RAISE MORE THAN $138,000 ADDITIONALLY, SCRIPPS REACHED OUT TO THE COMMUNITY AT THE EVENT BY PROVIDING BLOOD PRESSURE SCREENINGS, HEALTH EDUCATION MATERIALS AND MORE (SPONSORED BY SCRIPPS COMMUNITY BENEFIT SERVICES) COMMUNITY HEALTH EDUCATION PROGRAMS THE COMMUNITY HEALTH EDUCATION PROGRAMS COVER A WIDE VARIETY OF HEALTH RELATED TOPICS ON DISEASE MANAGEMENT, HEALTH CARE UPDATES, AND PREVENTION THE TOPI CS INCLUDE ALTERNATIVES TO HYSTERECTOMY, STROKE, STRESS, VARICOSE VEINS, INFERTILITY, CAR DIAC, DEPRESSION, MACULAR DEGENERATION, MEMORY, BRAIN, ORTHOPEDIC CARE, ROBOTIC SURGERY, S KIN CARE, BACK CARE, MIGRAINES, KNEE PAIN, PELVIC FLOOR INCONTINENCE, SAFETY AND FALL PREV ENTION, BLADDER HEALTH, HEALTHY DINING, EXERCISE, VOICE, FLU PREVENTION, SLEEP DISORDERS, NUTRITION, HYPERTENSION, FOOT CARE, SPINE SURGERY, JOINT REPLACEMENT, BREATHING, PAIN MANA GEMENT, AND MEDICATION MATTERS (SPONSORED BY SCRIPPS LA JOLLA COMMUNITY BENEFIT SERVICES) CPR CLASSES FOR PATIENTS AND FAMILIES OF THE CARDIAC TREATMENT CENTER CPR CLASSES OFFERED TO CARDIAC TREATMENT CENTER PATIENTS AND THEIR FAMILIES CPR CERTIFICATION CLASSES (FRIEN DS AND FAMILIES) OFFERED 4 TIMES YEAR TO PATIENTS AND FAMILY MEMBERS DESIGNED TO IMPROVE COMMUNITY HEALTH THROUGH INCREASED KNOWLEDGE OF CARDIOPULMONARY RESUSCITATION PRACTICES (SPONSORED BY CARDIAC TREATMENT CENTER AT SCRIPPS MEMORIAL HOSPITAL LA JOLLA)

Identifier	Return Reference	Explanation
CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS		CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS INCLUDE TAI CHI- TWICE WEEKLY DESIGNED TO DECREASE STRESS & IMPROVE BALANCE, RESTORATIVE YOGA- THREE TIMES A WEEK DESIGNED TO DE CREASE STRESS, IMPROVE STRENGTH & FLEXIBILITY, FITBALL- TWICE WEEKLY DESIGNED TO IMPROVE STRENGTH, POSTURE, CORE STABILITY & BALANCE, YOGA FOR CANCER RECOVERY- WEEKLY DESIGNED TO DECREASE STRESS, IMPROVE CIRCULATORY FLOW, EASE TENSION DURING HEALING, BALANCE- WEEKLY DESIGNED TO BUILD BALANCE, POSTURE & COORDINATION, POWER YOGA- TWICE WEEKLY DESIGNED TO I MPROVE STRENGTH & FLEXIBILITY, PILATES-WEEKLY DESIGNED TO IMPROVE STRENGTH, BALANCE & FLE XIBILITY YOGA FOR MS-WEEKLY DESIGNED TO PROMOTE HEALING & IMPROVE STRENGTH & FLEXIBILITY MEDITATION-WEEKLY (SPONSORED BY THE CARDIAC TREATMENT CENTER, SCRIPPS MEMORIAL HOSPITAL LA JOLLA) STROKE CARE PROGRAMS A WIDE VARIETY OF COMMUNITY EDUCATION AND AWARENESS WAS PR OVIDED ON STROKE RELATED ISSUES (SPONSORED BY SCRIPPS MERCY SAN DIEGO AND CHULA VISTA STR OKE PROGRAM) HEART HEALTH - SCRIPPS HOME HEALTH SERVICES SCRIPPS HOME HEALTH PROVIDED COMM UNITY EDUCATION TO PROMOTE INDEPENDENT MANAGEMENT OF CONGESTIVE HEART FAILURE (CHF) IN ORD ER TO PREVENT EXACERBATIONS AND HOSPITALIZATIONS EDUCATION INCLUDES WHAT IS CHF, MEDICATI ONS, DIET, WEIGHT AND EXERCISE IN FY11, 20 SAN DIEGO COUNTY RESIDENTS WERE SERVED (SPONS ORED BY SCRIPPS HOME HEALTH SERVICES) PREVENTION OF CARDIOVASCULAR DISEASE - SCRIPPS HOME HEALTH SERVICES COMMUNITY EDUCATION TO PROMOTE A HEART HEALTHY DIET AND HEALTHY EATING IN FY11, 40 SAN DIEGO COUNTY RESIDENTS WERE SERVED (SPONSORED BY SCRIPPS HOME HEALTH SERVIC ES) THE ERIC PAREDES SAVE A LIFE FOUNDATION THE ERIC PAREDES SAVE A LIFE FOUNDATION IS C OMMITTED TO PREVENTING SUDDEN CARDIAC ARREST/DEATH IN MIDDLE AND HIGH SCHOOL AGED CHILDREN THROUGH AWARENESS, EDUCATION AND ACTION A $15,000 DONATION WAS MADE TO PURCHASE SCREENIN G EQUIPMENT (EKG MACHINES) THE DONATION GIVEN, HELPED THE FOUNDATION TO PROVIDE HEALTH SC REENINGS, INVOLVING ELECTROCARDIOGRAMS (ECGS) AND ECHOCARDIOGRAMS TO CHILDREN BEFORE THEY CAN PARTICIPATE IN ORGANIZED SPORTS AND ACTIVITIES, ALONG WITH EQUIPPING SCHOOLS WITH AUTO MATED EXTERNAL DEFIBRILLATORS (AEDS) DIABETES DATA FROM THE 2007 NATIONAL DIABETES FACT S HEET (THE MOST RECENT YEAR FOR WHICH DATA IS AVAILABLE) ESTIMATED A TOTAL OF 23 6 MILLION CHILDREN AND ADULTS IN THE US, 7 8% OF THE POPULATION, HAVE DIABETES THESE INCLUDED 17 9 MILLION PEOPLE WHO HAVE BEEN DIAGNOSED WITH DIABETES AND ANOTHER 5 7 MILLION PEOPLE WITH U NDIAGNOSED DIABETES ADDITIONALLY, THERE WERE 57 MILLION PEOPLE WITH PRE-DIABETES EACH YE AR 1 6 MILLION NEW CASES OF DIABETES ARE DIAGNOSED IN PEOPLE AGED 20 YEARS AND OLDER THER E ARE THREE MAJOR TYPES OF DIABETES TYPE 1 DIABETES, TYPE 2 DIABETES, AND GESTATIONAL DIA BETES ALL THREE TYPES OF DIABETES SHARE THE SAME BASIC CHARACTERISTIC -- THE BODY'S INABI LITY EITHER TO MAKE OR TO USE INSULIN WITHOUT ENOUGH INSULIN, GLUCOSE STAYS IN THE BLOOD, CREATING HIGH LEVELS OF BLOOD SUGAR OVER TIME, THIS BUILDUP CAUSES DAMAGE TO KIDNEYS, HE ART, NERVES, EYES, AND OTHER ORGANS TYPE 1 DIABETES MOST OFTEN OCCURS DURING CHILDHOOD OR ADOLESCENCE, ACCOUNTING FOR 5% TO 10% OF ALL DIAGNOSED CASES OF DIABETES TYPE 2 DIABETES TYPICALLY OCCURS LATER IN LIFE, FREQUENTLY AS THE RESULT OF OBESITY, PHYSICAL INACTIVITY AND OTHER RISK FACTORS TYPE 2 DIABETES ACCOUNTS FOR 90% TO 95% OF DIABETES CASES HOWEVER , DUE TO THE CURRENT OBESITY EPIDEMIC, IT IS ESTIMATED THAT 39% OF THE GIRLS AND 33% OF TH E BOYS WHO ARE NOW HEALTHY 2 TO 3 YEAR OLDS ARE LIKELY TO DEVELOP DIABETES MORE THAN 90 M ILLION AMERICANS (33 PERCENT) LIVE WITH A CHRONIC DISEASE WHILE THERE ARE MANY DISABLING CHRONIC DISEASES, DIABETES HAS BEEN IDENTIFIED AS ONE OF THE PRIMARY CHRONIC CONDITIONS IN SAN DIEGO COUNTY AS THE SEVENTH LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY DURING 2007, DIABETES WAS RESPONSIBLE FOR 2 7% (520) OF DEATHS DURING THIS PERIOD IN SAN DIEGO COUNTY, THE AGE-ADJUSTED ESTIMATE OF ADULTS DIAGNOSED WITH DIABETES IN 2007 WAS 6 7% NATIONALLY, DIABETES WAS THE SIXTH LEADING CAUSE OF DEATH DURING 2006, ACCOUNTING FOR 72,449 DEATHS D URING THIS PERIOD HEALTH CONSEQUENCES THE COMPLICATIONS ASSOCIATED WITH DIABETES ARE SIGN IFICANT AND WELL ESTABLISHED THE CDC REPORTS COMPLICATIONS INCLUDING HEART DISEASE, STROK E, HYPERTENSION, BLINDNESS, KIDNEY DISEASE, PREGNANCY COMPLICATIONS, LOWER-LIMB AMPUTATION S, PERIODONTAL DISEASE AND NERVOUS SYSTEM DISEASE - THE AGE-ADJUSTED RATE OF HOSPITALIZAT ION FOR PERSONS WITH DIABETES AMONG SAN DIEGO COUNTY RESIDENTS IN 2008 WAS 128 5 PER 100,0 00 POPULATION, AN 18 9% INCREASE SINCE 2001 - IN 2008, HISPANICS AND AFRICAN AMERICANS LI VING IN SAN DIEGO COUNTY HAD DIABETES-RELATED HOSPITALIZATION RATES 1 8 AND 2 6 TIMES HIGH ER THAN THAT OF THE OVERALL POPULATION - IN SAN DIEGO COUNTY, THE AGE-ADJUSTED DIABETES-R ELATED MORTALITY RATES DECREASED FROM 21 4 PER 100,000 POPULATION IN 2005 TO 17 5 IN 2007, AN 18 2% DECREASE - IN 2007, DIABETES WAS THE SE

Identifier	Return Reference	Explanation
CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS		VENTH LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY, ACCOUNTING FOR 520 DEATHS - IN 2007, DI ABETES WAS THE SEVENTH LEADING CAUSE OF DEATH IN THE U S WITH AN AGE-ADJUSTED DEATH RATE FOR DIABETES AT 23 5 PER 100,000 POPULATION AMONG THOSE 65 AND OVER, DIABETES WAS THE SIX TH LEADING CAUSE OF DEATH WITH A DEATH RATE OF 135 6 PER 100,000 POPULATION OVER SIX MILL ION AMERICANS ARE UNAWARE THEY HAVE DIABETES THE COMPLICATIONS RELATED TO DIABETES ARE SE RIOUS AND CAN BE REDUCED WITH PREVENTIVE PRACTICES LEADING TO SCHOOL AND WORK ABSENTEEISM , AN ELEVATED RATE OF HOSPITALIZATION, FREQUENT EMERGENCY ROOM VISITS, PERMANENT PHYSICAL DISABILITIES AND SOMETIMES DEATH, DIABETES IS A SERIOUS COMMUNITY HEALTH PROBLEM DURING F Y11, SCRIPPS ENGAGED IN THE FOLLOWING DIABETES MANAGEMENT INITIATIVES PROJECT DULCE - FOR MED THROUGH COLLABORATION BETWEEN THE SCRIPPS WHITTIER DIABETES INSTITUTE, THE COUNCIL OF COMMUNITY CLINICS, AND COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) PROJECT DULCE IS A COM PREHENSIVE, CULTURALLY COMPETENT DIABETES MANAGEMENT PROGRAM FOR UNDERSERVED AND UNINSURED POPULATIONS IN SAN DIEGO COUNTY PROJECT DULCE INCORPORATES THE CHRONIC CARE MODEL IN ITS TEAM-BASED APPROACH TO CARE. PROJECT DULCE HAS BEEN WORKING IN COMMUNITIES ACROSS SAN DIE GO FOR THE PAST 10 YEARS BY PROVIDING DIABETES CARE AND SELF MANAGEMENT EDUCATION NURSE-L ED TEAMS FOCUS ON ACHIEVING MEASURABLE IMPROVEMENTS IN THE HEALTH OF THEIR PATIENTS, NURSE EDUCATORS LEAD MULTIDISCIPLINARY TEAMS THAT PROVIDE CLINICAL MANAGEMENT, AND PEER EDUCATO RS FROM EACH CULTURAL GROUP, KNOWN AS PROMOTORAS, PROVIDE PUBLIC AND PATIENT EDUCATION TO THEIR PERSPECTIVE COMMUNITIES THIS INNOVATIVE PROGRAM COMBINES THE STATE-OF-THE-ART IN CL INICAL DIABETES MANAGEMENT WITH PROVEN EDUCATIONAL AND BEHAVIORAL INTERVENTIONS PROJECT D ULCE PROVIDED 6,036 DIABETES CARE AND EDUCATION VISITS FOR LOW-INCOME AND UNDERSERVED INDI VIDUALS THROUGHOUT SAN DIEGO IN FY11 AND ENROLLED MORE THAN 812 NEW PATIENTS IN PROJECT DU LCE. THE PROGRAM ALSO INITIATED FOUR NEW PROGRAMS 1) DIABETES PREVENTION FOR WOMEN WITH A HISTORY OF GESTATIONAL DIABETES, 2) REPLICATING PROJECT DULCE IN TIJUANA, 3) DIABETES PEE R CARE COORDINATION PROJECT AT SCRIPPS MERCY CHULA VISTA HOSPITAL AND 4) DIABETES GENEBANK PROGRAM SCRIPPS WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCATION AND TRAINING THE SCRI PPS WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCATION TEAMS PROVIDE STATE-OF-THE-ART EDUC ATION AND TRAINING FOR PEOPLE WHO WISH TO INCREASE THEIR DIABETES MANAGEMENT KNOWLEDGE AND SKILLS WITH THE RISE IN THE NUMBER OF PEOPLE WITH DIABETES, MEDICATION UPGRADES, NUTRITI ON CHANGES AND CHANGES IN DIABETES RELATED DEVICES, THERE IS A GREAT NEED TO EQUIP HEALTH CARE PROFESSIONALS WITH THE LATEST INFORMATION AND CLINICAL PRACTICE SKILLS THE WHITTIER' S PROFESSIONAL EDUCATION PROGRAM IS LED BY A TEAM OF EXPERTS THAT INCLUDE ENDOCRINOLOGISTS , NURSES, DIETICIANS, PSY CHOLOGISTS, AND OTHER DIABETES SPECIALISTS, THESE INDIVIDUALS TRA IN PRACTICING PROFESSIONALS TO DELIVER THE BEST CARE POSSIBLE FOR THEIR PATIENTS WITH DIAB ETES COURSES ARE DESIGNED TO RESPOND TO THE NEEDS OF ALLIED HEALTH PROFESSIONALS SEEKING AN UNDERSTANDING OF THE NEW AND COMPLEX CLINICAL TREATMENT OPTIONS FOR TY PE 1, TY PE 2 AND GESTATIONAL DIABETES PROVIDED PROFESSIONAL EDUCATION TO 2,126 INDIVIDUALS ON DIABETES TOP ICS, INCLUDING INSULIN MANAGEMENT, INCRETIN THERAPY, THE DIABETES DIET, THE BASICS OF DIAB ETES, HOME HEALTH EDUCATION AND 5-DAY COMPREHENSIVE TRAINING FOR DIABETES CARE PROFESSIONA LS INDIVIDUALS CAME FROM THROUGHOUT THE UNITED STATES, AS WELL AS FROM LOCAL HEALTH INSTI TUTIONS, TO LEARN FROM THE WHITTIER INSTITUTE'S MOST EXPERIENCED DIABETES EXPERTS, INCLUDI NG ENDOCRINOLOGISTS, NURSES, DIETICIANS, PSY CHOLOGISTS AND COMMUNITY EDUCATORS OVER THE L AST YEAR, THE WHITTIER INSTITUTE'S PROFESSIONAL EDUCATION DEPARTMENT PROVIDED 23 SEPARATE PROGRAMS TO PHY SICIANS, NURSES, PHARMACISTS, SOCIAL WORKERS, DIETITIANS, MID-LEVEL PROVIDE RS AND SOCIAL WORKERS

Identifier	Return Reference	Explanation
HEALTH RELATED BEHAVIORS		HEALTH-RELATED BEHAVIOR IS ONE OF THE MOST IMPORTANT ELEMENTS IN PEOPLE'S HEALTH AND WELL-BEING ITS IMPORTANCE HAS GROWN AS SANITATION HAS IMPROVED AND MEDICINE HAS ADVANCED DISE ASES THAT WERE ONCE INCURABLE OR FATAL CAN NOW BE PREVENTED OR SUCCESSFULLY TREATED HEALT H-RELATED BEHAVIORS SUCH AS IMMUNIZATION, SMOKING CESSATION, IMPROVED NUTRITION, INCREASED PHY SICAL ACTIVITY, ORAL HEALTH, AND INJURY PREVENTION HAVE BECOME IMPORTANT COMPONENTS OF LONG-TERM HEALTH UNDERSTANDING THAT PERSONAL BEHAVIORS PLAY A SIGNIFICANT ROLE IN AN IND IVIDUAL'S OVERALL HEALTH STATUS, SCRIPPS HAS DEVELOPED A SERIES OF PREVENTION AND WELLNESS PROGRAMS THAT HELP PEOPLE TAKE CHARGE OF THEIR OWN HEALTH AND THAT OF THEIR FAMILIES DUR ING FY11, SCRIPPS PARTICIPATED IN A NUMBER OF HEALTH BEHAVIOR MODIFICATION EFFORTS FLU VA CCINATION CAMPAIGN ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), AN A VERAGE OF 50,000 ADULTS DIE ANNUALLY IN THE UNITED STATES FROM DISEASES THAT ARE PREVENTAB LE THROUGH VACCINATION APPROXIMATELY 36,000 ADULTS DIE FROM INFLUENZA, OVER 6,000 FROM IN VASIVE PNEUMOCOCCAL DISEASE, AND 5,000 FROM HEPATITIS B IN SAN DIEGO COUNTY, INFLUENZA AN D PNEUMONIA WERE THE TENTH LEADING CAUSE OF DEATH IN 2007, WITH 1,111 DEATHS RECORDED BETW EEN 2005 AND 2007 BASED ON 2007 CHIS DATA, ONLY 34 6% OF SAN DIEGO COUNTY RESIDENTS REPOR TED RECEIVING AN INFLUENZA VACCINATION DURING THE PAST 12 MONTHS BEHAVIORAL RISK FACTOR S URVEILLANCE SYSTEM (BRFSS) DATA FOR 2008 REPORTED ONLY 26 5% OF ADULTS AGED 65 AND OVER HA D BEEN VACCINATED FOR INFLUENZA DURING THE PAST 12 MONTHS VACCINATIONS MAY NOT BE RECEIVE D DUE TO COST AND LOCAL AVAILABILITY ISSUES OR A LACK OF EDUCATION ABOUT TIMING AND EFFECT IVENESS MISUNDERSTANDING, MISINFORMATION, OR SKEPTICISM RELATED TO THE BENEFITS AND POSSI BLE RISKS ASSOCIATED WITH VACCINES MAY ALSO REDUCE VACCINATION RATES MATERNAL CHILD HEALT H THE HEALTH OF MOTHERS, INFANTS, AND CHILDREN IS A REFLECTION OF THE CURRENT HEALTH STATU S OF A LARGE SEGMENT OF THE US POPULATION AND A HEALTH PREDICTOR FOR THE NEXT GENERATION THE FOCUS OF THE INFORMATION IN THIS TOPIC INCLUDES INDICATORS OF MATERNAL ILLNESS AND DEA TH AND THOSE THAT AFFECT INFANT HEALTH AND SURVIVAL AMONG THESE ARE INFORMATION RELATED T O INFANT MORTALITY RATES, ACCESS TO PREVENTIVE CARE, AND FETAL, PERINATAL, AND OTHER INFAN T DEATHS THERE ARE NUMEROUS RISK FACTORS ASSOCIATED WITH MATERNAL AND INFANT HEALTH INCLU DING - ALCOHOL, TOBACCO, AND ILLEGAL SUBSTANCES DURING PREGNANCY - A MAJOR RISK FACTOR FO R LOW BIRTH WEIGHT AND OTHER POOR INFANT OUTCOMES - VERY LOW BIRTH WEIGHT - ASSOCIATED WIT H PRETERM BIRTH, SPONTANEOUS ABORTION, LOW PRE-PREGNANCY WEIGHT, AND CIGARETTE SMOKING - I NFANT DEATH - RATES ARE HIGHEST AMONG INFANTS BORN TO YOUNG TEENAGERS AND MOTHERS AGED 44 YEARS AND OLDER BEING PREGNANT OR TRYING TO BECOME PREGNANT ACCOUNTS FOR A SMALL PORTION O F A WOMAN'S LIFE AN UNINTENDED PREGNANCY IS A PREGNANCY THAT IS EITHER MISTIMED OR UNWANT ED AT THE TIME OF CONCEPTION UNINTENDED PREGNANCY ACCOUNTS FOR AN ESTIMATED 49% OF ALL PR EGNANCIES IN THE U S AND IS ASSOCIATED WITH INCREASED MORBIDITY AND WITH BEHAVIORS DURING PREGNANCY THAT ARE LINKED WITH ADVERSE HEALTH EFFECTS WOMEN WHO CAN PLAN THE NUMBER AND TIMING OF THE BIRTHS OF THEIR CHILDREN ENJOY IMPROVED HEALTH, EXPERIENCE FEWER UNPLANNED P REGNANCIES AND BIRTHS, AND HAVE LOWER RATES OF ABORTION WHO IS MOST IMPACTED DURING 2008, SAN DIEGO COUNTY'S CRUDE BIRTH RATE PER 1,000 POPULATION WAS 14 9, ACCOUNTING FOR 46,742 LIVE BIRTHS CRUDE BIRTH RATES RANGED FROM 9 2 AMONG WHITE WOMEN TO 22 3 AMONG HISPANIC WO MEN DURING 2008, HISPANICS ACCOUNTED FOR 44 7% OF ALL LIVE BIRTHS FOLLOWED BY 30 9% FOR W HITES WOMEN BETWEEN THE AGES OF 20 AND 34 ACCOUNTED FOR 74 2% OF BIRTHS SCRIPPS HEALTH C ONTINUED TO ENHANCE PRENATAL EDUCATION OFFERINGS FOR LOW-INCOME WOMEN IN SAN DIEGO COUNTY IN FY11 THE FOLLOWING ARE EXAMPLES OF PROGRAMS SCRIPPS MEMORIAL HOSPITAL LA JOLLA, COMMU NITY BENEFIT SERVICES o OFFERED A TOTAL OF OVER 700 MATERNAL CHILD HEALTH CLASSES THROUGHO UT SAN DIEGO COUNTY DESIGNED TO ENHANCE THE PARENTING SKILLS LOW-INCOME WOMEN IN THE COUN TY OF SAN DIEGO WERE ELIGIBLE TO ALL ATTEND CLASSES AT NO CHARGE OR ON A SLIDING FEE SCHED ULE o MAINTAINED THE EXISTING PRENATAL EDUCATION SERVICES IN ALL REGIONS OF THE COUNTY EN SURING THAT PROGRAMS CONTINUED TO DEMONSTRATE A MORE THAN 90 PERCENT SATISFACTION RATING o PROVIDED AND SUPPORTED WEEKLY BREASTFEEDING SUPPORT GROUPS THROUGHOUT SAN DIEGO COUNTY T HIS INCLUDES TWO WITH BILINGUAL SERVICES o OFFERED A MATERNAL CHILD HEALTH EDUCATION SERI ES COVERING ISSUES SUCH AS DOGS AND BABIES SAFETY, GRANDPARENTING AND BABY SITTER SAFETY IN THE NORTH COUNTY o OFFERED THE FOLLOWING MATERNAL CHILD HEALTH CLASSES AT THE MENDE WE LL BEING CENTER BASIC TRAINING FOR DADS, GETTING READY FOR THE BABY, THE INFANT CPR AND S AFETY PROGRAM, PARENT CONNECTION PROGRAMS, AND REDIRECTING CHILDREN'S BEHAVIOR o OFFERED DOGS & BABIES PROGRAM QUARTERLY WITH MORE THAN 40

Identifier	Return Reference	Explanation
HEALTH RELATED BEHAVIORS		ATTENDEES o OFFERED WEEKLY MOMMY & ME YOGA PROGRAMS TO NEW PARENTS o OFFERED A PRENATAL YOGA PROGRAM FOR EXPECTANT WOMEN IN SAN DIEGO COUNTY o OFFERED A PREGNANCY NUTRITION PROG RAM QUARTERLY AT SCRIPPS MEMORIAL HOSPITAL LA JOLLA o OFFERED "PELVIC FLOOR AND PREGNANCY CHANGES" FOR EXPECTANT FAMILIES AT SCRIPPS MEMORIAL HOSPITAL LA JOLLA (SPONSORED BY SCRI PPS MEMORIAL HOSPITAL LA JOLLA, COMMUNITY BENEFIT SERVICES) FIRST 5 MORE THAN 1,285 SERVIC ES WERE RECEIVED FOR FIRST TIME MOTHERS INCLUDING HOME VISITS, REFERRALS RECEIVED, DATA E NTRY, FOLLOW UP PHONE CALLS, PARENTING CLASSES AND OTHER SUPPORT SERVICES (SPONSORED BY S CRIPPS MERCY HOSPITAL CHULA VISTA, COMMUNITY BENEFITS) SCRIPPS MERCY'S SUPPLEMENTAL NUTRIT ION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) SCRIPPS MERCY HOSPITAL IS ONE OF FIVE RE GIONAL ORGANIZATIONS THAT ADMINISTER THE STATE-FUNDED WIC PROGRAM, SERVING 6 LOCATIONS THA T ARE CONVENIENTLY SITUATED EITHER IN OR NEXT TO COMMUNITY CLINICS AND/OR HOSPITALS IN THE CENTRAL SAN DIEGO AREA OF SAN DIEGO COUNTY WIC'S TARGET POPULATION IS LOW-INCOME PREGNAN T AND POSTPARTUM WOMEN, INFANTS AND CHILDREN (AGES 0 TO FIVE) ON AN ANNUAL BASIS, SCRIPPS MERCY WIC SERVES APPROXIMATELY 9,000 WOMEN AND CHILDREN WITH 44% IN THE CITY HEIGHTS COMM UNITY THE CLIENT BASE IN CITY HEIGHTS IS 91% HISPANIC AND MADE UP OF PREGNANT AND POSTPAR TUM WOMEN (24%), INFANTS (20%) AND CHILDREN (56%) IN FY11, THE PROGRAM PROVIDED NUTRITION SERVICES, COUNSELING AND FOOD VOUCHERS TO 119,003 WOMEN AND CHILDREN IN THE SOUTH AND CEN TRAL REGIONS OF SAN DIEGO SCRIPPS MERCY WIC PROGRAM PLAYS A KEY ROLE IN MATERNITY CARE BY REACHING LOW-INCOME WOMEN DURING PREGNANCY TO PROMOTE PRENATAL CARE, GOOD NUTRITION AND B REASTFEEDING NUTRITION-TRAINED STAFF BEGIN EDUCATING WOMEN ABOUT THE IMPORTANCE OF BREAST FEEDING DURING PREGNANCY, OFFER LACTATION SUPPORT (ONE ON ONE AND GROUP) AS WELL AS SUPPLI ES - PUMPS, BREAST PADS - DURING THE POSTPARTUM PERIOD (SPONSORED BY SCRIPPS MERCY SAN DI EGO) SUBSTANCE ABUSE AND TOBACCO USE SUBSTANCE ABUSE HAS A MAJOR IMPACT ON INDIVIDUALS, TH EIR FAMILIES, AND THEIR COMMUNITIES THE EFFECTS OF SUBSTANCE ABUSE ARE CUMULATIVE, CONTRI BUTING TO COSTLY SOCIAL, PHYSICAL, MENTAL AND PUBLIC HEALTH PROBLEMS THESE PROBLEMS INCLU DE TEENAGE PREGNANCY, HIV/AIDS, OTHER SEXUALLY TRANSMITTED DISEASES (STDS), DOMESTIC VIOLE NCE, CHILD ABUSE, MOTOR VEHICLE CRASHES, PHYSICAL FIGHTS, CRIME, HOMICIDE AND SUICIDE ACC ORDING TO THE NATIONAL INSTITUTE ON DRUG ABUSE, THE TOTAL ESTIMATED ANNUAL COSTS ASSOCIATE D WITH SUBSTANCE ABUSE EXCEED HALF A TRILLION DOLLARS THIS INCLUDES APPROXIMATELY $181 BI LLION FOR ILLICIT DRUGS, $168 BILLION FOR TOBACCO AND $185 BILLION FOR ALCOHOL DURING 200 9, CALIFORNIA'S ESTIMATED HEALTHCARE COSTS DIRECTLY CAUSED BY SMOKING WERE $9 14 BILLION TOBACCO USE - DURING 2007, BASED ON THE YOUTH RISK BEHAVIOR SURVEILLANCE SURVEY (YRBSS), 4 3 6% OF STUDENTS IN GRADES 9-12 WITHIN THE SAN DIEGO UNIFIED SCHOOL DISTRICT REPORTED THEY HAD EVER TRIED CIGARETTE SMOKING - DURING THIS SAME TIME PERIOD, 11 0% OF STUDENTS IN GR ADES 9-12 REPORTED CURRENT CIGARETTE USE AND 7 0% REPORTED THEY SMOKED MORE THAN 10 CIGARE TTES PER DAY - OF THOSE STUDENTS WHO REPORTED THEY CURRENTLY SMOKE, 41 4% REPORTED THEY H AVE TRIED TO QUIT SMOKING AT LEAST ONCE DURING THE PAST 12 MONTHS - DURING 2008, BASED ON BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA FOR SAN DIEGO COUNTY, 14 5% OF ADULTS, AG ED 18 OR OLDER, CURRENTLY SMOKE MOREOVER, 23% ARE FORMER SMOKERS AND 62 5 HAVE NEVER SMOK ED

Identifier	Return Reference	Explanation
ALCOHOL USE		- DURING 2007, BASED ON THE YRBSS, 72 0% OF STUDENTS IN GRADES 9-12 WITHIN THE SAN DIEGO U NIFIED SCHOOL DISTRICT REPORTED THEY HAD AT LEAST ONE DRINK OF ALCOHOL ON AT LEAST 1 DAY D URING THEIR LIFE. - DURING THIS SAME TIME PERIOD, 36 7% OF STUDENTS IN GRADES 9-12 REPORTE D THEY HAD AT LEAST ONE DRINK OF ALCOHOL ON AT LEAST 1 DAY DURING THE 30 DAYS PRIOR TO THE SURVEY - EPISODIC HEAVY DRINKING, HAVING FIVE OR MORE DRINKS OF ALCOHOLIC IN A ROW WITHI N A COUPLE OF HOURS ON AT LEAST ONE DAY DURING THE 30 DAYS PRIOR TO THE SURVEY, WAS REPORT ED BY 21 8% OF STUDENTS - DURING 2008, BASED ON BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTE M DATA FOR SAN DIEGO COUNTY, 55 1% OF ADULTS, AGED 18 OR OLDER, HAVE HAD AT LEAST ONE DRIN K DURING THE PAST 30 DAYS IN AN EFFORT TO ENCOURAGE MORE PEOPLE TO TAKE STEPS TO PREVENT SUBSTANCE ABUSE, SCRIPPS ENGAGED IN THE FOLLOWING ACTIVITIES INTERVENTION WORKSHOPS AIM T O IMPROVE COMMUNITY HEALTH THE INTERVENTION PROGRAM AT SCRIPPS DRUG AND ALCOHOL TREATMENT PROGRAM OFFERS FREE WORKSHOPS FOR PARENTS TO HELP THEM BETTER UNDERSTAND ADOLESCENT ALCOHO L AND SUBSTANCE ABUSE AND THE WIDESPREAD PROBLEM OF TEEN ADDICTION OTHER INTERVENTION WOR KSHOPS ADDRESS THE WARNING SIGNS OF ADULT ADDICTION FOR FAMILIES AND EMPLOYERS, PROVIDING AGE-SPECIFIC INFORMATION ON HOW TO HELP LOVED-ONES RECOGNIZE THE SIGNS OF ADDICTION AND HO W TO GET AN ADDICTED INDIVIDUAL TO SEEK TREATMENT MORE THAN 11,000 PEOPLE ATTENDED THE WO RKSHOPS ON THE SCRIPPS MEMORIAL HOSPITAL LA JOLLA CAMPUS IN 2011 EVERY 15 MINUTES THE EVE RY 15 MINUTES PROGRAM IS A TWO-DAY EVENT THAT EXPOSES HIGH SCHOOL STUDENTS TO THE CONSEQUE NCES OF DRINKING AND DRIVING THROUGH A DRAMATIC REENACTMENT OF AN ALCOHOL-RELATED TRAFFIC ACCIDENT THE "INJURED" STUDENTS ARE TAKEN TO SCRIPPS MERCY TRAUMA CENTER THIS PROGRAM IS SPONSORED JOINTLY BY LOCAL HIGH SCHOOLS, COUNTY POLICE, SHERIFFS, CHP, EMERGENCY DEPARTME NTS AND AMBULANCE SERVICES DURING FY11, SCRIPPS MERCY HOSPITAL PARTICIPATED IN FOUR (4) E VERY 15 MINUTES PROGRAMS, REACHING OVER 3,000 HIGH SCHOOL STUDENTS THROUGHOUT SAN DIEGO CO UNTY SCRIPPS MEMORIAL HOSPITAL LA JOLLA PARTICIPATED IN ONE EVERY 15 MINUTES PROGRAM, REA CHING 250 HIGH SCHOOL STUDENTS IN LA JOLLA (SPONSORED BY SCRIPPS MERCY TRAUMA AND ED, SCR IPPS LA JOLLA TRAUMA DEPARTMENT) PARTNERSHIP FOR SMOKE-FREE FAMILIES PROGRAM CIGARETTE SMO KING HAS BEEN IDENTIFIED AS THE MOST IMPORTANT SOURCE OF PREVENTABLE MORBIDITY AND PREMATU RE MORTALITY WORLDWIDE. CIGARETTE SMOKING CAUSES HEART DISEASE, SEVERAL KINDS OF CANCER (L UNG, LARYNX, ESOPHAGUS, PHARYNX, MOUTH AND BLADDER AND CHRONIC LUNG DISEASE. APPROXIMATELY 11% OF PREGNANT WOMEN SMOKE. AN ESTIMATED 25-60% OF ALL FEMALE SMOKERS QUIT SHORTLY AFTER LEARNING THEY ARE PREGNANT (RECENT QUITTERS) AMONG THOSE WHO QUIT ON THEIR OWN, 20% TO 4 0% WILL GO BACK TO SMOKING DURING PREGNANCY IN THE US, 25% OF CHILDREN UNDER THE AGE OF S IX YEARS LIVE IN A HOUSE WHERE SOMEONE SMOKES INSIDE AT LEAST FOUR DAYS PER WEEK PRENATAL RISKS SMOKING DURING PREGNANCY HAS BEEN SHOWN TO CAUSE ADVERSE OUTCOMES INCLUDING MISCARR IAGE, PLACENTAL ABRUPTION AND SEPARATION AND INCREASED PERINATAL MORTALITY IT ACCOUNTS FO R 20% OF LOW BIRTH WEIGHT DELIVERIES, EIGHT PERCENT OF PRETERM BIRTHS, AND 5 PERCENT OF AL L PRENATAL DEATHS INFANT/CHILD RISKS THE EFFECTS OF MATERNAL SMOKING ARE NOT LIMITED TO T HE PRENATAL PERIOD MORE INFANTS DIE OF SUDDEN INFANT DEATH SYNDROME WHETHER THE MOTHER SM OKED DURING PREGNANCY OR AFTER THE BIRTH CHILDREN OF SMOKERS HAVE MORE RESPIRATORY PROBLE MS, EAR INFECTIONS, ASTHMA, AND DOCTOR VISITS CHILDREN WHOSE PARENTS SMOKE ARE MORE LIKEL Y TO HAVE BEHAVIOR PROBLEMS AND TROUBLE WITH SCHOOLWORK LAUNCHED IN 1998 BY THE CEOS OF R ADY CHILDREN'S HOSPITAL, SCRIPPS AND SHARP HEALTHCARE, PSF HAS THE GOAL OF REDUCING TOBACC O SMOKE EXPOSURE AMONG PREGNANT WOMEN AND YOUNG CHILDREN THE PROGRAM WORKS DIRECTLY WITH OBSTETRICIANS AND PEDIATRICIANS ACROSS SAN DIEGO COUNTY TO IMPLEMENT "BEST PRACTICES" AS O UTLINED IN THE USDHHS TREATING TOBACCO USE AND DEPENDENCE CLINICAL PRACTICE GUIDELINE. PSF HAS BECOME A STANDARD OF CARE IN SAN DIEGO COUNTY, AND IS RECOGNIZED NATIONALLY AS OF NO VEMBER 30, 2010 NEARLY 300,000 PREGNANT WOMEN AND PARENTS OF SMALL CHILDREN HAVE BEEN SCRE ENED FOR TOBACCO USE/EXPOSURE AND MORE THAN 55,000 PROACTIVELY LINKED WITH TARGETED INTERV ENTIONS (SPONSORED BY SCRIPPS HEALTH SYSTEM, COMMUNITY BENEFIT SERVICES) HOSPITALIZED PAT IENTS SMOKING CESSATION STUDY A TOTAL OF 84 PARTICIPANTS WERE INCLUDED IN THE STAY QUIT ST UDY THIS STUDY IS A PARTNERSHIP WITH THE CALIFORNIA SMOKERS HELPLINE. A TOTAL OF 507 PEOP LE HAVE BEEN SCREENED (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA) YOUTHFUL DRINKING AND DRIVING PROGRAM CONSIDERING THAT AT LEAST 74 3 PERCENT OF HIGH SCHOOL STUDENTS IN THE U S REPORT DRINKING ALCOHOL, IT IS IMPERATIVE THAT STUDENTS UNDERSTAND THE RISKS ASSOCIA TED WITH ALCOHOL ABUSE. IN AN EFFORT TO EDUCATE AT-RISK STUDENTS ABOUT THE DANGERS ASSOCIA TED WITH DRINKING AND DRIVING, SCRIPPS MERCY HOSPI

Identifier	Return Reference	Explanation
ALCOHOL USE		TAL'S EMERGENCY DEPARTMENT AND TRAUMA CENTER PARTICIPATED IN THE CORRECTIVE BEHAVIOR INSTI TUTE'S YOUTHFUL DRINKING AND DRIVING PROGRAM, PROVIDING TEENS WITH A TRAUMA CENTER VISITAT ION EXPERIENCE. THIS FOUR-HOUR SUPERVISED TRAUMA VISITATION PROGRAM FOR YOUNG DRIVERS AGES 14 AND OVER TO SHOW THEM THE REALISTIC CONSEQUENCES OF DRIVING UNDER THE INFLUENCE. OVER 44 HIGH SCHOOL STUDENTS WERE SERVES WITH THIS PROGRAM. PARTICIPANTS VISIT THE TRAUMA ROOM, ER, ICU, CAT SCAN AND OTHER HOSPITAL AREAS. (SPONSORED BY SCRIPPS MERCY HOSPITAL'S EMERGE NCY DEPARTMENT AND TRAUMA CENTER) SAN DIEGO COUNTY POLICY PANEL ON YOUTH ACCESS TO ALCOHOL SCRIPPS PARTICIPATES ON A PANEL WHICH WORKS TO SHAPE LOCAL, STATE AND NATIONAL POLICIES T HAT AFFECT UNDERAGE DRINKING. IT IS THE LEAD ORGANIZATION FOR THE REGION'S COMBATING UNDER AGE DRINKING INITIATIVE, AND PROVIDES STRUCTURE TO SUPPORT THE PROJECT'S STRATEGIES THROUG H MEDIA ADVOCACY, DATA COLLECTION, AND RESPONSIBLE BEVERAGE SERVICE TRAINING AND YOUTH PAR TICIPATION (SPONSORED BY SCRIPPS MERCY HOSPITAL, TRAUMA SERVICES) SAN DIEGO COUNTY METHAM PHETAMINE STRIKE FORCE (MSF) CONVENED IN 1996 BY THE COUNTY BOARD OF SUPERVISORS, THIS MUL TIAGENCY GROUP IS TASKED WITH THE DEVELOPMENT OF A REGIONAL PREVENTION AND TREATMENT STRAT EGY TO ADDRESS METHAMPHETAMINE ABUSE. SCRIPPS MERCY HOSPITAL TRAUMA SERVICES IS ON THE COO RDINATING COMMITTEE. THE STRIKE FORCE TRACKS ITS PROGRESS WITH AN ANNUAL REPORT CARD OF TE N INDICATORS THE STRIKE FORCE PROGRAMS HAVE BEEN DUPLICATED IN SEVERAL OTHER PARTS OF THE UNITED STATES (SPONSORED BY SCRIPPS MERCY HOSPITAL, TRAUMA SERVICES) UNINTENTIONAL INJUR Y AND VIOLENCE IN CALIFORNIA, INJURY, INCLUDING BOTH UNINTENTIONAL AND INTENTIONAL, IS THE NUMBER ONE KILLER AND DISABLER OF PERSONS AGED 1 TO 44 (CDPH, 2010). THE NUMBERS OF DEATH S ASSOCIATED WITH UNINTENTIONAL INJURY ARE SIGNIFICANT, YET PRESENT ONLY A SMALL PART OF A MUCH LARGER AND SERIOUS PUBLIC HEALTH PROBLEM. HOSPITALIZATION DATA IS MORE INDICATIVE OF THE EXTENT OF THE INJURY PROBLEM THAN DEATH DATA ALONE. IN SAN DIEGO COUNTY DURING 2008 T HERE WERE OVER 930 DEATHS, MORE THAN 20,800 SAN DIEGANS WERE HOSPITALIZED AND NEARLY 150,0 00 WERE TREATED ANNUALLY IN EMERGENCY DEPARTMENTS FOR UNINTENTIONAL INJURIES. THE NUMBER O F UNINTENTIONAL INJURIES TREATED IN PHYSICIANS' OFFICES AND CLINICS RELATED TO UNINTENTION AL INJURY, WHILE UNKNOWN, IS LIKELY MUCH HIGHER THAN THE NUMBER OF EMERGENCY DEPARTMENT VI SITS. UNINTENTIONAL INJURIES ARE ONE OF THE LEADING CAUSES OF DEATH FOR SAN DIEGO COUNTY R ESIDENTS OF ALL AGES, REGARDLESS OF GENDER, RACE, OR REGION. DURING 2008, UNINTENTIONAL IN JURY WAS THE LEADING CAUSE OF DEATH FOR PERSONS AGES 1 TO 4 YEARS AND 15 TO 34 YEARS AND T HE SIXTH LEADING CAUSE OF DEATH OVERALL. OVER 930 SAN DIEGANS DIED IN 2008 AS A RESULT OF UNINTENTIONAL INJURIES. DURING 2008, THERE WERE 149,900 UNINTENTIONAL INJURY DISCHARGES FR OM SAN DIEGO COUNTY EDS, ACCOUNTING FOR ALMOST ONE IN FOUR (24 2%) OF ALL ED DISCHARGES DU RING THIS PERIOD. THE RATE OF ED DISCHARGES RELATED TO UNINTENTIONAL INJURY WAS 4,735 PER 100,000 AND REPRESENTED THE LOWEST RATE DURING THE PAST THREE YEARS. UNINTENTIONAL INJURIE S CAN OCCUR AT HOME, AT WORK, WHILE PARTICIPATING IN SPORTS AND RECREATION, ON THE STREETS , AND AT SCHOOL. CAUSES OF UNINTENTIONAL INJURIES INCLUDE MOTOR VEHICLE ACCIDENTS, FALLS, FIREARMS, FIRE/BURNS, DROWNING, POISONING (INCLUDING DRUGS AND CAUSTIC SUBSTANCES) AND ALC OHOL, GAS, CLEANERS AND INJURIES AT WORK. THE FOLLOWING ARE SOME OF SCRIPPS HEALTH PROGRAM S THAT ADDRESS UNINTENTIONAL INJURIES AND VIOLENCE FOR FY11

Identifier	Return Reference	Explanation
HEALTH AND SAFETY FAIR - SCRIPPS HOME HEALTH SERVICES		PROVIDED EDUCATION FOR SENIORS ON FALL PREVENTION (PRIMARY CAUSES OF FALLS AND FRACTURES) AND FIRE SAFETY HOME HEALTH NURSES PROVIDE INFORMATION TO SENIORS AND THEIR FAMILIES ON C ONTINUUM OF CARE OPTIONS IN FY11, 735 SAN DIEGO RESIDENTS WERE SERVED (SPONSORED BY SCRI PPS HOME HEALTH SERVICES) FALL PREVENTION - SCRIPPS MEMORIAL HOSPITAL LA JOLLA AND THE LAW RENCE FAMILY JEWISH COMMUNITY CENTER PARTNERED TO OFFER A CLASS TAUGHT BY TRAUMA CARE EXPE RTS TO LEARN WAYS TO REDUCE FALL RISK, IMPROVE SAFETY AWARENESS AND UTILIZE AVAILABLE RESO URCES TO PROMOTE INDEPENDENCE AND OVERALL SAFETY 3,500 PARTICIPANTS FROM THE COMMUNITY AT TENDED THIS CLASS (SPONSORED BY SCRIPPS MEMORIAL HOSPITAL LA JOLLA, TRAUMA SERVICES) SPOR TS CONCUSSION PROGRAM - REHABILITATION CENTER AT SCRIPPS MEMORIAL HOSPITAL ENCINITAS EVERY YEAR IN THE U S , ALMOST 300,000 SPORTS-RELATED CONCUSSIONS OCCUR PER YEAR - 100,000 IN F OOTBALL ALONE, AND APPROXIMATELY 130,000 HIGH SCHOOL ATHLETES SUFFER A CONCUSSION A RECEN T REPORT SHOWED THAT CLOSE TO 40 PERCENT OF HIGH SCHOOL ATHLETES WHO SUSTAIN A CONCUSSION RETURN TO PLAY TOO SOON THE REHABILITATION CENTER AT SCRIPPS ENCINITAS HAS DEVELOPED A PU BLIC EDUCATION AND COMMUNITY OUTREACH PROGRAM DESIGNED TO BRING AWARENESS TO CONCUSSION, S IGNS AND SY MPTOMS OF CONCUSSION, HOW TO AVOID THEM, TREAT THEM AND UNDERSTAND THEIR CONSEQ UENCES 194 STUDENTS HAVE BEEN SERVED BY THIS PROGRAM (SPONSORED BY SCRIPPS MEMORIAL HOSP ITAL ENCINITAS) SAN DIEGO FALL PREVENTION TASK FORCE THIS COUNTY HHSA- AGING AND INDEPENDE NCE SERVICE-SUPPORTED TASK FORCE SEEKS TO REDUCE FALLS AND THEIR DEVASTATING CONSEQUENCES IN SAN DIEGO COUNTY GOALS AND STRATEGIES INCLUDE (1) INCREASE CONNECTIONS BETWEEN PHYSIC IANS AND OTHER COMMUNITY SERVICE PROVIDERS THAT PROVIDE FALL PREVENTION SERVICES, (2) INCR EASE AWARENESS AMONG OLDER ADULTS AND SERVICE SCRIPPS MERCY HOSPITAL TRAUMA DEPARTMENT PA RTICIPATES IN THIS TASK FORCE WEIGHT STATUS, NUTRITION, ACTIVITY AND FITNESS THE NUMBERS SPEAK FOR THEMSELVES - 63% OF AMERICAN ADULTS ARE EITHER OVERWEIGHT OR OBESE NATIONALLY, THE PREVALENCE OF OBESE ADULTS (THOSE WITH A BODY MASS INDEX [BMI] OF 30 OR MORE) HAS INCR EASED BY 68% SINCE 1995, FROM 16% TO ALMOST 27% DURING THIS SAME PERIOD, THE PREVALENCE O F OVERWEIGHT ADULTS HAS INCREASED BY ONLY TWO PERCENT, 35 5% TO 36 2% 2009 BEHAVIORAL RIS K FACTOR SURVEILLANCE SYSTEM (BRFSS) DATA FOR SAN DIEGO COUNTY INDICATES THAT ALMOST 59% O F THE ADULT POPULATION IS CONSIDERED EITHER OVERWEIGHT OR OBESE SINCE 2005, THE FIRST YEA R BRFSS DATA WAS REPORTED FOR SAN DIEGO COUNTY, THE PREVALENCE OF OBESE ADULTS HAS RANGED FROM 20% IN 2005 TO 26 7% IN 2006, WITH THE MOST CURRENT MEASURE AT 21 6% SINCE 2006 THE PREVALENCE OF OVERWEIGHT ADULTS IN SAN DIEGO COUNTY HAS INCREASED SLIGHTLY FROM 36 5% TO 3 7 7% REVIEW OF ADULT OVERWEIGHT AND OBESITY PREVALENCE DATA BY ETHNICITY, RACE AND GENDER INDICATES THE PREVALENCE RATES OF OBESITY AMONG LATINOS AND AFRICAN AMERICANS ARE SIGNIFI CANTLY HIGHER THAN THOSE FOR WHITES AT THE NATIONAL, STATE AND COUNTY LEVELS OBESITY RATE S BY GENDER ALSO VARIED SIGNIFICANTLY IN THE 2007 CHIS, THE MOST RECENT COUNTY LEVEL DATA AVAILABLE BY GENDER, WITH 25 4% OF MALES AND 18 1% OF FEMALES HAVING A BMI OF 30 0 OR HIGH ER MOREOVER, MALES WERE SIGNIFICANTLY MORE LIKELY TO BE OVERWEIGHT (BMI BETWEEN 25 0 AND 29 99) THAN FEMALES, 40 5% AND 25 8%, RESPECTIVELY CAUSES OF OBESITY MANY FACTORS PLAY A ROLE IN OVERWEIGHT AND OBESITY, MAKING IT A COMPLEX HEALTH ISSUE TO ADDRESS SOME OF THE F ACTORS THAT ARE MAJOR CONTRIBUTORS TO THE OBESITY EPIDEMIC INCLUDE (DH&HS, 2010) - GENETI C PREDISPOSITION - ENVIRONMENTAL INFLUENCES - BEHAVIOR (DIETARY PATTERNS AND PHYSICAL ACTI VITY) - CULTURAL INFLUENCES - SOCIOECONOMIC STATUS IN THE CONTEXT OF PREVENTION, IT IS IMP ORTANT TO UNDERSTAND THE AFFECT EACH OF THESE FACTORS HAS ON OBESITY AND WHICH CAN BE CHAN GED AS A MEANS OF REDUCING THE PREVALENCE OF OBESITY THE FOLLOWING ARE SOME EXAMPLES OF S CRIPPS PROGRAMS THAT ADDRESS THE HEALTH ISSUES DESCRIBED ABOVE NUTRITION SERVICES AND PHY SICAL ACTIVITY ACCORDING TO THE 2009 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) DA TA FOR SAN DIEGO COUNTY, MORE THAN 59 PERCENT OF THE ADULT POPULATION IS CONSIDERED EITHER OVERWEIGHT OR OBESE OBESITY INCREASES THE HEALTH RISK FOR CHRONIC DISEASES, SUCH AS HEAR T DISEASE, TYPE 2 DIABETES, HIGH BLOOD PRESSURE, STROKE AND SOME FORMS OF CANCER AT EVEN GREATER RISK ARE THE NATION'S LOW-INCOME MINORITY POPULATIONS IN AN EFFORT TO ADDRESS THI S CRITICAL HEALTH CONCERN, STAFF MEMBERS BASED AT THE CITY HEIGHTS WELLNESS CENTER HAVE ES TABLISHED A VARIETY OF NUTRITION EDUCATION AND SERVICES, DESIGNED SPECIFICALLY TO MEET THE NEEDS OF LOW-INCOME MINORITY POPULATIONS THE CENTER USES A COMBINATION OF APPROACHES TO ADDRESS A BROAD ARRAY OF COMMUNITY HEALTH PRIORITIES, INCLUDING NUTRITION, ACCESS TO SERVI CES AND COMMUNITY ENGAGEMENT THE "HUB" OF THE WELLNESS CENTER IS A TEACHING KITCHEN, A HA NDS-ON INTERACTIVE SETTING FOR COOKING DEMONSTRATI

Identifier	Return Reference	Explanation
HEALTH AND SAFETY FAIR - SCRIPPS HOME HEALTH SERVICES		ONS, WEIGHT MANAGEMENT AND MEAL PREPARATION CLASSES, NUTRITION EDUCATION AND COUNSELING D URING FY11, MORE THAN 6,000 VISITS ACCESSED NUTRITION EDUCATION AND COUNSELING SERVICES AT THE CITY HEIGHTS WELLNESS CENTER (SPONSORED BY SCRIPPS MERCY HOSPITAL, COMMUNITY BENEFIT SERVICES) SCRIPPS MERCY'S SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) SCRIPPS MERCY HOSPITAL IS ONE OF FIVE REGIONAL ORGANIZATIONS THAT ADMINISTER THE STA TE-FUNDED WIC PROGRAM, SERVING 6 LOCATIONS THAT ARE CONVENIENTLY SITUATED EITHER IN OR NEX T TO COMMUNITY CLINICS AND/OR HOSPITALS IN THE CENTRAL SAN DIEGO AREA OF SAN DIEGO COUNTY WIC'S TARGET POPULATION IS LOW-INCOME PREGNANT AND POSTPARTUM WOMEN, INFANTS AND CHILDREN (AGES 0 TO FIVE) ON AN ANNUAL BASIS, SCRIPPS MERCY WIC SERVES APPROXIMATELY 9,000 WOMEN AND CHILDREN WITH 44% IN THE CITY HEIGHTS COMMUNITY THE CLIENT BASE IN CITY HEIGHTS IS 91 % HISPANIC AND MADE UP OF PREGNANT AND POSTPARTUM WOMEN (24%), INFANTS (20%) AND CHILDREN (56%) IN FY11, THE PROGRAM PROVIDED NUTRITION SERVICES, COUNSELING AND FOOD VOUCHERS TO 1 19,003 WOMEN AND CHILDREN IN THE SOUTH AND CENTRAL REGIONS OF SAN DIEGO (SPONSORED BY SCR IPPS MERCY SAN DIEGO) HEALTHY LIVE HEALTHY - FAMILY NUTRITION PROGRAM USING THE COOPERATIV E EXTENSION'S RESEARCH-BASED CURRICULUMS AND BILINGUAL STAFF, A REGISTERED DIETITIAN SUPER VISED THE IMPLEMENTATION OF WEEKLY NUTRITION EDUCATION CLASSES IN SPANISH PROGRAM TARGETS THE LOW-INCOME, FOOD STAMP POPULATION IT CONSISTS OF A SERIES OF EIGHT WEEKLY CLASSES AN D THE PRIMARY GOAL IS TO INCREASE KNOWLEDGE, SKILLS AND MOTIVATIONAL LEVEL OF AREA RESIDEN TS TO PRACTICE HEALTHY EATING AND RELATED BEHAVIORS CLASS TOPICS FOCUS ON NUTRITION, PHYS ICAL FITNESS, FOOD SAFETY, MEAL PLANNING AND FOOD SHOPPING (SPONSORED BY SCRIPPS MERCY HO SPITAL, COMMUNITY BENEFIT SERVICES) COLLABORATE FOR HEALTHY WEIGHT THIS ADVISORY GROUP ME ETS MONTHLY COLLABORATE FOR HEALTHY WEIGHT IS A PROGRAM OF THE HEALTH RESOURCES AND SERVI CES ADMINISTRATION (HRSA) AND THE NATIONAL INITIATIVE FOR CHILDREN'S HEALTHCARE QUALITY (N ICHQ) THE SHARED VISION IS TO CREATE PARTNERSHIPS BETWEEN PRIMARY CARE, PUBLIC HEALTH, AN D COMMUNITY ORGANIZATIONS TO DISCOVER SUSTAINABLE WAYS TO PROMOTE HEALTHY WEIGHT AND ELIMI NATE HEALTH DISPARITIES IN COMMUNITIES ACROSS THE UNITED STATES ALL THREE SECTORS MUST CO LLABORATE, USING EVIDENCE-BASED APPROACHES, TO REVERSE THE OBESITY EPIDEMIC AND IMPROVE TH E HEALTH OF OUR COMMUNITIES (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA, VISTA, COMMUNITY BENEFIT SERVICES) MENTAL HEALTH AND MENTAL DISORDERS ACCORDING TO THE NATIONAL INSTITUTE O F MENTAL HEALTH (NIMH), ANNUALLY, AN ESTIMATED 13 MILLION AMERICAN ADULTS (APPROXIMATELY 1 IN 17) HAVE A SERIOUSLY DEBILITATING MENTAL ILLNESS (NIMH, 2008) FURTHERMORE, MENTAL HEA LTH DISORDERS ARE THE LEADING CAUSE OF DISABILITY IN THE U S , ACCOUNTING FOR 25% OF ALL Y EARS OF LIFE LOST TO DISABILITY AND PREMATURE MORTALITY (WHO, 2004) MOREOVER, IN 2007, SU ICIDE WAS THE 11TH LEADING CAUSE OF DEATH IN THE U S , ACCOUNTING FOR OVER 34,500 DEATHS (NVSS, 2010) SAN DIEGO COUNTY - PREVALENCE OF SERIOUS MENTAL ILLNESS THERE ARE 141,420 PER SONS IN SAN DIEGO COUNTY WITH SERIOUS MENTAL ILLNESS, REPRESENTING 4 9% OF THE HOUSEHOLD P OPULATION IN SAN DIEGO COUNTY (DMH, 2007) THE MOST IMPACTED BY SERIOUS MENTAL ILLNESS IN SAN DIEGO ARE PERSONS UNDER AGE 18 AND THOSE LIVING IN HOUSEHOLDS UNDER 200% OF THE FEDERA L POVERTY LEVEL, 7 4% AND 8 8% RESPECTIVELY EMERGENCY DEPARTMENT DISCHARGES DURING 2008, THERE WERE 25,468 DISCHARGES FROM SAN DIEGO COUNTY HOSPITAL EMERGENCY DEPARTMENTS WITH A P RIMARY DIAGNOSIS OF MENTAL DISORDER, ACCOUNTING FOR 4 1% OF ALL ED DISCHARGES (NOTE, THE PRIMARY DIAGNOSIS OF MENTAL DISORDER INCLUDES A WIDE RANGE OF DIAGNOSES INCLUDING ALCOHOLI C AND DRUG PSYCHOSES, DEPENDENCE AND ABUSE) THE OVERALL RATE OF ED DISCHARGES WITH A DIAG NOSIS OF MENTAL DISORDER WAS 809 5 PER 100,000 POPULATION

Identifier	Return Reference	Explanation
HOSPITALIZATIONS		DURING 2008, THERE WERE 22,971 HOSPITALIZATIONS IN SAN DIEGO COUNTY HOSPITALS WITH A PRINC IPAL DIAGNOSIS CODE OF MENTAL DISORDERS (ICD-9-CD CODE 290 - 319), ACCOUNTING FOR 7 4% OF ALL HOSPITALIZATIONS THESE HOSPITALIZATIONS INCLUDED 17,556 WITH A PRINCIPAL DIAGNOSIS OF PSYCHOSES, ACCOUNTING FOR 59% OF ALL MENTAL HEALTH HOSPITALIZATIONS THERE WERE 6,210 WIT H A PRINCIPAL DIAGNOSIS OF SCHIZOPHRENIC DISORDERS AND 4,583 WITH A PRINCIPAL DIAGNOSIS OF MAJOR DEPRESSIVE DISORDER, ACCOUNT FOR 27% AND 20% OF ALL MENTAL HEALTH HOSPITALIZATIONS, RESPECTIVELY (COSDEPI, 20010) SUICIDE AND SUICIDE ATTEMPTS (SELF-INFLECTED INJURY) SUICI DE OCCURS WHEN A PERSON ENDS HIS OR HER LIFE AND IS A MAJOR COMPLICATION OF DEPRESSION IN 2008, IT WAS THE EIGHTH LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY, ACCOUNTING FOR 369 DE ATHS WITH AN OVERALL RATE OF 11 3 SUICIDE DEATHS PER 100,000 PEOPLE (SDEPI, 2010) SUICIDE DEATHS ARE ONLY PART OF THE PROBLEM, MORE PEOPLE SURVIVE SUICIDE ATTEMPTS THAN ACTUALLY D IE. THOSE WHO ATTEMPT SUICIDE ARE OFTEN SERIOUSLY INJURED AND REQUIRE MEDICAL AND PSYCHIAT RIC CARE. BETWEEN 2000 AND 2008, 2,896 SAN DIEGANS HAVE DIED AS A RESULT OF SUICIDE. SCRIP PS OFFERS BOTH INPATIENT AND OUTPATIENT ADULT BEHAVIORAL HEALTH SERVICES AT THE SCRIPPS ME RCY HOSPITAL SAN DIEGO CAMPUS SCRIPPS MERCY'S BEHAVIORAL HEALTH PROGRAM ALSO ACTIVELY SUP PORTS COMMUNITY PROGRAMS DESIGNED TO REDUCE THE STIGMA OF MENTAL ILLNESS AND HELP AFFECTED INDIVIDUALS LIVE AND WORK IN THE COMMUNITY SCRIPPS HEALTH BEHAVIORAL HEALTH INPATIENT PR OGRAMS INDIVIDUALS SUFFERING FROM ACUTE PSYCHIATRIC DISORDERS ARE SOMETIMES UNABLE TO LIVE INDEPENDENTLY OR MAY EVEN POSE A DANGER TO THEMSELVES OR OTHERS IN SUCH CASES, HOSPITALI ZATION MAY BE THE MOST APPROPRIATE ALTERNATIVE. SCRIPPS MERCY HOSPITAL'S BEHAVIORAL HEALTH INPATIENT PROGRAM HELPS PATIENTS AND THEIR LOVED ONES WORK THROUGH SHORT-TERM CRISES, MAN AGE MENTAL ILLNESS AND RESUME THEIR DAILY LIVES CHALLENGES * LIKE MANY BEHAVIORAL HEALTH PROGRAMS ACROSS THE COUNTRY, FUNDING IS DIFFICULT, AS PAY MENT RATES HAVE NOT KEPT PACE WIT H THE COST TO PROVIDE CARE * IN 2011, SCRIPPS MERCY'S BEHAVIORAL HEALTH PROGRAM LOST $5 2 MILLION * IN 2011, 25 PERCENT OF PATIENTS IN THE INPATIENT UNIT WERE UNINSURED SCRIPPS HEALTH BEHAVIORAL HEALTH OUTPATIENT PROGRAMS SCRIPPS MERCY PROVIDES COMMUNITY-BASED ADULT PSYCHIATRIC TREATMENT AT SCRIPPS MERCY SAN DIEGO THE OUTPATIENT PROGRAM IS AN INTENSIVE D AY PROGRAM DESIGNED TO HELP INDIVIDUALS REDUCE THEIR SYMPTOMS WHILE THEY CONTINUE TO LIVE IN THE COMMUNITY THE PROGRAM PROVIDES TWO LEVELS OF CARE * THE OUTPATIENT PROGRAM OFFERS PATIENTS ONE TO FOUR TREATMENT DAYS PER WEEK * THE PARTIAL HOSPITALIZATION PROGRAM PROVID ES MORE INTENSIVE TREATMENT FIVE TO SIX DAYS PER WEEK MENTAL HEALTH OUTREACH SERVICES A-V ISIONS SERVICE PROGRAM BEHAVIORAL HEALTH SERVICES AT SCRIPPS MERCY HOSPITAL ESTABLISHED TH E A-VISIONS VOCATIONAL TRAINING PROGRAM, IN PARTNERSHIP WITH THE SAN DIEGO MENTAL HEALTH A SSOCIATION TO HELP DECREASE THE STIGMA OF MENTAL ILLNESS THE PROGRAM HELPS PEOPLE RECEIVI NG MENTAL HEALTH TREATMENT BY PROVIDING VOCATIONAL TRAINING, POTENTIALLY LEADING TO A GREA TER LEVEL OF INDEPENDENCE. THIS YEAR, BEHAVIORAL HEALTH CONTINUED PARTICIPATION IN THE A-V ISIONS PROGRAM (SOCIAL REHABILITATION AND PREVOCATIONAL SERVICES FOR PEOPLE LIVING WITH ME NTAL ILLNESS) IN FY11, 32 CLIENTS WERE SERVED CURRENTLY 21 PEOPLE ARE VOLUNTEERING AND 2 0 PEOPLE ARE PARTICIPATING IN SUPPORTIVE EMPLOY MENT THE TOTAL EXPENSE FOR THE A-VISIONS P ROGRAM FOR FY11 WAS $174,037 INCREASE AWARENESS OF MENTAL HEALTH AND GERIATRIC PSYCHIATRI C ISSUES IN FY11, SCRIPPS BEHAVIORAL HEALTH DEPARTMENT IMPROVED AWARENESS OF MENTAL HEALTH AND GERIATRIC ISSUES BY PROVIDING INFORMATION AND SUPPORTIVE SERVICES TO MORE THAN 1,000 PEOPLE AT COMMUNITY EVENTS MENTAL HEALTH EMERGING ISSUES HEALTHY PEOPLE 2020 HAS IDENTIFI ED SEVERAL MENTAL HEALTH ISSUES THAT HAVE EMERGED AMONG SOME SPECIAL POPULATIONS, THESE IN CLUDE. POST-TRAUMATIC STRESS DISORDER (PTSD) AMONG VETERANS AND OTHERS WHO HAVE EXPERIENCE D SOME TYPE OF TRAUMATIC EVENT THESE TRAUMATIC EVENTS MAY INCLUDE WAR, RAPE, NATURAL DIS ASTERS, A CAR OR PLANE CRASH, KIDNAPPING, VIOLENT ASSAULT, SEXUAL OR PHYSICAL ABUSE AND ME DICAL PROCEDURES (ESPECIALLY IN KIDS) SCRIPPS MEMORIAL HOSPITAL AT ENCINITAS OFFERS A TWO DAY COURSE CALLED "BRAIN INJURY REHABILITATION CONFERENCE. BEYOND THE HOSPITAL, INTO THE COMMUNITY" THIS TWO DAY COURSE ON PTSD AND STRESS DISORDER IS DESIGNED TO PROVIDE STRATEG IES AND A FRAMEWORK FOR THE MANAGEMENT OF BRAIN INJURED PATIENTS BOTH WITHIN AND OUTSIDE T HE CLINICAL SETTING TREATMENTS ARE FOCUSED ON THE TOTAL CARE CONTINUUM-PHYSICAL, COGNITIV E, PERCEPTUAL, EMOTIONAL AND SOCIAL-IN A MULTIDISCIPLINARY FORMAT THIS CONFERENCE ALSO PR OVIDES THE PARTICIPANT WITH THEORETICAL, PRACTICAL, AND ADVANCED APPLICATIONS IN BRAIN INJ URY REHABILITATION THE COURSE IS TAUGHT BY AN INTERDISCIPLINARY TEAM OF SPECIALISTS IN BR AIN INJURY REHABILITATION AT SCRIPPS MEMORIAL HOSP

Identifier	Return Reference	Explanation
HOSPITALIZATIONS		ITAL ENCINITAS INFECTIOUS DISEASE SEXUALLY TRANSMITTED DISEASES AND HIV/AIDS SEXUALLY TRA NSMITTED DISEASES (STDS) HAVE BEEN REFERRED TO BY THE INSTITUTE OF MEDICINE AS A ''HIDDEN E PIDEMIC OF ENORMOUS HEALTH AND ECONOMIC CONSEQUENCE IN THE U S THEY ARE HIDDEN BECAUSE MA NY AMERICANS ARE RELUCTANT TO ADDRESS SEXUAL HEALTH ISSUES IN AN OPEN WAY AND BECAUSE OF T HE BIOLOGICAL AND SOCIAL CHARACTERISTICS OF THESE DISEASES'' STDS ENCOMPASS MORE THAN 25 I NFECTIOUS ORGANISMS TRANSMITTED PRIMARILY THROUGH SEXUAL ACTIVITY LOCAL, STATE AND NATION AL HEALTH AGENCIES ARE RESPONSIBLE FOR SURVEILLANCE AND MONITORING OF STDS TUBERCULOSIS T UBERCULOSIS (TB) IS AN AIRBORNE INFECTIOUS DISEASE CAUSED BY THE BACTERIUM MY COBACTERIUM T UBERCULOSIS THAT USUALLY AFFECTS THE LUNGS, ALTHOUGH OTHER ORGANS AND TISSUES SUCH AS THE KIDNEY, SPINE, AND BRAIN CAN BE AFFECTED AS WELL TB CAN BE SPREAD BY COUGHING, SNEEZING, LAUGHING OR SINGING AS OF DECEMBER 31, 2008, 13,820 ACQUIRED IMMUNODEFICIENCY SY NDROME (A IDS) CASES HAVE BEEN REPORTED IN SAN DIEGO COUNTY SINCE 1981 INDIVIDUALS MOST COMMONLY DI AGNOSED WITH AIDS IN SAN DIEGO COUNTY ARE WHITE, MALE, AGED 30 TO 39 YEARS AND HAVE MALE S EX PARTNERS DURING THIS PERIOD, 3,847 HUMAN IMMUNODEFICIENCY VIRUS (HIV) CASES HAVE BEEN REPORTED BECAUSE OF A CHANGE IN THE HIV REPORTING SY STEM, ALL HIV REPORTING DATA CURRENTL Y AVAILABLE COVERS THE PERIOD APRIL 17, 2006 THROUGH DECEMBER 2008 INDIVIDUALS MOST COMMO NLY DIAGNOSED WITH HIV ARE WHITE, MALE AND AGED 30 TO 39 DURING 2009, THERE WERE 264 TUBE RCULOSIS CASES INDIVIDUALS MOST COMMONLY DIAGNOSED WITH TB ARE HISPANIC (52 3%) OR ASIAN/ PACIFIC ISLANDER (31 1%), MALE (62 5%) AND BETWEEN THE AGES OF 25 AND 64 YEARS SCRIPPS M ERCY HOSPITAL CHULA VISTA WELL-BEING CENTER SENIOR PREVENTION AND WELLNESS SENIOR HEALTH C HATS WERE IMPLEMENTED TO PROVIDE HEALTH EDUCATION TO THE OLDER ADULT COMMUNITY IN SOUTH BA Y APPROXIMATELY 25-20 SENIORS ATTENDED THESE MONTHLY THROUGHOUT THE YEAR THESE PRESENTAT IONS INCLUDED A VARIETY OF HEALTH AND AGE RELATED PREVENTION AND WELLNESS ONE OF THE TOPI CS WAS ABOUT TUBERCULOSIS AND HOW TO PREVENT AND TREAT IN ADDITION, INFORMATION WAS PRESE NTED ABOUT SIGNS AND SY MPTOMS THE PRESENTATIONS ARE FACILITATED BY VARIOUS SCRIPPS MERCY HEALTH CARE PROFESSIONALS, PHY SICIANS AND FAMILY MEDICINE RESIDENTS TOPICS ARE ALL CHOSEN BY THE SENIORS THEMSELVES SO AS TO MEET THEIR LOCAL NEEDS ALSO, THE HEALTH CHATS PROVIDE AN INTERCHANGE BETWEEN THE COMMUNITY MEMBERS AND MEDICAL RESIDENTS AND OTHER HEALTH CARE PROFESSIONALS TO FOSTER HEALTHY LIFESTY LES AND HEALTH PREVENTION SCRIPPS MERCY HOSPITAL C HULA VISTA WELL-BEING CENTER STAFF PREPARE AND CONDUCT THESE SESSIONS WITH THE SENIORS TO FOSTER HEALTH PREVENTION, AWARENESS AND DIALOGUE BETWEEN THE SENIORS MANY QUESTIONS ARE A SKED ABOUT CHRONIC HEALTH ISSUES AND OTHER GERIATRIC RELATED HEALTH CONCERNS

Identifier	Return Reference	Explanation
SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEING CENTER		YOUTH PREVENTION AND WELLNESS SCRIPPS MERCY HOSPITAL HEALTH CARE PROFESSIONALS, FAMILY MED ICAL RESIDENTS, DIETICIANS, NURSES AND DOCTORS, ENLIGHTEN STUDENTS IN THE CLASSROOM OF TEN LOCAL SOUTH BAY HIGH SCHOOLS ON HEALTH RELATED TOPICS SOME OF THE TOPICS INCLUDED SEXUAL LY TRANSMITTED ILLNESSES AND TUBERCULOSIS 101 STUDENTS RECEIVED HEALTH CAREER TOOLS/BROCH URES THAT INCLUDED INFORMATION ON PREVENTION AND DETECTION AS WELL AS TREATMENT, SIGNS AND SYMPTOMS 2,527 PEOPLE WERE SERVED SCRIPPS MERCY HOSPITAL FAMILY MEDICINE RESIDENCY RUN TWO HEALTH CLINICS ESTABLISHED AT PALOMAR AND SOUTHWEST HIGH SCHOOL FOR FAMILY MEDICINE RE SIDENTS TO GAIN ADDITIONAL SKILLS IN ADOLESCENT MEDICINE AND FOR YOUTH TO GAIN THE KNOWLED GE, ATTITUDES, AND SKILLS NECESSARY TO PURSUE HEALTH CAREERS FAMILY MEDICINE RESIDENTS AN D FACULTY INTERACT TWICE PER WEEK AT THE CLINIC PROVIDING ADOLESCENT MEDICINE SOME TEACHI NG AND EDUCATION TAKES PLACE ONE-ON-ONE WITH STUDENTS REGARDING SEXUALLY TRANSMITTED ILLNE SSES PREVENTION, SIGNS, SYMPTOMS AND TREATMENT ALSO, INFORMATION IS PRESENTED ON TUBERCUL OSIS PREVENTION, SIGNS, SYMPTOMS AND TREATMENT RESPIRATORY DISEASE RESPIRATORY DISEASES S UCH AS ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ARE A SIGNIFICANT PUBLIC HE ALTH BURDEN IN THE UNITED STATES ASTHMA AND COPD ARE AMONG THE 10 LEADING CHRONIC CONDITI ONS CAUSING RESTRICTED ACTIVITY AFTER CHRONIC SINUSITIS, ASTHMA IS THE MOST COMMON CAUSE OF CHRONIC ILLNESS IN CHILDREN COPD, WHICH INVOLVES EMPHYSEMA AND CHRONIC BRONCHITIS, IS THE FOURTH LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY AND THE US IN 2007, COPD ACCOUNTED FOR 1,023 DEATHS IN SAN DIEGO COUNTY AND 123,311 DEATHS NATIONALLY FOR AN AGE-ADJUSTED MOR TALITY RATE PER 100,000 POPULATION OF 34 1 AND 40 5, RESPECTIVELY HOSPITALIZED PATIENTS S MOKING CESSATION STUDY A TOTAL OF 507 PARTICIPANTS WERE INCLUDED IN THE PILOT RANDOMIZED C ONTROL TRIAL TO ASSESS HOW BEST TO ASSIST HOSPITALIZED SMOKERS QUIT SMOKING THIS STUDY IS A PARTNERSHIP WITH THE CALIFORNIA SMOKERS HELPLINE THE SMOKING CESSATION PILOT AND EXPAN DED STUDY ARE PREVENTION PROGRAMS RELATED TO RESPIRATORY DISEASE CONSIDERING THE RESPIRATO RY THERAPISTS ARE CORE TO THE PILOT AS WELL AS THE LARGER NIH STUDY MANY OF THE HOSPITALI ZED SMOKERS ARE ADMITTED FOR PULMONARY AND RESPIRATORY DISEASE THAT IS OF COURSE LINKED TO SMOKING (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA) PARTNERSHIP FOR SMOKE-FREE FA MILIES PROGRAM SECOND-HAND SMOKE IS CLEARLY A COMMUNITY HEALTH RISK ATTRIBUTING TO LOW BIR TH WEIGHT IN NEWBORNS, SUDDEN INFANT DEATH SYNDROME (SIDS), RESPIRATORY INFECTIONS, ASTHMA AND MIDDLE-EAR DISEASE IN INFANTS AND CHILDREN THE PARTNERSHIP FOR SMOKE-FREE FAMILIES (PSF) IS A COLLABORATIVE EFFORT SUPPORTED BY SCRIPPS, SHARP HEALTHCARE AND CHILDREN'S HOSPI TAL FOCUSED ON IMPROVING THE HEALTH AND WELL BEING OF CHILDREN BY REDUCING THEIR EXPOSURE TO SECOND-HAND SMOKE (SPONSORED BY SCRIPPS HEALTH COMMUNITY BENEFITS) CITY HEIGHTS WELLNE SS CENTER, "HEALTHY HOMES AND ASTHMA TRIGGER NIGHT FORUM" THE CITY HEIGHTS WELLNESS CENTER PARTNERED WITH THE COMMUNITY ASTHMA TASK FORCE (CAT FORCE) FAMILIES WITH ASTHMATIC CHILD REN OFTEN FACE A NUMBER OF CHALLENGES THAT CAN LEAD TO ANXIETY, FEAR OR CONFLICT THE FORU M PRESENTED WAYS FOR PARENTS TO LEARN TO OVERCOME OBSTACLES AND CHALLENGES PRESENTED BY TH EIR CHILD'S CONDITION AND FIND WAYS TO WORK WITH THEM TO MAINTAIN A HEALTHY AND POSITIVE L IVING ENVIRONMENT SOME OF THE TOPICS THAT WERE PRESENTED INCLUDED LEARNING HOW TO GET AN ASTHMA ACTION PLAN COMPLETED BY A DOCTOR, LEARNING HOW TO HAVE A SCHOOL NURSE AND THE CLA SSROOM TEACHER FOLLOW THE ASTHMA ACTION PLAN, LEARNING HOW TO RID HOMES OF MOLD, ALLERGENS AND OTHER ASTHMA TRIGGERS, AND LEARNING WHAT CAN BE DONE IN HOMES TO HELP CHILDREN FROM H AVING ASTHMA ATTACKS AND LEARNING ABOUT QUALIFYING TO HAVE HOMES OR APARTMENTS RENOVATED A T NO COST (SPONSORED BY SCRIPPS MERCY HOSPITAL, COMMUNITY BENEFIT SERVICES) ORAL HEALTH O RAL HEALTH IN AMERICA A REPORT OF THE SURGEON GENERAL, DECLARES THAT "ORAL HEALTH IS ESSE NTIAL TO THE GENERAL HEALTH AND WELL-BEING OF ALL AMERICANS " THE REPORT IDENTIFIES HUGE D ISPARITIES IN THE ORAL HEALTH STATUS OF CERTAIN POPULATIONS IN THE UNITED STATES, INCLUDIN G LOW-INCOME FAMILIES, THOSE LIVING IN RURAL COMMUNITIES, RACIAL OR ETHNIC MINORITIES, CHI LDREN, THE ELDERLY AND THE DEVELOPMENTALLY DISABLED THE 2005 CALIFORNIA ORAL HEALTH NEEDS ASSESSMENT REPORTED 54% OF KINDERGARTENERS AND 71% OF THIRD GRADERS HAVE A HISTORY OF TOO TH DECAY AND MORE THAN 25% OF ELEMENTARY SCHOOL CHILDREN HAVE UNTREATED DECAY A REPORT CA RD ISSUED IN 2010 BY CHILDREN NOW GAVE CALIFORNIA A D+ FOR HEALTH COVERAGE AND A D+ FOR OR AL HEALTH THOSE WHO SUFFER THE WORST ORAL HEALTH ARE FOUND AMONG THE POOR OF ALL AGES, WI TH POOR CHILDREN AND POOR OLDER AMERICANS PARTICULARLY VULNERABLE IDENTIFIED BARRIERS TO CARE INCLUDE NO PERCEIVED NEED FOR ORAL CARE AND/OR THE PUBLIC AND POLICYMAKERS PLACING A LOW PRIORITY ON ORAL HEALTH AND PREVENTION STRATE

Identifier	Return Reference	Explanation
SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEING CENTER		GIES, LACK OF ACCESS TO DENTISTS, LOW SOCIO-ECONOMIC STATUS AND/OR LACK OF FINANCIAL RESOU RCES TO PAY FOR CARE, INADEQUATE REIMBURSEMENT BY GOVERNMENT INSURANCE PROGRAMS AND EXCESS IVE PAPERWORK REQUIRED FOR REIMBURSEMENT, LACK OF PROVIDERS TRAINED TO CARE FOR DIVERSE PO PULATIONS, VERY YOUNG CHILDREN AND PEOPLE WITH SPECIAL NEEDS, AND MEDI-CAL BENEFICIARIES B EING UNAWARE THAT DENTAL BENEFITS ARE INCLUDED AS PART OF THEIR INSURANCE PLAN PROJECT DU LCE PROJECT DULCE ADDRESSES ORAL HEALTH ISSUES WITH PATIENTS DURING COUNSELING VISITS FOS TERING VOLUNTEERISM SCRIPPS BELIEVES THAT HEALTH IMPROVEMENT BEGINS WHEN COMMUNITY MEMBERS TAKE AN ACTIVE ROLE IN MAKING A POSITIVE IMPACT ON THEIR COMMUNITY FOR THIS REASON, SCRI PPS SUPPORTS VOLUNTEER PROGRAMS FOR SCRIPPS EMPLOYEES AND AFFILIATED PHYSICIANS WHO WANT T O HELP MAKE EVEN MORE OF A DIFFERENCE IN THE HEALTH OF THEIR COMMUNITY THE SCRIPPSASSISTS EMPLOYEE VOLUNTEER CLUB IS ONE AVENUE THROUGH WHICH SCRIPPS MATCHES THE TALENTS AND INTER ESTS OF EMPLOYEES AND PHYSICIANS WITH COMMUNITY NEEDS THIS INCLUDES, BUT IS NOT LIMITED T O, MENTORING PARTNERSHIPS WITH LOCAL SCHOOLS AND EFFORTS TO PROVIDE FREE MEDICAL AND SURGI CAL CARE TO PATIENTS IN NEED IN ADDITION TO THE FINANCIAL COMMUNITY BENEFIT CONTRIBUTIONS MADE DURING FY11, SCRIPPS EMPLOYEES AND AFFILIATED PHYSICIANS CONTRIBUTED A SIGNIFICANT P ORTION OF THEIR PERSONAL TIME VOLUNTEERING TO SUPPORT SCRIPPS-SPONSORED COMMUNITY BENEFIT PROGRAMS AND SERVICES WITH CLOSE TO 21,302 HOURS OF VOLUNTEER TIME, THE ESTIMATED DOLLAR VALUE OF THIS VOLUNTEER LABOR IS $906,229 90 PROFESSIONAL EDUCATION & HEALTH RESEARCH QUA LITY HEALTH CARE IS HIGHLY DEPENDENT UPON HEALTH EDUCATION SYSTEMS AND MEDICAL RESEARCH PR OGRAMS WITHOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GENERATION OF HEALTH CARE PROVIDERS OR TO OFFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSIONALS, THE QUALITY OF HE ALTH CARE WOULD BE GREATLY DIMINISHED MEDICAL RESEARCH ALSO PLAYS AN IMPORTANT ROLE IN IM PROVING THE COMMUNITY'S OVERALL HEALTH THROUGH THE DEVELOPMENT OF NEW AND INNOVATIVE TREAT MENT OPTIONS REFLECTS CLINICAL RESEARCH AS WELL AS PROFESSIONAL EDUCATION FOR NON-SCRIPPS EMPLOYEES, INCLUDING GRADUATE MEDICAL EDUCATION, NURSING RESOURCE DEVELOPMENT AND OTHER H EALTH CARE PROFESSIONAL EDUCATION RESEARCH TAKES PLACE PRIMARILY AT SCRIPPS CLINICAL RESE ARCH SERVICES, SCRIPPS WHITTIER DIABETES INSTITUTE, SCRIPPS GENOMIC MEDICINE AND SCRIPPS T RANSLATIONAL SCIENCE INSTITUTE EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO THE ADVANCEMENT OF HEALTH CARE SERVICES THROUGH CLINICAL RESEARCH AND MEDICAL EDUCATION PROGRAMS DURING T HIS FISCAL YEAR, SCRIPPS INVESTED $34,504,162 IN PROFESSIONAL TRAINING PROGRAMS AND CLINIC AL RESEARCH TO ENHANCE SERVICE DELIVERY AND TREATMENT PRACTICES FOR SAN DIEGO COUNTY HEAL TH PROFESSIONS TRAINING INTERNSHIPS SCRIPPS' COMMITMENT TO ONGOING LEARNING AND HEALTH CAR E EXCELLENCE EXTENDS BEYOND OUR ORGANIZATION OUR INTERNSHIP PROGRAMS HELP PROMOTE HEALTH CARE CAREERS TO A NEW GENERATION, SHAPE THE FUTURE WORKFORCE, AND DEVELOP FUTURE LEADERS I N OUR COMMUNITY INTERACTING WITH HEALTH CARE PROFESSIONALS IN THE FIELD PROVIDES A LEARNI NG EXPERIENCE THAT EXPANDS EDUCATION OUTSIDE OF THE CLASSROOM SCRIPPS STAFF PLAYS AN IMPO RTANT ROLE AS PRECEPTORS BY INVESTING THEIR TIME TO CREATE A VALUABLE EXPERIENCE FOR THE C OMMUNITY IN FISCAL YEAR 2011 SCRIPPS HOSTED 1,903 INTERNS WITHIN OUR SYSTEM AND PROVIDED A COMBINED TOTAL OF 192,609 DEVELOPMENT HOURS SPANNING ACROSS NURSING AND ANCILLARY SETTIN GS TABLE 1 PROVIDES A BREAKDOWN OF INTERNS BY SCRIPPS FACILITY

Identifier	Return Reference	Explanation
COLLEGE AND UNIVERSITY AFFILIATIONS		SCRIPPS COLLABORATES WITH LOCAL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES TO ENABLE STUDENTS TO EXPLORE ROLES IN HEALTH CARE AND GAIN FIRST-HAND EXPERIENCE AS THEY WORK WITH SCRIPPS PROFESSIONALS SCRIPPS IS AFFILIATED WITH OVER 90 DIFFERENT SCHOOLS AND PROGRAMS RANGING F ROM CLINICAL TO NON-CLINICAL PARTNERSHIPS LOCAL SCHOOLS INCLUDE, BUT ARE NOT LIMITED TO, POINT LOMA NAZARENE UNIVERSITY (PLNU), UNIVERSITY OF CALIFORNIA SAN DIEGO (UCSD), CAL STAT E UNIVERSITY SAN MARCOS (CSUSM), SAN DIEGO STATE UNIVERSITY (SDSU), UNIVERSITY OF SAN DIEG O (USD), MESA COLLEGE, SAN DIEGO CITY COLLEGE, GROSSMONT COLLEGE AND MIRA COSTA COLLEGE S CRIPPS IS REGULARLY ACCEPTING NEW PARTNERSHIPS BASED ON COMMUNITY AND WORKFORCE NEEDS SCR IPPS ESTABLISHED AN AFFILIATION AGREEMENT COMMITTEE TO REVIEW ALL REQUESTS AND PROVIDE A S YSTEMWIDE APPROACH TO SECURING NEW STUDENT PLACEMENTS THIS COMMITTEE IS INTERDISCIPLINARY AND REPRESENTS LEARNING AND DEPARTMENT LEADERSHIP ACROSS THE SCRIPPS SYSTEM, ENSURING A P ROACTIVE APPROACH TO BUILDING A CAREER PIPELINE FOR TOP TALENT RESEARCH STUDENTS SCRIPPS SUPPORTS GRADUATE LEVEL RESEARCH AT ITS FACILITIES FOR MASTER AND DOCTORAL LEVEL STUDENTS STUDYING AT A UNIVERSITY WHICH HAS AN AFFILIATION AGREEMENT WITH SCRIPPS SCRIPPS CENTER F OR LEARNING & INNOVATION OVERSEES THE STUDENT PLACEMENT PROCESS NON-PHYSICIAN STUDENTS WH O HAVE PARTICIPATED IN RESEARCH AT SCRIPPS REPRESENT A VARIETY OF HEALTHCARE DISCIPLINES I NCLUDING PUBLIC HEALTH, PHYSICAL THERAPY, PHARMACY AND NURSING IN FY11, STUDENT RESEARCH CONDUCTED AT SCRIPPS REPRESENTED STUDENTS FROM THE USD, SDSU, PLNU, POST-DOCTORAL PHARMACY RESIDENCY PROGRAMS AND PGY1 PHARMACY RESIDENCY PROGRAM COLLEGE COLLABORATIONS SCRIPPS PA RTNERED WITH POINT LOMA NAZARENE UNIVERSITY TO CREATE HEALTHCARE FOCUS COURSES INCLUDING H EALTHCARE FINANCE AND HEALTHCARE OPERATIONS PLNU STUDENTS (NON-SCRIPPS EMPLOYEES) MAY ELE CT TO TAKE THESE COURSES TOWARDS MBA COMPLETION HIGH SCHOOL PROGRAMS SCRIPPS IS DEDICATED TO PROMOTING HEALTH CARE AS A REWARDING CAREER TO TOMORROW'S WORKFORCE SCRIPPS COLLABORA TES WITH PARTICIPATING HIGH SCHOOLS TO OFFER STUDENTS AN OPPORTUNITY TO EXPLORE A ROLE IN HEALTH CARE AND GAIN FIRST-HAND EXPERIENCE AS THEY WORK WITH SCRIPPS HEALTH CARE PROFESSIO NALS FOLLOWING IS A SUMMARY OF THE HIGH SCHOOL PROGRAMS MADE AVAILABLE TO THE COMMUNITY T HIS PAST YEAR SCRIPPS HIGH SCHOOL EXPLORATION PROGRAM AND REGIONAL ALLIED HEALTH AND SCIE NCE INITIATIVE (RASHI) THIS PROGRAM IS DESIGNED TO REACH OUT TO SAN DIEGO HIGH SCHOOL YOUT H INTERESTED IN EXPLORING A CAREER IN HEALTH CARE IN FY11 SCRIPPS HIRED 35 STUDENTS TO PA RTICIPATE IN THE PROGRAM DURING THEIR PAID FIVE WEEK ROTATION, THE STUDENTS ROTATE THROUG H DEPARTMENTS, EXPLORING CAREER OPTIONS AND LEARNING VALUABLE LIFE LESSONS ABOUT HEALTH AN D HEALING UC HIGH SCHOOL COLLABORATION UC HIGH SCHOOL AND SCRIPPS PARTNERED THIS YEAR TO PROVIDE A REAL-LIFE CONTEXT TO HEALTHCARE ESSENTIALS COURSE TAUGHT AT UC HIGH SCHOOL FOR FY11, 10 STUDENTS WERE INTERVIEWED AND SELECTED TO ROTATE THROUGH THREE DIFFERENT SCRIPPS CLINIC LOCATIONS DURING THE FALL AND SPRING SEMESTER TO INCREASE THEIR AWARENESS OF HEALTH CARE CAREERS UC HIGH STUDENTS VISITED SCRIPPS CLINIC TORREY PINES, DEL MAR, AND CARMEL VA LLEY SHADOWING HEALTHCARE PROFESSIONALS IN VARIOUS DEPARTMENTS INCLUDING INTERNAL MEDICINE, RADIOLOGY, ASC, INTEGRATIVE MEDICINE, URGENT CARE, CARDIOLOGY, AND PEDIATRICS YOUNG LEA DERS IN HEALTH CARE AN OUTREACH PROGRAM AT SCRIPPS HOSPITAL ENCINITAS, YOUNG LEADERS IN HE ALTH CARE TARGETS LOCAL HIGH SCHOOL STUDENTS INTERESTED IN EXPLORING CAREERS IN HEALTH CAR E STUDENTS FROM GRADES 9-12 PARTICIPATE IN THE PROGRAM THIS PROGRAM IS DESIGNED TO PROVI DE A FORUM FOR HIGH SCHOOL STUDENTS TO LEARN ABOUT THE HEALTH CARE SYSTEM AND ITS BREADTH OF CAREER OPPORTUNITIES IT IS A COMBINED EXPERIENCE INCLUDING WEEKLY MEETINGS AT LOCAL SC HOOLS FACILITATED BY TEACHERS AND ADVISORS, AS WELL AS MONTHLY MEETINGS AT SCRIPPS HOSPITA L ENCINITAS THE PROGRAM MENTORS STUDENTS ABOUT LEADERSHIP AND PROVIDES TOOLS DAILY LIFE C HALLENGES YOUNG LEADERS IN HEALTH CARE ALSO INCLUDES A SERVICE PROJECT TO MEET HIGH SCHOO L REQUIREMENTS AND ALSO MAKE A POSITIVE IMPACT ON THE COMMUNITY THE PROGRAM CLOSES THE YE AR WITH A PRESENTATION THAT IS ALIGNED WITH THE YEARLY FOCUS MORE THAN 60 STUDENTS, COMMU NITY MEMBERS AND HEALTH CARE SPECIALISTS ATTENDED THE YOUNG LEADER IN HEALTH CARE FINAL ME ETING OF THE SCHOOL YEAR CULMINATING IN STUDENT PRESENTATIONS ON SPORTS INJURIES AND PREVE NTION WORKABILITY SCRIPPS PARTNERS WITH THE SAN DIEGUITO ACADEMY WORKABILITY PROGRAM WHIC H EDUCATES STUDENTS AND THE COMMUNITY REGARDING HEALTH CARE CAREER OPPORTUNITIES SCRIPPS PROVIDES FIRST-HAND TOURS OF HOSPITAL FACILITIES AND EDUCATES PARTICIPANTS ABOUT THE COMPL EXITIES OF HOSPITAL OPERATIONS THE PROGRAM IS DESIGNED TO PROVIDE PRE-EMPLOY MENT SKILLS D EVELOPMENT, WORKSITE TRAINING AND FOLLOW-UP SERVICES FOR YOUTH (AGES 12-22) WITH SPECIAL N EEDS WHO ARE MAKING THE TRANSITION FROM SCHOOL TO

Identifier	Return Reference	Explanation
COLLEGE AND UNIVERSITY AFFILIATIONS		WORK WHILE STUDENTS GET CLASSROOM TRAINING, SCRIPPS HAS PARTNERED WITH THE PROGRAM TO PRO VIDE ONSITE CAREER TRAINING FOR THE STUDENTS IN FY11, 5 STUDENTS PARTICIPATED IN THE PROG RAM AT GREEN AND ENCINITAS NEW GRAD RESIDENCY PROGRAM DESIGNED FOR THE NEWLY GRADUATED RE GISTERED NURSE (RN), THIS INNOVATIVE PROGRAM AIMS TO IMPROVE PATIENT CARE QUALITY AND SAFE TY DURING THE FIRST YEAR ON THE JOB BY TRAINING NEW NURSES AND BUILDING CONFIDENCE AT THE BEDSIDE, THE PROGRAM HELPS MAKE THE INITIAL YEAR OF A NURSE'S CAREER A LAUNCH PAD TO SUCC ESS 990 PART V, LINE 7H THE DONATED VEHICLE WAS PLACED IN SERVICE FOR THE ORGANIZATION, T HEREFORE, FORM 1098-C IS NOT APPLICABLE

Identifier	Return Reference	Explanation
990 REVIEW PROCESS WITH GOVERNING BODY	FORM 990, PART VI, LINE 11B	THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM WITH THE SUPPORT OF THE CORPORATE FINANCE TEAM WITH INPUT FROM HUMAN RESOURCES, FOUNDATION, AND LEGAL OFFICE. THE FORM 990 WAS REVIEWED BY THE PRESIDENT, LEGAL COUNSEL, CHIEF FINANCIAL OFFICER, AUDIT COMMITTEE, HUMAN RESOURCES AND COMPENSATION COMMITTEE PRIOR TO FILING IN ADDITION, A FULL COPY OF THE 990 WAS PROVIDED TO THE BOARD OF TRUSTEES VIA EMAIL IN ADVANCE OF FILING FORM 990 WITH THE IRS

Identifier	Return Reference	Explanation
COMPLIANCE POLICY MONITORING	FORM 990, PART VI, LINE 12C	WITHIN 60 DAYS OF HIRE AND ANNUALLY THEREAFTER ALL SUPERVISORS AND ABOVE, ALL EMPLOYEES IN THE SUPPLY CHAIN MANAGEMENT DEPARTMENT, AUDIT & COMPLIANCE SERVICES DEPARTMENT, AND CASE MANAGEMENT DEPARTMENT OR FUNCTION, AND ANY OTHER EMPLOYEE WHO IS IN A POSITION TO REFER PATIENTS THAT ARE FEDERALLY FUNDED HEALTHCARE BENEFICIARIES TO OTHER PROVIDERS AND SERVICES, AND OTHERS AS DETERMINED BY THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE WILL BE REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST COMMITMENT DISCLOSURE FORM IT IS THE RESPONSIBILITY OF ANY EMPLOYEE WHO HAS A CHANGE IN OUTSIDE PROFESSIONAL ACTIVITIES, SIGNIFICANT FINANCIAL INTERESTS, OR POTENTIAL OR ACTUAL CONFLICT OF INTEREST, OR COMMITMENT SITUATIONS THAT ARISE DURING THE YEAR TO DISCLOSE THE INFORMATION TO THEIR SUPERVISORS AS SOON AS THE EMPLOYEE BECOMES AWARE OF THE POTENTIAL OR ACTUAL SITUATION CREATING A POSSIBLE CONFLICT OF INTEREST OR CONFLICT COMMITMENT SUPERVISORS WILL ASSESS THE SITUATION AND REFER TO THEIR BUSINESS UNIT MANAGEMENT AND/OR THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE, AS APPROPRIATE IN ADDITION, EACH PERSON ENTRUSTED WITH A POSITION OF RESPONSIBILITY IN THE GOVERNANCE AND MANAGEMENT ARE REQUIRED TO COMPLETE AND SUBMIT DISCLOSURE STATEMENTS AS FOLLOWS 1 INITIAL CONFLICT OF INTEREST AND 990 TAX RETURN DISCLOSURE STATEMENT (INITIAL DISCLOSURES) 2 ANNUAL CONFLICT OF INTEREST AND 990 TAX RETURN DISCLOSURE STATEMENT 3 SUBSEQUENT OCCURRENCES REPORTING UPON THE OCCURRENCE OF ANY NEW POTENTIAL CONFLICT OF INTEREST ACTUAL OR POTENTIAL CONFLICT DISCLOSURES REGARDING EMPLOYEES ARE REVIEWED BY THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE DISCLOSURES REQUIRING MITIGATION ARE DISCUSSED WITH THE BUSINESS UNIT CHIEF EXECUTIVE AND EMPLOYEE'S SUPERVISOR LEGAL COUNSEL REVIEWS EACH BOARD OF TRUSTEES MEETING AGENDA PRIOR TO THE MEETING AND POTENTIAL CONFLICTS OF INTERESTS ARE IDENTIFIED, CONSIDERED AND AN APPROPRIATE COURSE OF ACTION IS DETERMINED BY THE MEMBER AND LEGAL COUNSEL WITH THE INVOLVEMENT OF THE PRESIDENT AND BOARD CHAIR, WHERE APPROPRIATE COURSE OF ACTION MAY INCLUDE THE CONFLICTED BOARD MEMBER RECUSING THEMSELVES, ABSTAINING FROM VOTING AND/OR READING A STATEMENT INTO THE BOARD MINUTES REGARDING SUCH CONFLICT AS IT RELATES TO BOARD OF TRUSTEES, WHEN A DETERMINATION IS THAT AN ACTUAL CONFLICT OF INTEREST EXISTS AND A COVERED INDIVIDUAL IS AN "INTERESTED PERSON" UNDER CALIFORNIA LAW, THE TRANSACTION BEING CONSIDERED WILL COMPLY WITH APPLICABLE STATUTORY REQUIREMENTS TO AVOID PARTICIPATION IN THE DECISION MAKING PROCESS BY THE COVERED INDIVIDUAL THE MINUTES OF BOARD MEETINGS SHALL DOCUMENT ALL RECUSALS FROM DISCUSSION AND VOTING

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, LINE 15A & 15B	PURSUANT TO PROCEDURES REQUIRED BY TAX EQUITY AND FISCAL RESPONSIBILITY ACT OF 1983 (TEFRA), SCRIPPS HEALTH'S PROCEDURES ARE AS FOLLOWS THE BOARD OF TRUSTEES REVIEWS EXECUTIVE COMPENSATION FOR OFFICERS AND ALL KEY EMPLOYEES ON AN ANNUAL BASIS UTILIZING COMPARABILITY DATA OBTAINED BY AN EXTERNAL CONSULTANT IT IS THE PHILOSOPHY OF THE SCRIPPS BOARD OF TRUSTEES TO COMPENSATE THE CORPORATION'S EXECUTIVES FAIRLY RELATIVE TO THE MEDIAN COMPENSATION OF PEER ORGANIZATIONS, CONSIDERING AND MAKING APPROPRIATE ADJUSTMENTS FOR THE COST OF LIVING IN SAN DIEGO, CALIFORNIA AND OTHER RELEVANT FACTORS TO ACCOMPLISH THIS, THE BOARD HAS ADOPTED A PHILOSOPHY OF TARGETING EXECUTIVE SALARIES AT APPROXIMATELY THE 65TH PERCENTILE OF A NATIONAL PEER GROUP OF ORGANIZATIONS AS DETERMINED THROUGH AN INDEPENDENT OUTSIDE CONSULTANT ENGAGED BY THE BOARD AND WILL RELY ON THEIR RECOMMENDATIONS USING A DATABASE OF INDEPENDENTLY COLLECTED DATA THE PHILOSOPHY STATES -FOR PURPOSES OF EXECUTIVE COMPENSATION COMPARISONS, SCRIPPS WILL USE A NATIONAL PEER GROUP OF MEDICAL DELIVERY SYSTEMS OF SIMILAR REVENUE SIZE AND COMPLEXITY THE PEER GROUP WILL BE REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE - SALARIES ARE TARGETED AT APPROXIMATELY THE 65TH PERCENTILE OF THE PEER GROUP AND WILL REFLECT THE PERFORMANCE OF THE INDIVIDUAL -TOTAL CASH COMPENSATION IS POSITIONED AT APPROXIMATELY THE 75TH PERCENTILE OF THE PEER GROUP WHEN MAXIMUM LEVEL INCENTIVES ARE PAID FOR ACHIEVEMENT OF MAXIMUM LEVEL OF PREDETERMINED OBJECTIVES AGREED UPON BY THE BOARD - BENEFITS ARE POSITIONED AT THE 65TH PERCENTILE OF THE PEER GROUP -ANNUALLY, TOTAL CASH COMPENSATION FOR EACH POSITION WILL NOT EXCEED THE BASE SALARY ESTABLISHED FOR THE PERIOD PLUS THE MAXIMUM INCENTIVE PERCENTAGE PAYOUT ALLOWABLE AS DETERMINED BY THE SCRIPPS MANAGEMENT INCENTIVE PLAN APPROVED BY THE BOARD OF TRUSTEES FOR THE RESPECTIVE POSITION THE REPORT FROM THE EXTERNAL CONSULTANT ENGAGED TO REVIEW EXECUTIVE COMPENSATION IS PRESENTED TO THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ON AN ANNUAL BASIS AND THE MOST RECENT REPORT WAS REVIEWED ON DECEMBER 14, 2011 REVIEW AND DISCUSSION OF SUCH REPORT IS DOCUMENTED IN THE MINUTES

Identifier	Return Reference	Explanation
JOINT VENTURES	FORM 990, PART VI, LINE 16	SCRIPPS HEALTH HAS MAINTAINED A LONG STANDING PRACTICE OF REVIEWING ALL POTENTIAL JOINT VENTURE OR SIMILAR ARRANGEMENTS TO ENSURE THAT CONTRACT TERMS ARE CONSISTENT WITH THE PROTECTION OF ITS TAX-EXEMPT STATUS

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS TO THE GENERAL PUBLIC	FORM 990, PART VI, LINE 19	FINANCIAL STATEMENTS ARE POSTED QUARTERLY ON THE DAC (DIGITAL ASSURANCE CERTIFICATION) WEBSITE AND THE MUNICIPAL SECURITIES RULEMAKING BOARD'S (MSRB) ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE IN SATISFACTION OF CONTINUING DISCLOSURE REQUIREMENTS RELATING TO THE ORGANIZATION'S TAX-EXEMPT DEBT ISSUANCES THE AUDITED FINANCIAL STATEMENTS ARE ALSO ATTACHED TO THIS FORM 990, IN ACCORDANCE WITH THE IRS INSTRUCTIONS SCRIPPS HEALTH'S CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	THE TRUSTEES OF SCRIPPS HEALTH ALSO SERVE AS TRUSTEES OF THE WHITTIER INSTITUTE WHERE THEY DEVOTE 5 HOURS PER WEEK CHRISTOPHER VAN GORDER IS ALSO THE PRESIDENT AND CEO OF THE WHITTIER INSTITUTE WHERE HE DEVOTES 5 HOURS PER WEEK RICHARD ROTHBERGER IS ALSO THE CFO AND CORPORATE EXECUTIVE VP OF THE WHITTIER INSTITUTE WHERE HE DEVOTES 5 HOURS PER WEEK RICHARD SHERIDAN IS ALSO THE CORPORATE SENIOR VP AND GENERAL COUNSEL OF THE WHITTIER INSTITUTE WHERE HE DEVOTES 5 HOURS PER WEEK GALE KEEL IS ALSO THE ASSISTANT SECRETARY TO THE BOARD OF DIRECTORS OF THE WHITTIER INSTITUTE WHERE SHE DEVOTES 5 HOURS PER WEEK VIRGINIA LEARY IS ALSO THE EXECUTIVE SECRETARY TO THE CEO OF THE WHITTIER INSTITUTE WHERE SHE DEVOTES 5 HOURS PER WEEK ARNOLD BRENT EASTMAN IS ALSO THE CORPORATE SENIOR VP AND CHIEF MEDICAL OFFICER OF THE WHITTIER INSTITUTE WHERE HE DEVOTES 5 HOURS PER WEEK

Identifier	Return Reference	Explanation
OTHER CHANGES TO NET ASSETS/FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED GAIN/LOSS ON INVESTMENTS $(62,209,559) CHANGE IN VALUE OF DEFERRED GIFTS $ (852,534) OTHER CHANGES IN NET ASSETS $ 1,322,181 JOINT VENTURES-NONCONTROLLING INTERESTS $ 3,212,000 OTHER CHANGES $ 1,096 ---------- TOTAL $(58,526,816)

Identifier	Return Reference	Explanation
TAX EXEMPT BONDS	SCHEDULE K, PART I, ISSUE PRICE	BOND ISSUE A (2007A) THE STATED PAR OF $49,995,000 DIFFERS FROM THE $149,875,000 REPORTED ON THE 8038 TAX FORM AS THE $49,995,000 AMOUNT REPRESENTS ONLY SCRIPPS HEALTH'S PORTION IN A POOL BOND LOAN PROGRAM

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, CUSIP NUMBER	BOND ISSUE D (2005A/2008G)	THE SERIES 2005A BONDS, CUSIP 13033FWK2, WERE EXCHANGED FOR THE CALIFORNIA HEALTH FACILITIES FINANCE AUTHORITY VARIABLE RATE REVENUE BONDS, SERIES 2008G, CUSIP 13033F5M8 (SCRIPPS HEALTH), ON AUGUST 14, 2008

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, DESCRIPTION OF PURPOSE	BOND ISSUE A (2007A)	POOL BOND PROCEEDS USED FOR EQUIPMENT PURPOSES BOND ISSUE B (2008A) REFUNDING OF PRIOR ISSUES 07/07/2005 BOND ISSUE C (2008B-F) THE $221,230,000 (2008B - F) REFUNDED THE 2005B - F BONDS THE ISSUE DATE FOR THE 2005 B - F WAS 6/17/2005 BOND ISSUE D (2005A/2008G) THE $40,975,000 (2008G) EXCHANGED THE 2005A BOND THE ISSUE DATE FOR THE 2005A WAS 6/2/2005 THE PROCEEDS OF THE CALIFORNIA HEALTH FACILITIES FINANCE AUTHORITY VARIABLE RATE REVENUE BONDS, SERIES 2005A (SCRIPPS HEALTH), WERE ISSUED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE REFUNDING THE ORGANIZATION'S SERIES 1998C BONDS THE SERIES 2005A BONDS, WERE EXCHANGED FOR THE CALIFORNIA HEALTH FACILITIES FINANCE AUTHORITY VARIABLE RATE REVENUE BONDS, SERIES 2008G (SCRIPPS HEALTH), ON AUGUST 14, 2008 BASED ON THE ADVICE OF BOND COUNSEL, THE ORGANIZATION IS TREATING THE SERIES 2008G BONDS AS THE SAME ISSUE AS THE SERIES 2005A BONDS FOR FEDERAL INCOME TAX PURPOSES FURTHER INFORMATION REGARDING THE SERIES 2008G BONDS ISSUER NAME CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY, ISSUER EIN 52-1643828, CUSIP # 13033F5M8, DATE EXCHANGED 8/14/2008, ISSUE PRICE N/A, DESCRIPTION OF PURPOSE EXCHANGE FOR SERIES 2005A BONDS (SAME ISSUE) BOND ISSUE A-2 (2010A) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT BOND ISSUE B-2 (2010B & C) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT

Identifier	Return Reference	Explanation
SCHEDULE K, PART II, QUESTION 8	BOND ISSUE B (2008B-F)	SUBSTANTIALLY COMPLETE PRIOR TO ISSUANCE BOND ISSUE D (2005A/2008G) SUBSTANTIALLY COMPLETE PRIOR TO ISSUANCE

Identifier	Return Reference	Explanation
SCHEDULE K, PART III, QUESTION 3C		THE OBLIGOR'S LEGAL DEPARTMENT REVIEWS CONTRACTS AND AGREEMENTS TO ENSURE COMPLIANCE WITH PRIVATE BUSINESS USE REGULATIONS, ENGAGING OUTSIDE LEGAL COUNSEL, AS NECESSARY

Identifier	Return Reference	Explanation
SCHEDULE K, PART IV, ARBITRAGE, QUESTION 5	BOND ISSUE A (2007A)	AN AMOUNT IN THE COSTS OF ISSUANCE FUND NOT EXCEEDING $100,000 WAS NOT DISBURSED UNTIL MAY 2008 BOND ISSUE D (2005A/2008G) THE COST OF ISSUANCE WAS NOT EXPENDED UNTIL 1/4/2006 PER THE TAX CERTIFICATE IT WAS EXPECTED TO BE EXPENDED WITHIN 180 DAYS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493220013512

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
SCRIPPS HEALTH

Employer identification number
95-1684089

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
(1) SCRIPPS CARDIO&THORACIC SURGERY BILLING 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121 27-0602996	HLTHCR ADMIN	CA	4,764,135	0	NA
(2) SCRIPPS CLINIC BILLING LLC 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121 87-0737749	HLTHCR ADMIN	CA	360,005,626	0	NA
(3) SCRIPPS MERCY BILLING LLC 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121 87-0737748	HLTHCR ADMIN	CA	55,032,815	0	NA

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
(1) THE WHITTIER INSTITUTE 9894 GENESEE AVENUE LA JOLLA, CA 92037 95-3621314	RSRCH & EDU	CA	501(C)(3)	4	SCRIPPS		
(2) SCRIPPS CLINICAL SCIENCE CENTER 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121 26-4479543	RESEARCH	CA	501(C)(3)	4	SCRIPPS		
(3) MERCY HOSPITAL FOUNDATION 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121 94-2958094	FUNDRAISING	CA	501(C)(3)	11, I	SCRIPPS		

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) Disproportionate 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
(1) SCRIPPS MERCY AMBULATORY SURGERY CENTER 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 45-0503246	AMBUL SURGERY CTR	CA	NA	RELATED	2,568,078	3,845,311		No	0	Yes		73 500 %
(2) SCRIPPS ENCINITAS SURGERY CENTER LLC 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 20-5942958	HOSPITAL	CA	NA	RELATED	1,467,685	95,939		No	0		No	55 500 %
(3) SCRIPPS IDN MGMT LLC 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 45-4557426	HEALTHCARE SVCS	CA	NA	RELATED	0	0		No	0	Yes		50 000 %

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) SC PHYSICIANS ORGANIZATION INC 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 33-0796247	HOLDING COMPANY	CA	NA	C CORP	0	420,432	100 000 %
(2) SCRIPPS HEALTH & HEALING 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 20-5156965	PATIENT EDUCATION	CA	NA	C CORP	0	0	100 000 %
(3) SCRIPPS HEALTH PLAN SERVICES (SHPS) 4275 CAMPUS POINT COURT SAN DIEGO, CA92191 33-0782099	HLTHCARE SVC PLAN	CA	NA	C CORP	236,291,742	39,250,328	100 000 %
(4) CHARITABLE REMAINDER TRUSTS (66)	HOSPITAL SUPPORT	CA	NA	TRUST			
(5) CHARITABLE LEAD TRUSTS (2)	HOSPITAL SUPPORT	CA	NA	TRUST			
(6) SCRIPPSCARE 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 45-2870638	HEALTHCARE SVCS	CA	NA	C CORP	0	0	100 000 %

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	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
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	Yes	
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		No
p Reimbursement paid by other organization for expenses	1p	Yes	
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) See Additional Data Table			
(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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIPS	SCHEDULE R, PART III	SCRIPPS MERCY AMBULATORY SURGERY CENTER EIN 45-0503246 4275 CAMPUS POINT COURT, SAN DIEGO, CA 92121 SCRIPPS ENCINITAS SURGERY CENTER EIN 20-5942958 4275 CAMPUS POINT COURT, SAN DIEGO, CA 92121 SCRIPPS IDN MANAGEMENT LLC EIN 45-4557426 4275 CAMPUS POINT COURT, SAN DIEGO, CA 92121

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	Scripps Health Plan Services (SHPS)	K	78,139,020	
(2)	Scripps Health Plan Services (SHPS)	L	9,715,236	
(3)	Whittier Institute for Diabetes	P	2,961,475	
(4)	Scripps Mercy Ambulatory Surgery Center	A(IV)	741,913	
(5)	Scripps Encinitas Surgery Center LLC	A(IV)	339,169	
(6)	Scripps Clinical Science Center		0	
(7)	Mercy Hospital Foundation		0	
(8)	Scripps IDN Management LLC		0	
(9)	SC Physicians Organizations INC		0	
(10)	Scripps Health & Healing		0	
(11)	Charitable Remainder Trusts (66)		0	
(12)	Charitable Lead Trusts (2)		0	
(13)	ScrippsCare		0	

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
							Yes	No	Yes	No	Yes	No
A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	EE EXPT						
B	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	EE EXPT						
C	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	EE EXPT						
D	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	EE EXPT						

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0.	2,010,000.	32,160,000.	0.
2	Amount of bonds legally defeased	0.	0.	0.	0.
3	Total proceeds of issue	49,995,000.	99,830,304.	221,230,000.	40,975,000.
4	Gross proceeds in reserve funds	0.	9,904,407.	0.	0.
5	Capitalized interest from proceeds	0.	0.	0.	0.
6	Proceeds in refunding escrows	0.	0.	0.	0.
7	Issuance costs from proceeds	146,070.	0.	0.	280,659.
8	Credit enhancement from proceeds	0.	0.	5,544.	918,283.
9	Working capital expenditures from proceeds	0.	0.	0.	0.
10	Capital expenditures from proceeds	0.	0.	0.	0.
11	Other spent proceeds	49,848,930.	89,925,897.	221,224,456.	39,776,058.
12	Other unspent proceeds	0.	0.	0.	0.
13	Year of substantial completion	2005			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X				X		
2	Are there any lease arrangements that may result in private business use of bond-financed property		X				X		

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
							Yes	No	Yes	No	Yes	No
A	CALIF PUBLIC HEALTH FACILITIES FINANCING AUTH REV	[illegible]	[illegible]	[illegible]	[illegible]	FEE REPT						
B	CALIF PUBLIC HEALTH FACILITIES FINANCING AUTH REV	[illegible]	[illegible]	[illegible]	[illegible]	FEE REPT						
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0.	0.		
2	Amount of bonds legally defeased	0.	0.		
3	Total proceeds of issue	120,122,508.	100,002,530.		
4	Gross proceeds in reserve funds	0.	0.		
5	Capitalized interest from proceeds	0.	0.		
6	Proceeds in refunding escrows	0.	0.		
7	Issuance costs from proceeds	0.	0.		
8	Credit enhancement from proceeds	0.	0.		
9	Working capital expenditures from proceeds	0.	0.		
10	Capital expenditures from proceeds	103,209,595.	100,002,530.		
11	Other spent proceeds	0.	0.		
12	Other unspent proceeds	16,912,913.	0.		
13	Year of substantial completion	2011	2011		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property		X		X				

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X				X			
b Are there any research agreements that may result in private business use of bond-financed property?		X				X		
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X				X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.0000 %		%		0.0000 %		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.0000 %		%		0.0000 %		%	
6 Total of lines 4 and 5	0.0000 %		%		0.0000 %		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X				X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?	X			X	X		X	
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X		X	
b Name of provider					ITIE-NI, N =		ITIE-NI, N =	
c Term of hedge						23.100		14.300
d Was the hedge superintegrated?						X		X
e Was the hedge terminated?						X		X
4a Were gross proceeds invested in a GIC?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
6 Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

SEE SCHEDULE O

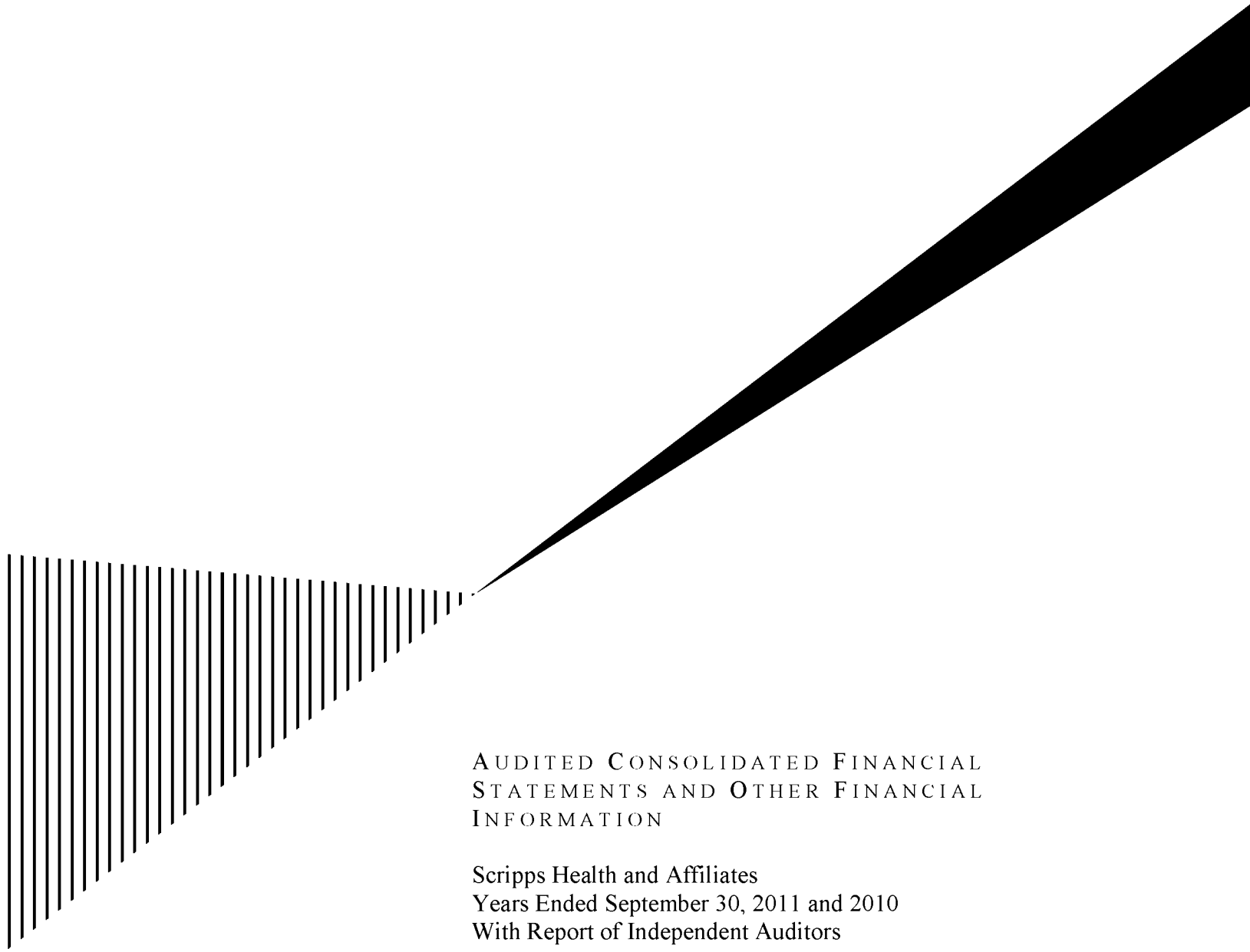
Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.0000 %		0.0000 %		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.0000 %		0.0000 %		%		%	
6 Total of lines 4 and 5	0.0000 %		0.0000 %		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2 Is the bond issue a variable rate issue?		X	X					
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?	X		X					

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)



AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION

Scripps Health and Affiliates
Years Ended September 30, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

Scripps Health and Affiliates

Audited Consolidated Financial Statements
and Other Financial Information

Years Ended September 30, 2011 and 2010

Contents

ERNST & YOUNG

Ernst & Young LLP
Suite 500
4370 La Jolla Village Drive
San Diego, California 92122

Tel +1 858 535 7200
Fax +1 858 535 7777
www ey com

Report of Independent Auditors

Board of Trustees
Scripps Health and Affiliates

We have audited the accompanying consolidated statements of financial position of Scripps Health and Affiliates (collectively, the Organization) as of September 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended These financial statements are the responsibility of the Organization's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement We were not engaged to perform an audit of the Organization's internal control over financial reporting Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Scripps Health and Affiliates at September 30, 2011 and 2010, and the consolidated results of their operations, changes in their net assets, and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole The accompanying consolidating financial statement information for 2011 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements Such information has been subjected to the auditing procedures applied in our audit of the consolidated financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole

Ernst + Young LLP

December 16, 2011

Scripps Health and Affiliates

Consolidated Statements of Financial Position
(in thousands)

	September 30	
	2011	**2010**
Assets		
Current assets		
Cash and cash equivalents	$ 492,851	$ 303,600
Patient accounts receivable, net	224,745	226,061
Assets limited as to use	11,010	10,650
Other current assets	85,234	60,382
Total current assets	813,840	600,693
Assets limited as to use	227,878	306,177
Investments	921,662	864,429
Property and equipment, net	838,596	785,510
Other assets	71,479	72,747
Total assets	$ 2,873,455	$ 2,629,556
Liabilities and net assets		
Current liabilities		
Current portion of long-term debt	$ 19,175	$ 39,883
Accounts payable	92,727	86,378
Accrued liabilities	258,498	232,803
Total current liabilities	370,400	359,064
Long-term debt, less current portion	597,088	590,570
Other liabilities	102,850	97,664
Total liabilities	1,070,338	1,047,298
Net assets		
Unrestricted		
Controlling interests	1,612,459	1,382,742
Noncontrolling interests in subsidiaries	2,406	2,267
	1,614,865	1,385,009
Temporarily restricted	109,783	121,099
Permanently restricted	78,469	76,150
Total net assets	1,803,117	1,582,258
Total liabilities and net assets	$ 2,873,455	$ 2,629,556

See accompanying notes.

Scripps Health and Affiliates

Consolidated Statements of Operations
(in thousands)

	Year Ended September 30	
	2011	**2010**
Unrestricted revenues, gains and other support		
Patient service revenue, net of contractual allowances and discounts	$ 2,133,072	$ 1,995,814
Provision for bad debts	(90,841)	(69,028)
Net patient service revenue less provision for bad debts before provider tax	2,042,231	1,926,786
Provider tax	102,072	–
Net patient service revenue	2,144,303	1,926,786
Capitation premium	227,514	226,350
Other	64,866	65,406
Net assets released from restrictions used for operations	14,505	13,324
Total operating revenues	2,451,188	2,231,866
Operating expenses		
Wages and benefits	1,077,584	1,028,610
Supplies	380,219	364,286
Services	587,559	590,815
Provider tax	79,452	–
Depreciation and amortization	92,527	89,997
Interest	13,642	14,801
Loss on impairment	1,962	8,455
Total operating expenses	2,232,945	2,096,964
Operating income	218,243	134,902
Nonoperating gains (losses)		
Investment income	44,450	35,226
Holding (loss) gain on trading portfolio	(54,390)	42,841
Contributions	1,022	2,265
Gain on disposal of property	16	15
Market adjustment on interest rate swaps	(3,692)	(8,054)
Excess of revenues over expenses	205,649	207,195
Less excess of revenues over expenses attributable to noncontrolling interests	(1,865)	(2,285)
Excess of revenues over expenses attributable to controlling interests	$ 203,784	$ 204,910

See accompanying notes

Scripps Health and Affiliates

Consolidated Statements of Changes in Net Assets

(in thousands)

	Year Ended September 30	
	2011	**2010**
Unrestricted net assets		
Excess of revenues over expenses attributable to controlling interests	$ 203,784	$ 204,910
Net assets released from restrictions used for purchases of property and equipment	26,178	26,107
Other	(245)	(606)
Increase in unrestricted net assets attributable to controlling interests	229,717	230,411
Noncontrolling interests		
Excess of revenues over expenses attributable to noncontrolling interests	1,865	2,285
Distributions to noncontrolling members	(1,726)	(1,665)
Increase in noncontrolling interests	139	620
Increase in unrestricted net assets	229,856	231,031
Temporarily restricted net assets		
Contributions	27,776	30,953
Investment income	5,395	5,582
Unrealized (losses) gains on investments	(4,584)	2,861
Net assets released from restrictions used for operations	(14,505)	(13,324)
Net assets released from restrictions used for purchases of property and equipment	(26,178)	(26,107)
Change in value of deferred gifts	(777)	1,309
Other	1,557	(6,252)
Decrease in temporarily restricted net assets	(11,316)	(4,978)
Permanently restricted net assets		
Contributions	2,473	685
Change in value of deferred gifts	(90)	(488)
Other	(64)	522
Increase in permanently restricted net assets	2,319	719
Total increase in net assets	220,859	226,772
Net assets at beginning of year	1,582,258	1,355,486
Net assets at end of year	$ 1,803,117	$ 1,582,258

See accompanying notes

Scripps Health and Affiliates

Consolidated Statements of Cash Flows

(in thousands)

	Year Ended September 30	
	2011	2010
Operating activities and nonoperating gains		
Total increase in net assets	$ 220,859	$ 226,772
Reconciliation of total increase in net assets to net cash provided by (used in) operating activities and nonoperating gains		
Depreciation and amortization	92,527	89,997
Amortization of debt issuance costs	338	346
Amortization of original issue premium	(48)	(56)
Provision for bad debts	90,930	69,016
Realized and unrealized losses (gains) on investments	27,998	(66,208)
Market adjustment on interest rate swaps	3,692	8,054
Loss on impairment	1,962	8,455
Gain on disposal of property	(16)	(15)
Restricted contributions and investment income	(35,644)	(37,219)
Distributions to noncontrolling interest	1,726	1,665
Change in assets and liabilities		
Accounts receivable	(89,614)	(47,455)
Investments	(7,292)	(231,052)
Other current assets	(24,852)	(11,490)
Other assets	930	3,372
Accounts payable and accrued liabilities	28,352	(38,439)
Other liabilities	5,186	5,445
Net cash provided by (used in) operating activities and nonoperating gains	317,034	(18,812)
Investing activities		
Purchases of property and equipment	(147,559)	(130,298)
Net cash used in investing activities	(147,559)	(130,298)
Financing activities		
Proceeds from bonds invested with Bond Trustees	–	(84,129)
Proceeds from restricted contributions and investment income	35,644	37,219
Proceeds from borrowings	49,995	220,819
Payments on borrowings	(64,137)	(13,689)
Payment of debt issuance costs	–	(2,705)
Original issue discount	–	(541)
Distribution to noncontrolling interest	(1,726)	(1,665)
Net cash provided by financing activities	19,776	155,309
Increase in cash and cash equivalents	189,251	6,199
Cash and cash equivalents at beginning of year	303,600	297,401
Cash and cash equivalents at end of year	$ 492,851	$ 303,600
Supplemental disclosure of cash flow information		
Cash paid during the year for interest, net of amount capitalized	$ 20,736	$ 17,719
Assets acquired through capital lease or note payable	256	712
Accrued obligations for property, plant and equipment	14,000	13,000

See accompanying notes

1. Organization and Nature of Operations

Scripps Health and Affiliates (Scripps Health) is a California not-for-profit public benefit corporation that provides healthcare services through a network of hospitals and related healthcare operations located in San Diego County

The consolidated financial statements for Scripps Health include the financial position and results of operations of Scripps Clinic and Scripps Coastal Medical Center, each operated by Scripps Health as a 1206(1) foundation, Scripps Clinic Physicians Organization (SCPO), Scripps Clinic Health Plan Services (SHPS), a wholly owned subsidiary of SCPO and a California corporation that was granted a license under the Knox-Keene Health Care Service Plan Act to operate as a healthcare service plan with waivers in California, and The Whittier Institute for Diabetes (TWI), a not-for-profit public benefit corporation formed to provide research, education, and patient care in the field of diabetes

The entities of Scripps Health, with the exception of SCPO and SHPS, are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and are exempt from state income taxes under Section 23710(d) of the California Revenue and Taxation Code

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements include the accounts of the entities that Scripps Health controls (collectively, the Organization) All significant transactions among these entities have been eliminated in the accompanying consolidated financial statements

Use of Estimates

The preparation of the Organization's consolidated financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period Significant items subject to such estimates include the carrying amounts for goodwill and property and equipment, valuation of deferred gifts, valuation allowances for receivables, and liabilities for medical claims incurred but not reported, third-party payables and receivables, and self-insured programs Actual results could differ from those estimates

2. Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents

The Organization considers highly liquid investments with original maturities of three months or less, excluding those whose use is limited, to be cash equivalents The carrying amount approximates fair value because of the short maturity of the investments

Healthcare Delivery Revenue and Accounts Receivable

Healthcare delivery revenues consist primarily of (1) patient service revenue provided under contracts with various government-sponsored healthcare programs (Medicare and Medi-Cal), insurance companies, and other third parties (including patient responsible), and (2) capitation premium revenue received under contracts with managed care payers

Net patient service revenue is recognized as services are delivered Contracts usually involve discounts from established rates Payment arrangements consist of prospectively determined rates per discharge, discounted charges, per diem payments, and reimbursed costs The Organization is reimbursed by Medicare for cost reimbursable items at a tentative rate with final settlement determined after submission of annual Medicare cost reports by Scripps Health and audits thereof by the fiscal intermediary Estimated net third-party settlement payables of $9,667,000 and $5,829,000 are included in accrued liabilities at September 30, 2011 and 2010, respectively

Revenue and related accounts receivable are recorded net of contractual discounts and provisions for uncollectible receivables Provisions for contractual discounts and uncollectible accounts are estimated based upon an evaluation of historical collection experience Adjustments and changes in estimates are recorded in the period in which they are determined

In evaluating the collectability of accounts receivable, the Organization analyzes its historical experience and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts The Organization regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary For receivables associated with self-pay patients, which includes both patients without insurance and

2. Summary of Significant Accounting Policies (continued)

patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Organization records a significant provision for bad debts in the period of service on the basis of its past experience The difference between the standard rates, or the discounted rates if negotiated, and the amounts actually collected after all reasonable collection efforts have been exhausted is recorded against the allowance for doubtful accounts

The Organization's allowance for doubtful accounts for self-pay patients increased from 24 percent of self-pay accounts receivable at September 30, 2010 to 25 percent of self-pay accounts receivable at September 30, 2011 In addition, the Organization's self-pay write-offs were $70,583,000 for fiscal year 2010 and $82,214,000 for fiscal year 2011 Both increases in the allowance and write-offs were the result of negative trends experienced in the collection of amounts from self-pay patients in fiscal year 2011 The Organization had no changes in its charity care or uninsured discount policies in fiscal year 2011 The policies stated in fiscal year 2010 remained in effect through fiscal year 2011 The Organization does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third party payors

The Organization adopted the accounting standard addressing the presentation of the provision for bad debts as of the current reporting period and as such, net patient service revenues are reported net of the provision for bad debts on the statements of operations The Organization records its provision for doubtful accounts based upon historical experience, as well as collection trends for major payor types The provision for bad debts for fiscal year 2010 was reclassified as a reduction of net patient service revenues

Patient service revenues, net of contractual allowances and discounts, recognized for the year ended September 30 are as follows (in thousands)

	2011	2010
Government	$ 394,170	$ 364,697
Contracted	975,985	938,730
Self-pay and others	762,917	692,387
	$ 2,133,072	$ 1,995,814

2. Summary of Significant Accounting Policies (continued)

The Organization is reimbursed for services provided to patients under certain programs administered by governmental agencies Laws and regulations governing the Medicare and Medi-Cal programs are complex and subject to interpretation The Organization believes it is in compliance with all applicable laws and regulations, and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medi-Cal programs

The Organization provides healthcare services at no cost or at amounts less than its established rates to unfunded self-pay patients that meet criteria under the Organization's financial assistance policy (charity care) Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue

Capitation premium revenue is recognized during the period enrollees are entitled to receive services and is generally calculated and paid to the Organization as a fixed premium per enrollee (member) per month Therefore, there are no accounts receivable from patients related to these types of contracts

Provider Tax Program

In January 2010, the state of California enacted legislation that provided for supplemental Medi-Cal payments to certain hospitals funded by a quality assurance fee paid by participating hospitals and matching federal funds ("the 2010 Hospital Fee Program") The legislation covered the period of April 1, 2009 through December 31, 2010 The Centers for Medicare & Medicaid Services ("CMS") approved the 2010 Hospital Fee Program in its entirety in December 2010, and, therefore, all activity of the program was recognized during the year ended September 30, 2011, resulting in net additional income of $22,620,000 The supplemental payments received during the year ended September 30, 2011 encompassed fee-for-service payments to the Organization directly from the California Department of Health Care Services as well as payments routed through managed care plans, amounting in total to approximately $102,072,000 These payments were recorded in net patient revenue in the consolidated statements of operations Quality assurance fees assessed to and paid by the Organization related to the 2010 Hospital Fee Program during the year ended September 30, 2011, were $77,850,000 and were recorded as provider tax fees in the consolidated statements of operations

2. Summary of Significant Accounting Policies (continued)

The California Hospital Association created a private program, the California Health Foundation and Trust (CHFT), established for several purposes, including aggregating and distributing financial resources to support charitable activities at various hospitals and health systems in California (together with the supplemental payments and the quality assurance fee discussed above, the 2010 Provider Fee Program) During the year ended September 30, 2011, the Organization made charitable contributions of $1,602,000 related to the 2010 Provider Fee Program to CHFT which were recorded as provider tax fees in the consolidated statements of operations

In April 2011, the State of California enacted legislation that continues the Provider Fee Program covering the period of January 1, 2011 through June 30, 2011, subject to review and approval by CMS (the 2011 Provider Fee Program, together with the CHFT pledge discussed below) The legislation was implemented beginning in May 2011, and, as such, the Organization received $34,351,000 in supplemental payments and paid fees of $26,261,000, prior to September 30, 2011 As final approval from CMS was not obtained prior to September 30, 2011, recognition of these amounts in the consolidated statements of operations has been deferred and the amounts are recorded in other current liabilities and other current assets, respectively

The Organization made additional charitable contributions to CHFT of $367,000 for the 2011 Provider Fee Program The recognition of these charitable contributions has been deferred pending final approval of the legislation noted above

Remaining supplemental payments anticipated to be received under the program of $3,134,000 and remaining amounts to be paid pursuant to the CHFT agreement of $142,000 have not been recorded as of September 30, 2011, pending final approval of the 2011 Provider Fee Program by CMS The total additional net income of the 2011 Provider Fee Program of approximately $10,715,000 is anticipated to be recognized in fiscal year 2012 Payments related to Medicaid provider fee programs are matched through the Federal Medical Assistance Program Twenty-two states, including California, have a provider fee program On August 31, 2011, the California legislature passed an additional 30-month program that, upon final approval by CMS, will cover the period from July 1, 2011 through December 31, 2013

2. Summary of Significant Accounting Policies (continued)

Assets Limited as to Use

Assets limited as to use includes assets that are held by trustees under indenture agreements, assets limited as to use by donor, assets held in trust for supplemental retirement plans, assets held in trust and as swap collateral and assets designated by management for capital expenditures over which management retains control and may at its discretion subsequently use for other purposes (see Note 4)

Investments

The Organization classifies its investments in debt and equity securities as trading

Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value based on quoted market prices in the consolidated statements of financial position Investment income or loss on trading securities (including realized and unrealized gains and losses, interest, and dividends) is included as nonoperating gains (losses), within the excess of revenues over expenses, unless the income or loss is restricted by donor or law, in which case the investment income or loss is recorded directly to temporarily or permanently restricted net assets

Alternative investments represent ownership interests in limited partnerships and limited liability companies Alternative investments are recorded using the equity method of accounting with the related changes in value in earnings reported as investment income

Property and Equipment

Property and equipment are recorded at cost when purchased or at fair market value if contributed Depreciation and amortization of these assets are recorded on a straight-line basis over the period in which the assets are estimated to be in service and of value to the Organization Leases which have been capitalized are amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization in the consolidated statements of operations Property and equipment are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable Recoverability of assets to be held and used is measured by a comparison of the carrying amount

2. Summary of Significant Accounting Policies (continued)

of an asset to estimated undiscounted future cash flows expected to be generated by the asset If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset

The Organization recognized $1,962,000 and $6,789,000 of asset impairment charges for long-term assets with no future benefit as of September 30, 2011 and 2010, respectively The Organization also recognized a cease-use obligation for $1,666,000 relating to a rental commitment for which the Organization has no future contemplated beneficial use as of September 30, 2010 $1,004,000 and $1,666,000 have been included in the consolidated statements of financial position as a liability relating to this rental commitment at September 30, 2011 and 2010, respectively

Goodwill

Goodwill represents the excess of the purchase price over the fair value of net assets acquired Goodwill is recorded for Scripps Medical Foundation and is evaluated annually for potential impairment (see Note 8)

Cost of Borrowing

Interest expense is recorded as incurred, however, when money is borrowed for construction or renovation of facilities, the interest cost on that debt during the period of construction is capitalized as part of the asset Any interest income earned on borrowed funds during construction is accounted for as a reduction of interest cost Costs associated with issuing debt are capitalized and amortized over the term of the debt using the effective-interest method

Contributions and Restricted Net Assets

Contributions are recorded at estimated fair value as of the date the contribution is received Unconditional promises (pledges) to contribute cash and other assets are recorded at fair value at the date the promise is received Pledges and other deferred gifts are discounted to their net present value In addition, gifts received as irrevocable trusts, which usually provide for payments to the donor until the donor's death, are reduced by the present value of estimated payments to the donor

2. Summary of Significant Accounting Policies (continued)

Contributions that are not restricted as to use are reported as unrestricted revenue in the consolidated statements of operations If the donor restricts the use of the gift, contributions are reported as increases in temporarily or permanently restricted net assets in the consolidated statements of changes in net assets

Temporarily restricted contributions are generally limited by a time or for a specific purpose When restrictions are met, temporarily restricted net assets are transferred to unrestricted net assets and recorded as net assets released from restrictions in the consolidated statements of operations and changes in net assets

Permanently restricted contributions have been restricted by donors to be maintained in perpetuity Income from such gifts is recorded as temporarily restricted net assets and transferred to unrestricted net assets when restrictions are met

Unbilled Services and Deferred Revenue

The Organization is engaged in contractual research activities and continuing medical education programs The majority of the contracts have a fixed budget with some variable components and range in duration from a few months to several years Generally, a portion of the contract fee is paid at the time the contract is initiated with performance-based installments payable over the contract duration In general, prerequisites for billings are established by contractual provisions, including predetermined payment schedules, the achievement of contract milestones, or submission of appropriate billing detail Unbilled services arise when services have been rendered but clients have not been invoiced Similarly, deferred revenue represents cash receipts for services that have not been rendered The Organization recognizes net revenue from its contracts based primarily on contract costs incurred to date Management believes that this methodology appropriately reflects revenue earned for clinical trials in the period in which services are provided

Cost of Healthcare Services

The cost of healthcare services is recognized in the period in which services are delivered Under capitation contracts, the Organization is responsible for the costs of certain services delivered to enrollees, but may not always be the provider of those services The Organization accrues

2. Summary of Significant Accounting Policies (continued)

expenses for medical costs incurred but not yet reported (IBNR) by outside providers using historical studies of claims paid and trend factors IBNR at September 30, 2011 and 2010, was $7,597,000 and $9,470,000, respectively, and is included in accrued liabilities in the accompanying consolidated statements of financial position

Derivative Instruments

The Organization uses derivative instruments to manage the fluctuations in cash flows resulting from interest rate risk on variable-rate debt financing Financial Accounting Standards Board, Accounting Standard Codification (FASB ASC) 815, *Derivatives and Hedging*, requires that all derivative instruments be recorded in the consolidated statements of financial position at fair value Gains or losses resulting from changes in the values of those derivatives are accounted for depending upon the use of the derivative and whether it qualifies for hedge accounting The Organization's interest rate swaps do not qualify for hedge accounting and as such, subsequent changes in fair value of hedge instruments are recognized as nonoperating gains (losses) in the excess of revenues over expenses

Interest Expense

Interest expense on debt issued for construction projects is capitalized until the projects are placed in service Interest components include the following for the year ended September 30 (in thousands)

	2011	2010
Total interest costs incurred	$ 20,982	$ 20,275
Less capitalized interest	(7,340)	(5,474)
	$ 13,642	$ 14,801

Ownership Interests in Other Health-Related Activities

Generally, when the Organization has a controlling ownership interest in health-related activities, the activities are consolidated and a noncontrolling interest is recorded in unrestricted net assets (see Note 8) When there is not a controlling ownership interest but the Organization has significant influence, the activities are accounted for under the equity method and the income or

2. Summary of Significant Accounting Policies (continued)

loss is reflected in other operating revenue Activities where the Organization does not have significant influence are carried at the lower of cost or estimated net realizable value Ownership interests in other health-related activities are not significant to the consolidated financial statements

Operating Income

The Organization's primary purpose is to provide diversified healthcare services to the community it serves Only those activities directly associated with the furtherance of this purpose are considered operating activities and classified as unrestricted operating revenues and expenses Operating revenues include those generated from direct patient care, related support services, and other revenues related to the operation of the Organization

Other activities that result in gains or losses unrelated to the Organization's primary purpose are considered to be nonoperating Nonoperating gains and losses include gifts, grants and bequests not restricted by donors, investment income, realized and unrealized gains and losses on trading securities, gain and losses from the sale of property and equipment, market adjustments on interest rate swaps, and gains and losses on extinguishment of debt The Organization considers the performance indicator to be the excess of revenues over expenses

Income Taxes

Scripps Health is generally not subject to federal or state income taxes However, Scripps Health is subject to income taxes on any net income that is derived from a trade or business, regularly carried on, and not in furtherance of the purpose for which it was granted exemption No income tax provision has been recorded in the accompanying consolidated financial statements as the net income, if any, from any unrelated trade or business, in the opinion of management, is not material to the consolidated financial statements taken as a whole

Scripps Health accounts for income taxes related to the operations of its for-profit subsidiaries (SCPO and SHPS) under the provisions of FASB ASC 740, *Income Taxes*, which prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return Under FASB ASC 740, the tax benefit from uncertain tax positions may be recognized only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing

2. Summary of Significant Accounting Policies (continued)

authority having full knowledge of all relevant information The Organization 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 The Organization 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 No significant tax liability for tax benefits, interest or penalties was accrued at September 30, 2011 or 2010

Scripps Health currently files Form 990 (informational return of organizations exempt from income taxes) and Form 990-T (business income tax return for an exempt organization) in the U S federal jurisdiction and the state of California Scripps Health is not subject to income tax examinations prior to 2007 in major tax jurisdictions

Fair Value of Financial Instruments

The carrying amount reported in the accompanying consolidated statements of financial position for cash and cash equivalents, accounts receivable, accounts payable, and accrued liabilities approximates fair value The fair value of debt and interest rate derivatives is disclosed in Note 9 and the fair value of assets limited as to use and investments is disclosed in Note 4

Adoption of Accounting Pronouncements

In September 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-08, *Testing Goodwill for Impairment,* which amends ASC Topic 350, *Intangibles – Goodwill and Other* The amendments in this update allow an entity to first assess qualitative factors to determine whether it is necessary to perform the two-step quantitative goodwill impairment test Under these amendments, an entity would not be required to calculate the fair value of a reporting unit unless the entity determines, based on a qualitative assessment, that it is more likely than not that its fair value is less than its carrying amount The amendments include a number of events and circumstances for an entity to consider in conducting the qualitative assessment As permitted by the guidance, the Organization has early adopted the provisions of ASU 2011-08 The Organization has determined that it is more likely than not that the fair value exceeds the carrying amount and did not conduct the two-step impairment test for fiscal year 2011

2. Summary of Significant Accounting Policies (continued)

In July 2011, the FASB issued Accounting Standards Update (ASU) 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities.* ASU 2011-07 requires health care entities that recognize significant amounts of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) on their statement of operations The standard also requires enhanced disclosures of policies for recognizing patient service revenue and assessing provisions for bad debts ASU 2011-07 was adopted as of the current reporting period and the Organization applied its presentation and disclosure requirements retrospectively

In April 2010, the FASB issued ASU 2010-17, *Revenue Recognition – Milestone Method*, which amends FASB ASC 605, *Revenue Recognition*, to provide guidance on defining a milestone and determining when it may be appropriate to apply the milestone method of revenue recognition for research or development transactions Research or development arrangements frequently include payment provisions whereby a portion or all of the consideration is contingent upon milestone events such as successful completion of phases in a drug study or achieving a specific result from the research or development efforts An entity often recognizes these milestone payments as revenue in their entirety upon achieving the related milestone, commonly referred to as the milestone method Previously, authoritative guidance on the use of the milestone method did not exist The adoption of ASU 2010-17 did not have a material impact on the Organization's consolidated financial statements

In January 2010, the FASB issued ASU 2010-07, *Not-for-Profit Entities: Mergers and Acquisitions*, which codified FASB Statement of Financial Accounting Standards No 164 The key provisions of ASU 2010-07 are as follows

- Provides guidance on accounting for a combination of not-for-profit entities and applies to a combination that meets the definition of either a merger of not-for-profit entities or an acquisition by a not-for-profit entity ASU 2010-07 establishes principles and requirements for how a not-for-profit entity (a) determines whether a combination is a merger or an acquisition, (b) applies the carryover method in accounting for an merger, (c) applies the acquisition method in accounting for an acquisition, and (d) determines what information to disclose with respect to the nature and financial effects of a merger or an acquisition

2. Summary of Significant Accounting Policies (continued)

- Requires the adoption of accounting provisions for goodwill and indefinite-lived intangible assets in Topic ASC 350, *Intangibles – Goodwill and Other*, in which goodwill and indefinite-lived assets are no longer amortized, rather they are now subject to an impairment test at least annually, as well as a transitional impairment test upon adoption The Organization adopted this provision effective October 1, 2010 (see Note 8)

This accounting standard also established new guidance governing the accounting for and reporting of noncontrolling interests in partially owned consolidated subsidiaries by requiring that noncontrolling interests (previously referred to as minority interests) be reported as a separate component of the appropriate class of net assets The Organization applied the standard's provisions regarding noncontrolling interests prospectively, except for the presentation and disclosure requirements, which were applied retrospectively to all periods presented As a result, upon adoption, the Organization reclassified noncontrolling interests of $2,406,000 and $2,267,000 as of September 30, 2011 and 2010, respectively, from other liabilities to unrestricted net assets

Recent Accounting Pronouncements

In May 2011, the FASB issued ASU 2011-04, *Fair Value Measurement (Topic 820), Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, which amended ASC 820, *Fair Value Measurements and Disclosures*, to change the wording used to describe many of the requirements in U S GAAP for measuring fair value and for disclosing information about fair value measurements The adoption of ASU 2011-04 is effective for the Organization October 1, 2011 The adoption of ASU 2011-04 is not expected to have a material impact on the Organization's consolidated financial statements

In August 2010, the FASB issued ASU 2010-24, *Healthcare Entities (Topic 954), Presentation of Insurance Claims and Related Insurance Recoveries*, which clarifies that a health care entity should not net insurance recoveries against a related claim liability Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries The adoption of ASU 2010-24 is effective for the Organization beginning October 1, 2011, and the Organization is currently evaluating the effect of this guidance on its consolidated financial statements

2. Summary of Significant Accounting Policies (continued)

In August 2010, the FASB issued ASU 2010-23, *Healthcare Entities (Topic 954), Measuring Charity Care for Disclosures*, which requires that cost be used as a measurement for charity care disclosure purposes and that cost can be identified as the direct and indirect costs of providing the charity care It also requires disclosure of the method used to identify or determine such costs The adoption of ASU 2010-23 is not expected to have a material impact on the Organization's consolidated financial statements

Reclassifications

Certain amounts in the 2010 consolidated financial statements have been reclassified to conform to the 2011 presentation

Subsequent Events

The Organization has evaluated subsequent events occurring between the end of the most recent fiscal year ended September 30, 2011 and December 16, 2011, the date the financial statements were issued

3. Patient Accounts Receivable

Gross accounts receivable relating to patient service revenue consisted of the following payor mix at September 30

	2011	2010
Government	44%	44%
Contract	35	35
Self pay and other	21	21
	100%	100%

Accounts receivable of $224,745,000 and $226,061,000 at September 30, 2011 and 2010, respectively, is presented net of an allowance for doubtful accounts of $56,188,000 and $47,595,000 at September 30, 2011 and 2010, respectively

3. Patient Accounts Receivable (continued)

The Organization believes there is no significant credit risk associated with receivables from government programs Receivables from HMOs, PPOs, and others are from various payors who are subject to differing economic conditions and, therefore, do not represent any concentrated risk to the Organization The Organization continually monitors and adjusts the reserves associated with receivables

The Organization provides low and no-cost healthcare services to persons in need Estimated costs to provide charity care, for which the Organization is under-reimbursed by various state and county indigent care programs, were $125,700,000 in 2011 and $129,338,000 in 2010, net of Medi-Cal disproportionate share receipts of $17,942,000 in 2011 and $19,576,000 in 2010 Additionally, unpaid costs of Medicare were $193,421,000 in 2011 and $157,655,000 in 2010

Community benefits provided by the Organization also include the cost of health education, health clinics and screenings, and medical research The cost of such benefits for the broader community is not included in the uncompensated costs reported above Capitation contracts with managed care payors generally have automatic renewal provisions unless terminated by prior notice to either party Commercial capitation contracts are generally negotiated annually via the termination notice provision Medicare HMO capitation is based on a percentage of Medicare revenue and does not require negotiation on an annual basis unless there are material changes in the risk or scope of services The Organization has agreements with various third parties that govern how financial risk is shared Estimated amounts to be paid or received under risk-sharing arrangements have been accrued as of September 30, 2011 and 2010, and are included in accounts receivable, net in the accompanying consolidated statements of financial position

4. Investments

The composition of assets limited as to use at September 30 is summarized below (in thousands)

	2011	2010
Unexpended bond funds held by trustees (see Note 9)		
Cash equivalents	$ 16,912	$ 74,216
Reserve bond funds held by trustees (see Note 9)		
Cash equivalents	20,922	20,563
Assets included in restricted net assets		
U S equity securities	31,175	48,585
Domestic fixed income commingled funds	28,426	14,443
Hedge fund investments	15,899	13,928
Domestic fixed income mutual funds	13,748	30,460
Foreign equity mutual funds	13,735	15,618
U S equity securities commingled fund	12,686	–
Foreign fixed income commingled funds	12,660	14,148
Real estate	12,398	12,647
U S government securities	9,661	9,867
Domestic equity mutual funds	7,813	6,818
Foreign equity commingled funds	5,653	6,690
Other fund investments	2,818	2,528
U S corporate bonds	2,384	2,697
Foreign equity securities	1,282	2,764
Private equity securities	1,018	971
Foreign corporate bonds	876	702
Foreign government securities	367	255
Assets held in trust for supplemental retirement plan		
Domestic equity mutual funds	2,869	2,851
Domestic fixed income mutual funds	2,130	2,151
Foreign equity mutual funds	802	884
Assets held in trust as swap collateral		
Cash equivalents	5,590	12,475
Assets restricted for capital expenditures		
Cash equivalents	16,613	20,113
Other	451	453
	238,888	316,827
Less assets limited as to use, current portion	(11,010)	(10,650)
	$ 227,878	$ 306,177

4. Investments (continued)

The composition of investments at September 30 is summarized below (in thousands)

	2011	2010
U S equity securities	$ 206,465	$ 228,713
Domestic fixed income commingled funds	188,252	85,351
Hedge funds investments	105,291	82,309
Domestic fixed income mutual funds	91,051	179,999
U S equity securities commingled fund	84,017	–
Foreign fixed income commingled funds	83,841	83,608
Foreign equity mutual funds	82,887	83,942
Foreign equity commingled funds	37,436	39,533
U S corporate bonds	15,785	15,936
U S government securities	7,626	4,171
Private equity securities	6,742	5,740
Foreign corporate bonds	5,800	4,150
Foreign equity securities	4,038	9,077
Foreign government securities	2,429	1,509
Other	2	103
Domestic equity mutual funds	–	40,288
	$ 921,662	$ 864,429

4. Investments (continued)

The composition of investment return for the years ended September 30 includes the following (in thousands)

	2011	2010
Nonoperating gains		
Interest income and dividends	$ 16,751	$ 16,475
Net realized gains on sale of investments	27,699	18,751
Holding (losses) gains on trading portfolio	(54,390)	42,841
	(9,940)	78,067
Other changes in net assets		
Interest and dividends on temporarily restricted assets	2,118	3,827
Net realized gains on temporarily restricted net assets	3,277	1,755
Net unrealized (losses) gains on temporarily restricted net assets	(4,584)	2,861
Total investment return	$ (9,129)	$ 86,510

5. Other Current Assets

Other current assets at September 30 are summarized below (in thousands)

	2011	2010
Inventory	$ 30,544	$ 31,217
Prepaid provider tax	26,628	–
Prepaid expenses	12,680	12,030
Accounts receivable	11,010	13,220
Contracts receivable	1,737	1,927
Prepaid insurance	1,441	1,167
Deposits	1,194	821
	$ 85,234	$ 60,382

6. Property and Equipment

Property and equipment at September 30 are summarized below (in thousands)

	Estimated Useful Lives	2011	2010
Land	–	$ 79,247	$ 79,247
Buildings and improvements	5 to 40 years	875,209	803,337
Equipment	5 to 15 years	693,967	645,597
Construction in progress	–	170,338	152,751
Capital lease equipment	5 years	12,696	15,758
		1,831,457	1,696,690
Less amortization and accumulated depreciation		(992,861)	(911,180)
Property and equipment, net		$ 838,596	$ 785,510

Construction in progress at September 30, 2011 and 2010, is related to various construction and information technology projects As of September 30, 2011, there is approximately $292,726,000 (unaudited) of outstanding commitments to complete construction in progress projects

As of September 30, 2011, the Organization entered into a purchase commitment of approximately $6,369,000 for a real estate property in Oceanside The purchase is contingent upon the completion of certain due diligence matters

7. Other Assets

Other assets at September 30 are summarized below (in thousands)

	2011	2010
Pledges receivable, net	$ 25,327	$ 27,076
Goodwill, net	33,953	33,915
Debt issuance costs, net	5,033	5,371
Land held for sale	101	101
Cash surrender value of life insurance	4,612	4,055
Other	2,453	2,229
	$ 71,479	$ 72,747

7. Other Assets (continued)

The net amount of pledges receivable at September 30 is as follows (in thousands)

	2011	2010
Unconditional promises to give	$ 31,670	$ 32,324
Less allowance for uncollectible pledges	(3,196)	(3,104)
Less unamortized discount	(3,147)	(2,144)
Net pledges receivable	$ 25,327	$ 27,076
Amounts due in		
Less than one year	$ 7,318	$ 13,515
One to five years	14,715	11,991
More than five years	3,294	1,570
Total	$ 25,327	$ 27,076

The fair value of these pledges was determined by calculating the net present value of the estimated future cash flows using discount rates at the date of the pledge ranging from 0 12% to 6 78%

8. Goodwill and Noncontrolling Interest

Goodwill

The Organization adopted ASC 350 effective October 1, 2010, and accordingly, ceased the amortization of goodwill ASC 350 also requires that the Organization test the carrying value of goodwill for impairment The test is to be performed at the reporting unit level for goodwill at least once a year In the year of adoption, a transitional test is required As of October 1, 2010, the Organization completed its transitional impairment test, which did not result in any goodwill impairment

Annual assessments are completed for Scripps Medical Foundation, which includes Scripps Clinic and Scripps Coastal Medical Centers, and is the Organization's only reporting unit with goodwill recorded No goodwill impairment was recorded during 2011

8. Goodwill and Noncontrolling Interest (continued)

Scripps Clinic

In 2000, Scripps Health acquired all the outstanding shares of SCPO and its wholly owned subsidiaries and substantially all the assets and liabilities of Scripps Clinic Medical Group (SCMG) As a result of the acquisition, the excess of the purchase price over the fair value of the net assets acquired was recorded as goodwill in the accompanying consolidated statements of financial position in the amount of $50,216,000 Accumulated amortization of goodwill totaled $20,421,000 at September 30, 2011 and 2010

Scripps Coastal Medical Centers

In 2008, Scripps Health purchased substantially all of the net assets of Sharp Mission Park Medical Clinic (the Clinic) As a result of the acquisition, the excess of the purchase price over the fair value of the net assets acquired was recorded as goodwill in the accompanying consolidated statements of financial position in the amount of $6,884,000 Accumulated amortization of goodwill totaled $2,983,000 at September 30, 2011 and 2010

A reconciliation of the excess of revenues over expenses, adjusted to exclude amortization expense, for the period prior to adoption is as follows (in thousands)

	2011	2010
Reported excess of revenues over expenses	$ 203,784	$ 204,910
Add Goodwill amortization		3,655
Adjusted excess of revenues over expenses	$ 203,784	$ 208,565

8. Goodwill and Noncontrolling Interest (continued)

Changes in Consolidated Unrestricted Net Assets

Changes in consolidated unrestricted net assets that are attributable to the Organization and the noncontrolling interest in Scripps Mercy Ambulatory Surgery Center and Scripps Encinitas Surgery Center (collectively, the Joint Ventures), are as follows (in thousands)

	Total	Controlling Interest	Noncontrolling Interest
Balance October 1, 2010	$ 6,741	$ 4,474	$ 2,267
Excess of revenues over expenses	5,343	3,478	1,865
Distributions	(4,830)	(3,104)	(1,726)
Balance September 30, 2011	$ 7,254	$ 4,848	$ 2,406

	Total	Controlling Interest	Noncontrolling Interest
Balance October 1, 2009	$ 4,597	$ 2,950	$ 1,647
Excess of revenues over expenses	6,394	4,109	2,285
Distributions	(4,250)	(2,585)	(1,665)
Balance September 30, 2010	$ 6,741	$ 4,474	$ 2,267

9. Long-Term Debt

A summary of long-term debt at September 30 follows (in thousands)

	2011	2010
Tax-exempt bonds sponsored by the California Health Facilities Financing Authority (CHFFA)		
Fixed rate bonds		
Series 2010 A, principal due in varying annual installments through November 2036, interest payable at a fixed rate of 4 91%, adjusting annually (including unamortized discount of $497 at September 30, 2011)	$ 119,503	$ 119,476
Series 2008 A, principal due in varying annual installments through October 2022, interest payable at a fixed rate of 5 03%, adjusting annually (including unamortized premium of $576 at September 30, 2011)	97,586	97,800
Variable rate bonds		
Series 2010 B-C, principal due in varying annual installments through October 2040, Series B ($60,000), Series C ($40,000), interest payable weekly at variable interest rates averaging 0 17% during the period from October 1, 2010 through September 30, 2011 (0 10% at September 30, 2011)	100,000	100,000
Series 2008 B-F, principal due in varying annual installments through October 2031, Series B, C and E ($37,785), Series D ($37,760) and Series F ($37,955), interest payable weekly at variable interest rates averaging 0 19% during the period from October 1, 2010 through September 30, 2011 (0 14% at September 30, 2011)	189,070	199,695
Series 2008 G, principal due in varying annual installments through October 2019, interest payable weekly, at a variable rate averaging 0 20% during the period from October 1, 2010 through September 30, 2011 (0 16% at September 30, 2011)	40,975	40,975

9. Long-Term Debt (continued)

	2011	2010
Tax-exempt bonds sponsored by the California Health Facilities Financing Authority (CHFFA) (continued)		
Fixed rate bonds (continued)		
Series 2001 A, principal due in varying annual installments through October 2023, interest payable monthly, at a variable rate averaging 0 19% during the period from October 1, 2010 through September 30, 2011 (0 11% at September 30, 2011)	$ 11,700	$ 11,700
Tax-exempt bonds sponsored by the California Statewide Communities Development Authority		
Variable rate revenue refunding bonds		
Series 2007 A State-wide Easy Equipment Program (SWEEP), principal due August 2035, interest payable weekly at a variable interest rate averaging 0 19% during the period from October 1, 2010 through September 30, 2011 (0 13% at September 30, 2011)	49,995	49,995
Total fixed and variable rate debt	608,829	619,641
Obligations under capital leases	5,597	7,951
Other notes payable	1,837	2,861
Total debt	616,263	630,453
Less current liabilities	19,175	39,883
Total long-term debt	$ 597,088	$ 590,570

Notes issued under a Master Indenture of Trust, dated as of December 1, 1985, as amended and restated May 1, 1998, and supplemented through January 1, 2010, between Members of an Obligated Group created thereby (of which Scripps Health is currently the sole member), and the Trustee secure substantially all of the Organization's outstanding debt obligations In addition, the Organization's payment obligations with respect to bonds issued on its behalf, with the exception of the Series 2008 A and 2010 A bonds, are secured by credit facilities (principally letters of credit) issued by various banking institutions At September 30, 2011, amounts available under the credit facilities issued total approximately $397,273,000 The credit facilities generally fund both principal and interest payments on the bonds when due and also fund optional tenders from bondholders Credit facilities are used to reduce overall borrowing costs and, among other things, provide liquidity support in times of market disruption There were no liquidity draws on the various facilities in 2011 and 2010

9. Long-Term Debt (continued)

Scheduled principal repayments of long-term debt for the next five fiscal years and thereafter are as follows (in thousands)

2012	$ 14,311
2013	14,414
2014	15,154
2015	15,469
2016	15,881
Thereafter	541,034
	$ 616,263

During the year ended September 30, 2011, the Organization entered into six commitments to lease new capital equipment commencing in fiscal year 2012 These commitments cancel current capital equipment lease obligations prior to the scheduled expiration date of the leases The new commitments total $8,301,000 and are not included in the above schedule of principal repayments The current lease obligations, included in the above schedule of principal repayments that will be cancelled, amount to $3,015,000 as of September 30, 2011

At September 30, 2011 and 2010, approximately $15,858,000 and $36,167,000, respectively, of the Organization's variable rate demand bonds (2008 B-G) were classified as current liabilities in accordance with FASB ASC 470, *Debt*, after consideration of the repayment terms of the related liquidity facilities if draws were to occur in accordance with FASB ASC 210, *Short-Term Obligations.*

In August 2011, the loan from the 2007A SWEEP program in the amount of $49,995,000 matured In August 2011, the Organization entered into a new loan agreement in the same amount of $49,995,000 with a maturity date in August 2035

In February 2010, the Organization issued Series 2010 A-C bonds in the total amount of $220,000,000 Bond reserve funds are used to fund principal and interest payments At September 30, 2011 and 2010, bond reserve funds held by trustees were $20,922,000 and $20,563,000, respectively Bond proceeds have been and will be used to finance capital projects At September 30, 2011 and 2010, the unexpended construction bond funds held by trustees were $16,912,000 and $74,216,000, respectively

9. Long-Term Debt (continued)

The interest rates on variable debt are reset weekly by the remarketing agent in accordance with the Indenture depending on prevailing market conditions The rates are highly correlated with the Securities Industry and Financial Markets Association (SIFMA) index

The Organization is party to six interest rate swap agreements with an aggregate notional amount of $183,550,000 to effectively convert a portion of the variable interest rate bonds to fixed rate debt of approximately 3 19% per annum In August 2008, the Series 2005 swap agreements were assigned to the Series 2008 bonds Under the interest rate swap agreement for the Series 2008 G bonds, with a notional amount of $40,975,000, the Organization pays a fixed amount of 3 086% and receives a floating rate of 54 7% of LIBOR plus 0 32% Under the interest rate swap agreements for the Series 2008 B-F bonds, with a total notional amount of $142,575,000, the Organization pays a fixed rate of 3 21% and receives a floating rate of 54 7% of LIBOR plus 0 32% The Organization has the right to terminate the agreement prior to maturity and the counterparty has the right to terminate under certain events of default At September 30, 2011 and 2010, the fair value of these swap agreements was recorded in the accompanying consolidated statements of financial position at $28,606,000 and $24,914,000, respectively, in accrued liabilities The Organization restricted $5,590,000 and $12,475,000 in collateral held for the swap counterparty at September 30, 2011 and 2010, respectively, as required by its swap agreements Subsequent to September 30, 2011, the Organization posted additional collateral of $4,732,000 relating to the accrued liability at September 30, 2011

Under the terms of the Indenture and various letter of credit agreements, the Organization is required to meet certain financial ratios The Indenture also places limits on the Organization's ability to obtain additional borrowings Under supplemental master indenture implementing amendments, dated August 1, 2008, the Obligated Group instituted a gross revenue pledge

The Organization maintains a credit facility arrangement which includes a revolving line of credit of $50,000,000 The revolving credit facility expires on March 26, 2013 There were no amounts outstanding under this revolving line of credit at either September 30, 2011 or 2010 There are two letters of credit issued during 2011 under this facility totaling $932,000 As of September 30, 2011, no funds have been drawn on these letters

Based on the borrowing rates currently available to the Organization for loans with similar terms and maturities, the estimated fair value of long-term debt was approximately $624,757,000 and $635,578,000 at September 30, 2011 and 2010, respectively

10. Other Liabilities

Other liabilities at September 30 are summarized below (in thousands)

	2011	2010
Accrued liability for professional and general liability self-insurance, net of current portion of $3,524 in 2011 and $3,712 in 2010	$ 8,892	$ 8,490
Accrued liability for physician malpractice, net of current portion of $1,575 in 2011 and $1,656 in 2010	5,185	5,360
Annuity/unit trust liabilities (discounted at 3 4% in 2011 and 3 95% in 2010)	9,816	10,761
Accrued liability for workers' compensation, net of current portion of $7,382 in 2011 and $8,750 in 2010	33,142	32,006
Asset retirement obligation	13,813	13,813
Deferred retirement liability	16,804	13,211
Deferred rent liability	13,184	11,427
Arbitrage rebate liability	419	393
Other	1,100	1,236
Impairment reserve	495	967
	$ 102,850	$ 97,664

The Organization follows the guidance of FASB ASC 410, *Asset Retirement and Environmental Obligations* FASB ASC 410 requires that a legal obligation to perform an asset retirement activity which is not conditional on a future event and which is within the control of the Organization must be recognized as a liability at fair value if it can be reasonably estimated Because asbestos abatement is mandated under the laws of the State of California, the Organization will eventually be required to remove and dispose of asbestos in all of its facilities The Organization has recorded a liability totaling $13,813,000 at September 30, 2011 and 2010, which reflects the future value, discounted at an annual rate of 0% for 2011 and 2010, of the estimated asbestos removal and disposal liability

11. Retirement Plans

Defined Contribution Savings Plan (401a Plan)

The Organization provides a defined contribution savings plan for all employees who have completed six months of eligible service and attained age 21 Plan participants may contribute up to 60% of eligible compensation on an after-tax basis The Organization matches employee contributions up to 3% based upon their accumulated years of service Employees with 10 or more years of service contributing at least 3% receive a 4%, 5%, or 6% matching contribution, depending on their years of service All eligible employees receive an additional annual contribution of 1% of their eligible compensation Employee contributions are immediately vested, employer contributions vest on a graded schedule with 100% vesting at three years of service The Organization recorded plan expense in the amount of $30,962,000 in 2011 and $28,854,000 in 2010

Nonqualified Supplemental Executive Retirement Plan

The Organization maintains a nonqualified supplemental executive retirement plan for certain key executives The plan provides defined benefits to the participants The plan has six participants and has been closed to new membership since 2002 The plan is actuarially evaluated and involves various assumptions including the discount rate

The assets are invested in a Rabbi Trust and are not included in plan assets

11. Retirement Plans (continued)

The following summarizes the benefit obligation and funded status for the plan for 2011 and 2010 (in thousands)

	2011	2010
Change in benefit obligation		
Obligation at beginning of year	$ 12,311	$ 10,091
Service cost	754	660
Interest cost	523	604
Experience (gain) loss		
Discount rate change	(104)	1,834
Other assumption change	(120)	–
Other changes	3,440	(878)
Obligation at end of year	$ 16,804	$ 12,311
Change in plan assets (fair value)	$ –	$ –
Funded status at end of year	$ (16,804)	$ (12,311)

The following summarizes the components of net periodic benefit cost for 2011 and 2010 (in thousands)

	2011	2010
Service cost	$ 754	$ 660
Interest cost	523	604
Other changes	3,440	1,055
Amortization of (gain) loss	49	–
Total net periodic benefit cost	$ 4,766	$ 2,319

11. Retirement Plans (continued)

The following summarizes the other changes in benefit obligations recognized in other changes in net assets as of September 30, 2011 and 2010 (in thousands)

	2011	2010
Net loss (gain) emerging	$ (224)	$ –
Amortization of net loss	(49)	–
Total recognized in other changes in net assets	(273)	–
Total periodic cost and other changes in net assets	$ 4,493	$ 2,319

The following summarizes the amounts recognized in other changes in unrestricted net assets as of September 30, 2011 and 2010 (in thousands)

	2011	2010
Total net loss	$ (273)	$ –
Additional information		
Projected benefit obligation	$ 16,804	$ 12,311
Accumulated benefit obligation	14,689	12,311

The net periodic benefit cost for the year ending September 30, 2012, is projected to be $1,154,000

The amount of net pension liability recognized as noncurrent liabilities in the consolidated statements of financial position is $16,804,000 and $12,311,000 as of September 30, 2011 and 2010, respectively

11. Retirement Plans (continued)

The following summarizes the weighted-average assumptions used to determine benefit obligations as of September 30, 2011 and 2010

	2011	2010
Assumption used to determine benefit obligations		
Discount rate	3 42%	3 32%
Rate of compensation increase	3 00%	3 00%
Assumption used to determine net periodic cost		
Discount rate	3 32%	4 77%
Rate of compensation increase	3 00%	3 00%
Average future working lifetime (years)	4 50%	5 33%
Estimated future benefit payments (in thousands)		
Year 1	$ –	$ –
Year 2	1,423	1,449
Year 3	1,678	1,705
Year 4	1,872	1,879
Year 5	2,098	2,107
Year 6-10	12,178	12,266

Net periodic benefit cost is included in wages and benefits in the consolidated statements of operations

Executive Benefit Plan

During 2003, the Organization implemented an annual pretax benefit plan for executives, which includes a flexible benefit allowance based on a percentage of each participant's annual salary, from which the participant may purchase various benefits including long-term care coverage and supplemental survivor and spouse life insurance coverage For the participants who select the split dollar life insurance benefit, the Organization advances certain life insurance premiums and retains an interest in the applicable policies until the earliest of termination, retirement, disability, or death The remaining benefit allowance may be invested in a supplemental accumulation retirement account (SARA) The participants vest in the SARA over a minimum of two years The Organization recorded plan expense in the amount of $2,634,000 in 2011 and $1,804,000 in 2010

12. Risk Management and Contingencies

Insurance Coverage

The Organization has a comprehensive insurance program designed to safeguard its assets and properties The Organization takes a large retention for those risks that it can mitigate to offset risk transfer costs Risk transfer is used to mitigate various exposures and losses to a third-party insurer when it is appropriate In addition, the Organization purchases excess liability coverage to cover losses that exceed its self-insurance program

The Organization is self-insured for hospital professional and hospital general liability risks for the first $2,000,000 of loss per occurrence subject to a self-insurance retention aggregate of $10,000,000 Losses in excess of this amount are insured through modified claims-made professional liability policies that provide for a seven-year built-in extended reporting period Total limits purchased for hospital professional liability is $50,000,000 per occurrence subject to a $50,000,000 aggregate The provision for estimated self-insured professional liability claims includes estimates of the ultimate liability and defense costs for both reported claims and incurred but not reported claims There is also an additional $50,000,000 per occurrence and aggregate coverage for catastrophic premise liability loss for both hospital and non-hospital locations for a total of $100,000,000 per occurrence and aggregate

The Organization is self-insured for workers' compensation risks for the first $1,000,000 of loss per occurrence Losses in excess of this amount are insured through policies of insurance which provide coverage up to statutory amounts The Part B coverage for workers' compensation, employer's liability, is covered with primary excess occurrence policies totaling $2,000,000 limits per occurrence and in the aggregate and additional excess policies in the amount of $100,000,000 per occurrence and aggregate

Scripps Health Plan Services is insured for managed care liability through a primary policy with limits of $2,000,000 per occurrence and $2,000,000 annual aggregate and is insured through excess policies for an additional $50,000,000 per occurrence and $50,000,000 aggregate

Scripps Clinic is insured through a master policy with Scripps Clinic Medical Group (SCMG) on a claims-made basis and Scripps Health is acknowledged as an administrative insured of this policy Scripps Health employees working in Scripps Clinic are insureds in the entity coverage for SCMG with limits of $5,000,000 per occurrence and $10,000,000 in the annual aggregate

12. Risk Management and Contingencies (continued)

subject to a self-insured retention of $500,000 per claim and $2,900,000 per year in the aggregate Claims-made coverage covers only those claims reported during the policy period and the Organization records an accrual for losses incurred but not reported

Scripps Coastal Medical Center (SCMC) is insured through a master policy with San Diego Coastal Medical Group on a claims-made basis and Scripps Health is acknowledged as an administrative insured of this policy

Scripps Health employees working in the Clinic are insureds in the entity coverage for Scripps Coastal Medical Group with limits of $1,000,000 per occurrence and $5,000,000 in the annual aggregate

The Organization is self-insured for employee health benefits, and records an accrual for claims incurred but not reported Stop loss coverage is maintained which caps the maximum payable per calendar year at $400,000 per individual

Legal

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments Compliance with these laws and regulations is subject to government review and interpretation, as well as regulatory actions Claims for payment for services rendered to Medicare and Medi-Cal beneficiaries must meet applicable billing laws and regulations, which, among other things, require that the services are medically necessary, accurately coded, and sufficiently documented in the beneficiaries' medical records Allegations concerning possible violations of regulations can result in the imposition of significant fines and penalties, as well as significant repayment of previously billed and collected revenues for patient services Management believes that the Organization is in substantial compliance with all applicable laws and regulations, and they are not aware of any significant allegations of potential wrongdoing, other than as disclosed here

The Organization is a party to certain legal and regulatory actions in the ordinary course of business It is the opinion of management that there will not be a material adverse effect on the consolidated financial position or results of operations of the Organization as a result of such actions

12. Risk Management and Contingencies (continued)

The United States Department of Justice is currently conducting a national investigation of numerous hospitals including Scripps' hospitals for submitting claims to the Medicare Program between 2002 and the present for implantable cardiac defibrillators (ICDs) which allegedly are not appropriate claims The total amount received from Medicare for the Scripps' claims in question is approximately $4,000,000 Scripps is analyzing the issues and expects to share its conclusions with the government and negotiate an appropriate conclusion

Management does not believe liability relating to this investigation will result in a material impact to the consolidated financial statements

The Organization is the object of a class action lawsuit alleging that the Organization has failed to follow state wage and hour laws regarding payment to employees The Organization will zealously defend the claims An estimate of the possible loss or range of loss cannot be made, however, management does not believe the liability relating to these claims will result in a material impact to the consolidated financial statements

In March 2010, President Obama signed the Patient Protection and Affordable Care Act (PPACA) into law PPACA will result in sweeping changes across the health care industry, including how care is provided and paid for A primary goal of this comprehensive reform legislation is to extend health coverage to approximately 32 million uninsured legal U S residents through a combination of public program expansion and private sector health insurance reforms To fund the expansion of insurance coverage, the legislation contains measures designed to promote quality and cost efficiency in health care delivery and to generate budgetary savings in the Medicare and Medicaid programs Given that the final regulations and interpretive guidelines have yet to be published, the Organization is unable to fully predict the impact of PPACA on its operations and financial results There are multiple lawsuits challenging the constitutionality of major portions of PPACA, to the extent that any significant elements of the law are overturned, additional uncertainty is introduced into the prediction of operational and financial impacts However, if the law is implemented as adopted, the Organization expects that in the coming years patients that were previously uninsured and unable to pay for care will have basic insurance coverage, and amounts for reimbursement for services from both public and private payers will be reduced and made conditional on various quality measures The Organization is studying and evaluating the anticipated impacts and developing strategies needed to prepare for implementation

12. Risk Management and Contingencies (continued)

Seismic Standards (Unaudited)

The State of California issued seismic safety standards (SB1953) in 1994 which have been amended on several occasions since then The regulations call for more stringent structural building standards to be in place by 2013 for buildings remaining in acute care service beyond that date, with a possible two-year extension in certain circumstances These standards affect all five of the Organization's hospital campuses The total cost to bring all facilities into compliance with SB1953, prior to legislative updates in 2010, was estimated to be approximately $206,000,000 (unaudited)

Emergency regulations adopted in January 2010 (SB499) as well as the ability to apply for HAZUS certification has and will continue to provide some legislative relief for the Organization by modifying the level of Structural Performance Category (SPC) and Non-Structural Performance Category (NPC) seismic retrofit required as well as extending the compliance deadlines The 2007 HAZUS regulations allow for hospitals to meet a standard of 0 75% collapse probability given the ground motions specific to the site, and thus are not as rigorous as the full SB1953 regulations due to more precise estimations HAZUS specifically addresses SPC requirements SB499 legislation addresses the NPC requirements and allows for hospitals to delay NPC-3 upgrades until 2030, at which time the work will then be completed or the facility removed from service

The Organization has received HAZUS relief and SB499 waivers which reduced total projected costs As a result of applications by the Organization for HAZUS certification and SB499 legislation and actual monies spent to date, the Organization currently estimates that the remediation cost to meet standards for projects specific to structural and non-structural performance in effect until 2030 is approximately $35,944,000 (unaudited), of which $21,054,000 (unaudited) has been spent to date Work is anticipated to be completed by September 2012 for all remaining seismic projects

13. Lease Commitments

The Organization leases various equipment and facilities under operating leases expiring at various dates through 2043 Total rental expense for operating leases was $31,892,000 in 2011 and $33,479,000 in 2010 The following is a schedule of future minimum lease payments as of September 30, 2011, under operating leases that have initial or remaining terms in excess of one year (in thousands)

	Facilities	Equipment	Total
2012	$ 29,487	$ 622	$ 30,109
2013	27,086	622	27,708
2014	25,008	609	25,617
2015	22,587	546	23,133
2016	21,969	133	22,102
Thereafter	144,544	–	144,544
	$ 270,681	$ 2,532	$ 273,213

Approximately $833,000 of facility rental payments, included in the schedule shown above, have also been included in accrued liabilities in the consolidated statements of financial position as of September 30, 2011, relating to a cease-use obligation recorded during the year ended September 30, 2010

14. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets is available for the following purposes or periods as of September 30 (in thousands)

	2011	2010
Building, construction and equipment	$ 40,870	$ 48,077
Deferred gifts, available for use in future periods	20,930	22,802
Research	18,109	19,927
Education	15,774	16,471
Health care operations – specific purpose	12,306	11,818
Indigent care	1,794	2,004
	$ 109,783	$ 121,099

14. Temporarily and Permanently Restricted Net Assets (continued)

During 2011 and 2010, temporarily restricted net assets of $40,683,000 and $39,431,000, respectively, were released from restrictions by incurring expenditures that satisfied the donor's purpose or time restriction

Permanently restricted net assets at September 30 are restricted to investments in perpetuity, the income from which is expendable to support the Organization (in thousands) and is available for the following purposes or periods

	2011	2010
Healthcare operations – specific purpose	$ 27,057	$ 26,058
Research	19,768	19,766
Education	16,712	15,313
Indigent care	12,828	12,821
Deferred gifts, the income from which will be available for use in future periods	1,018	1,106
Building, construction and equipment	1,086	1,086
	$ 78,469	$ 76,150

During 2011, the Organization received a $45,000,000 pledge from Conrad Prebys to partially fund the new Scripps Cardiovascular Institute (SCI) The cash pledge of $3,000,000 was recorded in temporarily restricted net assets at a net value of $2,766,000 The remaining $42,000,000 to be funded by a bequest has not been recorded in net assets

Endowments

The Organization's endowments consist of 81 and 79 individual funds for 2011 and 2010, respectively, established for a variety of purposes Net assets associated with the endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions

On September 30, 2008, California Senate Bill No 1329 was signed into law which enacted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) for California The Board of Trustees of the Organization has interpreted this as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of the interpretation, the Organization classifies as

14. Temporarily and Permanently Restricted Net Assets (continued)

permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence described by UPMIFA In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds (1) duration and preservation of the fund, (2) purposes of the Organization and the donor-restricted endowment fund, (3) general economic conditions, (4) possible effect of inflation or deflation, (5) expected total return from income and the appreciation of investments, (6) other resources of the Organization, and (7) investment policies of the Organization

From time-to-time, the fair value of assets associated with individual endowment funds may fall below the level that the donor or UPMIFA requires the Organization to retain as a fund of perpetual duration Deficiencies of this nature that are reported in unrestricted net assets were approximately $505,000 and $0 as of September 30, 2011 and 2010, respectively These deficiencies resulted from unfavorable investment market fluctuations

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results while assuming a moderate level of investment risk The Organization expects its endowment funds, over time, to provide an average rate of return of approximately 5% over the rate of inflation annually Actual returns in any given year may vary from this amount

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Organization targets a diversified asset allocation that places an emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints

14. Temporarily and Permanently Restricted Net Assets (continued)

The Organization has a policy of appropriating for distribution each year 4% (with an additional 1% administrative fee) of its endowment fund's average fair value over the prior three-year rolling average market values In establishing this policy, the Organization considered the long-term expected return on its endowment Accordingly, over the long term, the Organization expects the current spending policy to allow its endowment to grow at an average of 3% to 4% annually, above inflation This is consistent with the Organization's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return

Changes in endowment net assets for the year ended September 30, 2011, are is as follows (in thousands)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets as of September 30, 2010	$ –	$ 18,725	$ 76,150	$ 94,875
Investment return				
Investment income	–	1,918	–	1,918
Net depreciation (realized and unrealized)	(505)	(663)	–	(1,168)
Total investment return	(505)	1,255	–	750
Contributions	–	–	2,474	2,474
Appropriation of endowment assets for expenditure	–	(3,590)	–	(3,590)
Other changes	–	–	(155)	(155)
Endowment net assets as of September 30, 2011	$ (505)	$ 16,390	$ 78,469	$ 94,354

14. Temporarily and Permanently Restricted Net Assets (continued)

Changes in endowment net assets for the year ended September 30, 2010, are as follows (in thousands)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets as of September 30, 2009	$ (1,293)	$ 14,209	$ 75,431	$ 88,347
Investment return				
Investment income	(1,402)	3,574	–	2,172
Net appreciation (realized and unrealized)	2,695	3,563	–	6,258
Total investment return	1,293	7,137	–	8,430
Contributions	–	–	685	685
Appropriation of endowment assets for expenditure	–	(2,621)	–	(2,621)
Other changes	–	–	34	34
Endowment net assets as of September 30, 2010	$ –	$ 18,725	$ 76,150	$ 94,875

Temporarily restricted endowment net assets is as follows at September 30 (in thousands)

	2011	2010
Temporarily restricted net assets		
The portion of perpetual endowment funds subject to a time restriction under UPMIFA		
Without purpose restrictions	$ 1,103	$ 1,263
With purpose restrictions	15,287	17,462
Total endowment funds classified as temporarily restricted net assets	$ 16,390	$ 18,725

15. Fair Value Measurements

Scripps Health accounts for certain assets and liabilities at fair value A fair value hierarchy for valuation inputs prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market Each fair value measurement is reported in one of the three levels and is determined by the lowest level input that is significant to the fair value measurement in its entirety These levels are

Level 1 Quoted prices are available in active markets for identical assets or liabilities as of the measurement date Financial assets and liabilities in Level 1 include U S and foreign equity securities, as well as mutual funds

Level 2 Pricing inputs are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the asset or liabilities Financial assets and liabilities in this category generally include U S and foreign government securities, asset-backed securities, U S and foreign corporate bonds and loans, municipal bonds, interest rate swaps, real estate, and pledges receivable

Level 3 Pricing inputs are generally unobservable for the assets or liabilities and include situations where there is little, if any, market activity for the investment The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities The fair values are therefore determined using factors that involve considerable judgment and interpretations, including but not limited to private and public comparables, third-party appraisals, discounted cash flow models and fund manager estimates Financial assets and liabilities in this category include commingled funds

Assets and liabilities measured at fair value are based on one or more of the three valuation techniques The three valuation techniques are identified in the tables below Where more than one technique is noted, individual assets or liabilities were valued using one or more of the noted techniques The valuation techniques are as follows

a) Market approach Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities

15. Fair Value Measurements (continued)

b) Cost approach Amount that would be required to replace the service capacity of asset (replacement cost)

c) Income approach Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing and excess earnings models)

The following represents financial assets and liabilities measured at fair value on a recurring basis as of September 30, 2011 (in thousands) Alternative investments are accounted for using the equity method of accounting, which is not a fair value measurement

	September 30, 2011	Level I Active Markets for Identical Assets	Level 2 Significant Other Observable Inputs	Level 3 Significant Unobservable Inputs	Fair Value	Equity Method	(a,b,c) Valuation Technique
Current assets							
Assets limited as to use							
Held by trustee							
Cash equivalents	$ 11 010	$ 11 010	$ –	$ –	$ 11 010	$ –	a
Assets limited as to use							
Assets included in restricted net assets							
U S equity securities	$ 31 175	$ 31 175	$ –	$ –	$ 31 175	$ –	a
Domestic fixed income commingled funds	28 426	–	–	28 426	28 426	–	a
Hedge funds investments	15 899	–	–	–	–	15 899	–
Domestic fixed income mutual funds	13 748	–	13 748	–	13 748	–	a
Foreign equity mutual funds	13 735	13 735	–	–	13 735	–	a
U S equity commingled funds	12 686	–	12 686	–	12 686	–	a
Foreign fixed income commingled funds	12 660	–	–	12 660	12 660	–	a
Real estate	12 398	–	12 398	–	12 398	–	b
U S government securities	9 661	–	9 661	–	9 661	–	c
Foreign equity commingled funds	5 653	–	–	5 653	5 653	–	c
Other fund investments	2 818	2 818	–	–	2 818	–	a
U S corporate bonds	2 384	–	2 384	–	2 384	–	a
Domestic equity mutual funds	7 813	7 813	–	–	7 813	–	a
Foreign equity securities	1 282	1 282	–	–	1 282	–	a
Private equity investments	1 018	–	–	–	–	1 018	–

15. Fair Value Measurements (continued)

	September 30, 2011	Level I Active Markets for Identical Assets	Level 2 Significant Other Observable Inputs	Level 3 Significant Unobservable Inputs	Fair Value	Equity Method	(a,b,c) Valuation Technique
Assets limited as to use (cont d)	$ 876	$ –	$ 876	$ –	$ 876	$ –	a
Assets included in restricted net assets	367	–	367	–	367	–	a
Foreign corporate bonds	2 867	2 869	–	–	2 869	–	a
Foreign government securities	2 130	–	2 130	–	2 130	–	a
Assets held in trust for supplemental retirement plans	802	802	–	–	802	–	a
Domestic equity mutual funds	16 613	16 613	–	–	16 613	–	
Domestic fixed income mutual funds	451	451	–	–	451	–	a
Foreign equity mutual funds	26 824	26 824	–	–	26 824	–	a
Assets restricted for capital projects	5 590	5 590	–	–	5 590	–	a
Cash equivalents	$ 227 878	$ 109 972	$ 54 250	$ 46 739	$ 210 961	$ 16 917	

	September 30, 2011	Level I Active Markets for Identical Assets	Level 2 Significant Other Observable Inputs	Level 3 Significant Unobservable Inputs	Fair Value	Equity Method	(a,b,c) Valuation Technique
Investments							
U S equity securities	$ 206 465	$ 205 465	$ –	$ –	$ 206 465	$ –	a
Domestic fixed income commingled funds	188 252	–	–	188 252	188 252	–	a
Hedge funds investments	105 291	–	–	–	–	105 291	–
Domestic fixed income mutual funds	91 051	–	91 051	–	91 051	–	a
U S equity commingled funds	84 017	–	84 017	–	84 017	–	a
Foreign fixed income commingled funds	83 841	–	–	83 841	83 887	–	a
Foreign equity mutual funds	82 887	82 887	–	–	82 887	–	a
Foreign equity commingled funds	37 436	–	15 785	37 436	37 436	–	a
U S corporate bonds	15 785	–	7 626	–	15 785	–	a
U S government securities	7 626	–	–	–	7 626	–	a
Private equity investments	6 742	–	–	–	–	6 742	a

15. Fair Value Measurements (continued)

	September 30, 2011	Level I Active Markets for Identical Assets	Level 2 Significant Other Observable Inputs	Level 3 Significant Unobservable Inputs	Fair Value	Equity Method	(a,b,c) Valuation Technique
Investments							
Foreign corporate bonds	$ 5 800	$ –	$ 5 800	$ –	$ 5 800	$ –	a
Foreign equity securities	4 038	4 038	–	–	4 038	–	a
Foreign government securities	2 429	–	2 429	–	2 429	–	a
Other fund investments	2	2	–	–	2	–	a
	$ 921 662	$ 293 392	$ 206 708	$ 309 529	$ 809 629	$ 112 033	
Other assets							
Pledges receivable net	$ 25 327	$ –	$ 25 327	$ –	$ 25 327	$ –	c
Land held for sale	101	–	101	–	101	–	a
	$ 25 428	$ –	$ 25 428	$ –	$ 25 428	$ –	
Total assets at fair value	$ 1 185 978	$ 414 374	$ 286 386	$ 356 268	$ 1 057 028	$ 128 950	
Current liabilities							
Swap hedge	$ 28 606	$ –	$ 28 606	$ –	$ 28 606	$ –	c
Cease use liability	501	–	501	–	501	–	c
	$ 29 107	$ –	$ 29 107	$ –	$ 29 107	$ –	
Other liabilities							
Annuity unitrust liabilities	$ 9 816	$ –	$ 9 816	$ –	$ 9 816	$ –	c
Agency Endowment liability	830	830	–	–	830	–	a
Cease use liability	503	–	503	–	503	–	c
	$ 11 149	$ 830	$ 10 319	$ –	$ 11 149	$ –	
Total liabilities at fair value	$ 40 256	$ 830	$ 39 426	$ –	$ 40 256	$ –	

15. Fair Value Measurements (continued)

The following represents financial assets and liabilities measured at fair value on a recurring basis as of September 30, 2010 (in thousands) Alternative investments are accounted for using the equity method of accounting, which is not a fair value measurement

	September 30, 2010	Level I Active Markets for Identical Assets	Level 2 Significant Other Observable Inputs	Level 3 Significant Unobservable Inputs	Fair Value	Equity Method	(a,b,c) Valuation Technique
Current assets							
Assets limited as to use							
Held by trustee							
Cash equivalents	$ 10 650	$ 10 650	$ –	$ –	$ 10 650	$ –	a
Assets limited as to use							
Assets included in restricted net assets							
U S equity securities	$ 48 585	$ 48 585	$ –	$ –	$ 48 585	$ –	a
Domestic fixed income mutual funds	30 460	–	30 460	–	30 460	–	a
Foreign equity mutual funds	15 618	15 618	–	–	15 618	–	a
Domestic fixed income commingled funds	14 443	–	–	14 443	14 443	–	a
Foreign fixed income commingled funds	14 148	–	–	14 148	14 148	–	a
Hedge funds investments	13 928	–	–	–	–	13 928	–
Real estate	12 647	–	12 647	–	12 647	–	b
U S government securities	9 867	–	9 867	–	9 867	–	c
Domestic equity mutual funds	6 818	6 818	–	–	6 818	–	a
Foreign equity commingled funds	6 690	–	–	6 690	6 690	–	c
Foreign equity securities	2 764	2 764	–	–	2 764	–	a
U S corporate bonds	2 697	–	2 697	–	2 697	–	a
Other fund investments	2 528	2 528	–	–	2 528	–	a
Private equity investments	971	–	–	–	–	971	–
Foreign corporate bonds	702	–	702	–	702	–	a
Foreign government securities	255	–	255	–	255	–	a
Assets held in trust for supplemental retirement plans							
Domestic equity mutual funds	2 851	2 851	–	–	2 851	–	a
Domestic fixed income mutual funds	2 151	–	2 151	–	2 151	–	a
Foreign equity mutual funds	884	884	–	–	884	–	a
Assets held in trust for swap collateral							
Cash equivalents	12 475	12 475	–	–	12 475	–	a

15. Fair Value Measurements (continued)

	September 30, 2010	Level 1 Active Markets for Identical Assets	Level 2 Significant Other Observable Inputs	Level 3 Significant Unobservable Inputs	Fair Value	Equity Method	(a,b,c) Valuation Technique
Assets limited as to use (cont d)							
Assets restricted for capital projects							
Cash equivalents	$ 20 113	$ 20 113	$ –	$ –	$ 20 113	$ –	a
Other assets whose use is limited	453	453	–	–	453	–	a
Unexpended and reserve bond funds held by trustees							
Cash equivalents	84 129	84 129	–	–	84 129	–	a
	$ 306 177	$ 197 218	$ 58 779	$ 35 281	$ 291 278	$ 14 899	
Investments							
U S equity securities	$ 228 713	$ 228 713	$ –	$ –	$ 228 713	$ –	a
Domestic fixed income mutual funds	179 999	–	179 999	–	179 999	–	a
Domestic fixed income commingled funds	85 351	–	–	85 351	85 351	–	a
Foreign equity mutual funds	83 942	83 942	–	–	83 942	–	a
Foreign fixed income commingled funds	83 608	–	–	83 608	83 608	–	a
Hedge funds investments	82 309	–	–	–	–	82 309	–
Domestic equity mutual funds	40 288	40 288	–	–	40 288	–	a
Foreign equity commingled funds	39 533	–	–	39 533	39 533	–	a
U S corporate bonds	15 936	–	15 936	–	15 936	–	a
Foreign equity securities	9 077	9 077	–	–	9 077	–	a
Private equity investments	5 740	–	–	–	–	5 740	–
U S government securities	4 171	–	4 171	–	4 171	–	a
Foreign corporate bonds	4 150	–	4 150	–	4 150	–	a
Foreign government securities	1 509	–	1 509	–	1 509	–	a
Other fund investments	103	–	103	–	103	–	a
	$ 864 429	$ 362 020	$ 205 868	$ 208 492	$ 776 380	$ 88 049	
Other assets							
Pledges receivable net	$ 27 076	$ –	$ 27 076	$ –	$ 27 076	$ –	c
Land held for sale	101	–	101	–	101	–	a
	$ 27 177	$ –	$ 27 177	$ –	$ 27 177	$ –	
Total assets at fair value	$ 1 208 433	$ 569 888	$ 291 824	$ 243 773	$ 1 105 485	$ 102 948	
Current liabilities							
Swap hedge	$ 24 914	$ –	$ 24 914	$ –	$ 24 914	$ –	c
Cease use liability	699	–	699	–	699	–	c
	$ 25 613	$ –	$ 25 613	$ –	$ 25 613	$ –	
Other liabilities							
Annuity unitrust liabilities	$ 10 761	$ –	$ 10 761	$ –	$ 10 761	$ –	c
Agency Endowment liability	852	852	–	–	852	–	a
Cease use liability	967	–	967	–	967	–	c
	$ 12 580	$ 852	$ 11 728	$ –	$ 12 580	$ –	
Total liabilities at fair value	$ 38 193	$ 852	$ 37 341	$ –	$ 38 193	$ –	

15. Fair Value Measurements (continued)

Transfers to/from Levels 1, 2 and 3 are recognized at the end of the reporting period For the years ended September 30, 2011 and 2010, there were transfers totaling $106,929,000 and $212,610,000, respectively, between Levels 1 and 2 for the reclassification of a domestic fixed income mutual fund For the year ended September 30, 2010, there were transfers totaling $299,376,000 between Levels 1 and 2 based on new accounting guidance released during the year ended September 30, 2010

As of September 30, 2011 and 2010, the Level 2 and 3 instruments listed in the fair value hierarchy table above use the following valuation techniques and inputs

U.S. and Foreign Government Securities

The fair value of investments in U S and foreign government securities, classified as Level 2, was primarily determined using techniques consistent with the income approach Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads

U.S. and Foreign Corporate Bonds

The fair value of the investments in U S and foreign corporate bonds, including mutual and commingled funds that invest primarily in such bonds, classified as Level 2 was primarily determined using techniques that are consistent with the market approach Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security specific characteristics (such as early redemption options)

Real Estate and Land Held for Sale

The fair value of the real estate investments classified as Level 2 was primarily determined using techniques that are consistent with the market approach Significant observable inputs include sales of comparable properties, market rents and market rent growth trends

15. Fair Value Measurements (continued)

Pledges Receivable Annuity/Unitrust Liabilities, and Cease Use Liability

The fair value of the pledges receivable and annuity/unitrust liabilities, and cease use liability classified as Level 2 was primarily determined using techniques that are consistent with the income approach Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads

Commingled Funds

The fair value of investments in U S equity commingled funds, classified as Level 2, was primarily determined using the calculated net asset value per share (NAV) The values for underlying investments are fair value estimates determined either internally or by an external fund manager based on recent filings, operating results, balance sheet stability, growth and other business and market sector fundamentals

The fair value of all other commingled fund investments classified as Level 3 was determined using the calculated NAV The values for underlying investments are fair value estimates determined either internally or by an external fund manager based on recent filings, operating results, balance sheet stability, growth and other business and market sector fundamentals Due to the significant unobservable inputs present in these valuations, Scripps Health classifies all such investments as Level 3

Swap Hedge

The fair value of the Swap hedge liability classified as Level 2 is based on independent valuations obtained and is determined by calculating the fair value of the discounted cash flows of the differences between the fixed interest rate of the interest rate swaps and the counterparty's forward LIBOR curve, which is the input used in the valuation, taking also into account any non-performance risk

15. Fair Value Measurements (continued)

The following table presents the change in the balance of financial assets and liabilities using significant unobservable inputs (Level 3) measured on a recurring basis and certain assets accounted for under the equity method for the years ended September 30, (in thousands)

	2011			
	Foreign Equity Commingled Funds	Domestic Fixed Income Commingled Funds	Foreign Fixed Income Commingled Funds	Total
Balance at the beginning of year	$ 46,222	$ 99,793	$ 97,758	$ 243,773
Unrealized (losses) gains, including in earnings	(3,133)	9,005	(1,257)	4,615
Purchases, insurances, and settlements (net)	–	107,880	–	107,880
Balance at the end of year	$ 43,089	$ 216,678	$ 96,501	$ 356,268
Change in unrealized (losses) gains included in investment income related to assets held as of September 30	$ (3,133)	$ 9,005	$ (1,257)	$ 4,615

	2010			
	Foreign Equity Commingled Funds	Domestic Fixed Income Commingled Funds	Foreign Fixed Income Commingled Funds	Total
Balance at the beginning of year	$ 29,302	$ –	$ –	$ 29,302
Unrealized gains, including in earnings	3,999	4,037	4,583	12,619
Purchases, insurances, and settlements (net)	12,921	95,756	93,175	201,852
Balance at the end of year	$ 46,222	$ 99,793	$ 97,758	$ 243,773
Change in unrealized gains included in investment income related to assets held as of September 30	$ 3,999	$ 4,037	$ 4,583	$ 12,619

15. Fair Value Measurements (continued)

Included within the assets above are investments in certain entities that report fair value using a calculated NAV or its equivalent The following table and explanations identify attributes relating to the nature and risk of such investments as of September 30, 2011 (in thousands)

Level 3		Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Commingled					
Equity securities	(1)	$ 43,089	$ –	Twice a month liquidity	4 days
Fixed income securities	(2)	313,179	–	Daily to monthly liquidity	1-15 days
		$ 356,268	$ –		

(1) Commingled Funds Equity – This category includes investments in commingled funds with underlying investments that are fair value estimates determined either internally or by an external fund manager based on recent filings, operating results, balance sheet stability, growth and other business and market sector fundamentals The investments are diversified by geography, sector, and organization Liquidity is provided on a twice monthly basis

(2) Commingled Funds Fixed Income – This category includes investments in three commingled funds with underlying investments that are fair value estimates determined either internally or by an external fund manager based on recent filings, operating results, balance sheet stability, growth and other business and market sector fundamentals The investments are diversified by geography, sector, maturity, and issue Liquidity is provided on a daily and/or monthly basis As of September 30, 2011, the category consisted of 67% daily and 33% monthly liquidity

16. Affiliation with Catholic Healthcare West

In August 1995, Scripps Health and Catholic Healthcare West (CHW) entered into an affiliation agreement to enhance their mutual ability to serve the San Diego community Through the affiliation, CHW transferred the sole voting membership of one of its subordinate corporations, Mercy Healthcare San Diego (MHSD), to Scripps Health, along with the responsibility for its operations and governance MHSD's principal activity is the operation of a hospital and a network of clinics MHSD was subsequently merged into Scripps Health

16. Affiliation with Catholic Healthcare West (continued)

Pursuant to the affiliation agreement, CHW, among other things, obtained the right to receive a 20% interest in the annual change in unrestricted net assets of Scripps Health and the right to 20% of the net proceeds, with certain restrictions, upon the liquidation of Scripps Health Scripps Health has the right to receive from CHW an amount equal to CHW's percentage interest in (i) the annual capital expenditures of Scripps Health and (ii) the annual amortization of debt principal of Scripps Health Scripps Health and CHW may make an election annually to receive all or a portion of the accumulated but not previously paid amounts under the affiliation agreement, subject to certain conditions No payments have ever been paid by either party under these provisions, and as of September 30, 2011, no amounts are due Of the members of the Scripps Health Board of Trustees, 20% are required to be elected from a slate of nominees proposed by CHW

Under the terms of the affiliation agreement, Scripps Health was required to contribute $2,000,000 per year, adjusted annually for inflation, to a Strategic Capital Reserve Pool (the Pool), up to a maximum aggregate contribution of $20,000,000 During 2005, the parties agreed that Scripps Health had fulfilled the terms of the agreement and would therefore cease making contributions Funds in the Pool may be used to undertake capital projects that are of mutual benefit to Scripps Health and CHW in support of healthcare in the San Diego community

Projects funded through the Pool require the approval of both Scripps Health and CHW During 2009, Scripps Health received full reimbursement from the Pool and the account was closed

17. Rental Income

The Organization leases medical office space to various physicians and other healthcare-related entities under operating leases The leases provide for minimum rentals and additional amounts for real estate taxes and common area expenses Total rental income was $8,727,000 in 2011 and $9,246,000 in 2010 and is included in other operating revenue in the consolidated statements of operations

17. Rental Income (continued)

The following is a schedule of future minimum rentals to be received as of September 30, 2011, under operating leases that have initial or remaining terms in excess of one year (in thousands)

2012	$ 7,247
2013	6,068
2014	4,627
2015	3,060
2016	1,432
Thereafter	1,047
	$ 23,481

18. Functional Expenses

Operating expenses for the years ended September 30, 2011 and 2010, are grouped into functional classifications as summarized below (in thousands) Patient care services include expenses incurred by departments directly delivering patient care or directly supporting the delivery of patient care General and administrative services include information services, financial services, employee relations services, insurance, and administration and related services

	2011	2010
Patient care services	$ 2,024,564	$ 1,896,068
General and administrative	199,160	191,752
Fund-raising	9,221	9,144
Total operating expenses	$ 2,232,945	$ 2,096,964

Other Financial Information

Scripps Health and Affiliates

Consolidating Statement of Financial Position

(in thousands)

September 30, 2011

	Obligated Group	TWI	SHPS	Joint Ventures	Eliminations	Consolidated
Assets						
Current assets						
Cash and cash equivalents	$ 450,829	$ 672	$ 38,319	$ 3,031	$ –	$ 492,851
Patient accounts receivable, net	238,393	–	7	1,808	(15,463)	224,745
Assets limited as to use	11,010	–	–	–	–	11,010
Other current assets	83,565	452	438	779	–	85,234
Total current assets	783,797	1,124	38,764	5,618	(15,463)	813,840
Assets limited as to use	218,783	8,795	300	–	–	227,878
Investments	919,622	2,040	–	–	–	921,662
Property and equipment, net	836,496	239	16	1,845	–	838,596
Other assets	77,298	63	285	2,588	(8,755)	71,479
Total assets	$ 2,835,996	$ 12,261	$ 39,365	$ 10,051	$ (24,218)	$ 2,873,455
Liabilities and net assets						
Current liabilities						
Current portion of long-term debt	$ 18,744	$ 7	$ –	$ 424	$ –	$ 19,175
Accounts payable	92,201	35	123	368	–	92,727
Accrued liabilities	242,399	774	30,426	362	(15,463)	258,498
Total current liabilities	353,344	816	30,549	1,154	(15,463)	370,400
Long-term debt, less current portion	595,545	3	–	1,540	–	597,088
Other liabilities	102,361	371	–	118	–	102,850
Total liabilities	1,051,250	1,190	30,549	2,812	(15,463)	1,070,338
Net assets						
Unrestricted						
Controlling interests	1,605,255	2,310	8,816	4,833	(8,755)	1,612,459
Noncontrolling interests in subsidiaries	–	–	–	2,406	–	2,406
	1,605,255	2,310	8,816	7,239	(8,755)	1,614,865
Temporarily restricted	107,716	2,067	–	–	–	109,783
Permanently restricted	71,775	6,694	–	–	–	78,469
Total net assets	1,784,746	11,071	8,816	7,239	(8,755)	1,803,117
Total liabilities and net assets	$ 2,835,996	$ 12,261	$ 39,365	$ 10,051	$ (24,218)	$ 2,873,455

See accompanying report of independent auditors

Scripps Health and Affiliates

Consolidating Statement of Operations
(in thousands)

Year Ended September 30, 2011

	Obligated Group	TWI	SHPS	Joint Ventures	Eliminations	Consolidated
Unrestricted revenues, gains and other support						
Patient service revenue, net of contractual allowances and discounts	$ 2,207,636	$ –	$ –	$ 18,136	$ (92,700)	$ 2,133,072
Provision for bad debts	(90,817)	–	–	(24)	–	(90,841)
Net patient service revenue less provision for bad debts before provider tax	2,116,819	–	–	18,112	(92,700)	2,042,231
Provider tax	102,072	–	–	–	–	102,072
Net patient service revenue less provision for bad debts	2,218,891	–	–	18,112	(92,700)	2,144,303
Capitation premium	71,503	–	226,572	–	(70,561)	227,514
Other	63,309	2,968	10,217	66	(11,694)	64,866
Net assets released from restrictions used for operations	14,240	265	–	–	–	14,505
Total operating revenues	2,367,943	3,233	236,789	18,178	(174,955)	2,451,188
Operating expenses						
Wages and benefits	1,063,478	2,282	7,442	4,600	(218)	1,077,584
Supplies	375,148	140	177	4,756	(2)	380,219
Services	530,253	586	228,650	2,805	(174,735)	587,559
Provider tax	79,452	–	–	–	–	79,452
Depreciation and amortization	91,971	55	29	472	–	92,527
Interest	13,538	1	–	103	–	13,642
Loss on impairment	1,962	–		–	–	1,962
Total operating expenses	2,155,802	3,064	236,298	12,736	(174,955)	2,232,945
Operating income	212,141	169	491	5,442	–	218,243
Nonoperating gains (losses)						
Investment income	44,290	147	13	–	–	44,450
Holding loss on trading portfolio	(54,246)	(144)	–	–	–	(54,390)
Contributions	892	130	–	–	–	1,022
Gain on disposal of property	16	–	–	–	–	16
Market adjustment on interest rate swaps	(3,692)	–	–	–	–	(3,692)
Excess of revenues over expenses	199,401	302	504	5,442	–	205,649
Less excess of revenues over expenses attributable to noncontrolling interests	–	–	–	(1,865)	–	(1,865)
Excess of revenues over expenses attributable to controlling interests	$ 199,401	$ 302	$ 504	$ 3,577	$ –	$ 203,784

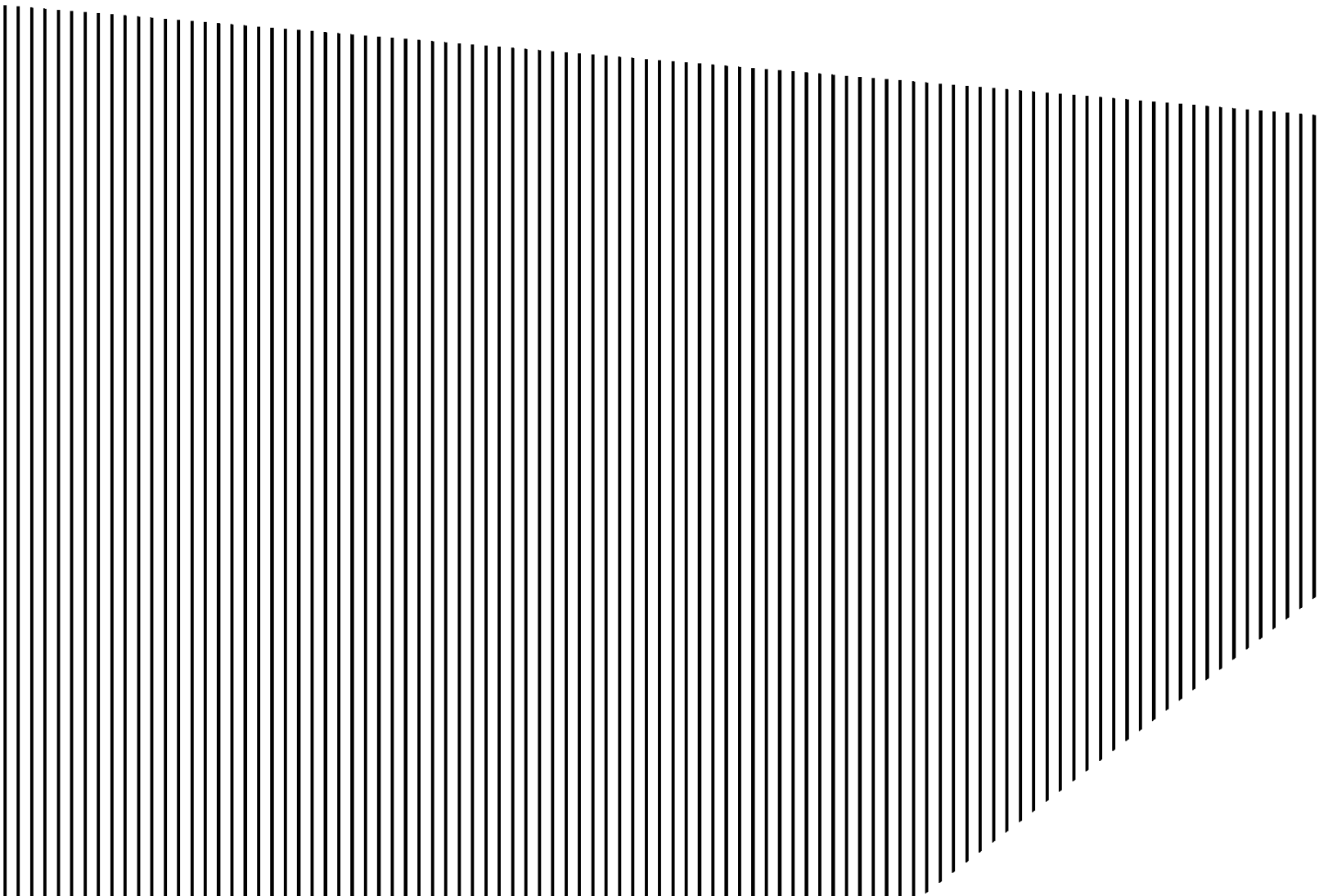
See accompanying report of independent auditors

Ernst & Young LLP

Assurance | Tax | Transactions | Advisory

About Ernst & Young
Ernst & Young is a global leader in assurance, tax, transaction and advisory services Worldwide, our 152,000 people are united by our shared values and an unwavering commitment to quality We make a difference by helping our people, our clients and our wider communities achieve their potential

For more information, please visit www ey com



Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
MARY JO ANDERSON CHS TRUSTEE	5 0	X						0	0	0
RICHARD BIGELOW TRUSTEE	5 0	X						0	0	0
DOUGLAS A BINGHAM ESQ TRUSTEE	5 0	X						0	0	0
JEFF BOWMAN TRUSTEE (PART-YEAR)	5 0	X						0	0	0
JUDY CHURCHILL PHD TRUSTEE	5 0	X						0	0	0
GORDON R CLARK TRUSTEE	5 0	X						0	0	0
MARTIN C DICKINSON TRUSTEE	5 0	X						0	0	0
VIRGINIA GILLIS RSM EDD TRUSTEE	5 0	X						0	0	0
RICHARD L HALL MD TRUSTEE (PART-YEAR)	5 0	X						0	0	0
KATHERINE A LAUER TRUSTEE	5 0	X						0	0	0
MARTY J LEVIN TRUSTEE	5 0	X						0	0	0
ERNEST S RADY TRUSTEE (PART-YEAR)	5 0	X						0	0	0
MAUREEN STAPLETON TRUSTEE	5 0	X						0	0	0
ROBERT TJOSVOLD TRUSTEE	5 0	X						0	0	0
CHRISTOPHER VAN GORDER PRESIDENT AND CEO	4 0 0	X		X				1,453,121	0	1,213,781
RICHARD VORTMANN TRUSTEE (PART-YEAR)	5 0	X						0	0	0
ABBY SILVERMAN WEISS TRUSTEE	5 0	X						0	0	0
RICHARD ROTHBERGER EXEC VP/CFO	4 0 0			X				883,519	0	143,644
RICHARD SHERIDAN CORP SR VP, GENERAL COUNSEL	4 0 0			X				574,758	0	609,240
GALE KEEL ASST SEC TO SCRIPPS BOARD	4 0 0			X				87,477	0	12,840
VIRGINIA LEARY EXEC SECRETARY TO CEO	4 0 0			X				92,733	0	21,097
ARNOLD BRENT EASTMAN MD CORP SR VP, CHIEF MED OFFICER	4 0 0				X			728,589	0	528,983
VICTOR V BUZACHERO CORP SR VP INNOVAT/HR/PERF MGT	4 0 0				X			642,395	0	156,738
JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	4 0 0				X			626,504	0	605,371
LARRY HARRISON CHIEF EXECUTIVE, SR VP	4 0 0				X			658,470	0	109,493

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	40 0				X			615,525	0	117,086
GARY FYBEL CHIEF EXECUTIVE, SR VP	40 0				X			678,579	0	101,184
ROBIN BROWN CHIEF EXECUTIVE, SR VP	40 0				X			550,038	0	287,858
CARL ETTER CHIEF EXECUTIVE, SR VP	40 0				X			538,731	0	84,454
JOHN ENGLE CHIEF EXECUTIVE, SR VP	40 0				X			485,831	0	83,220
MARY L CARRAHER CHIEF EXECUTIVE, SR VP	40 0				X			319,325	0	32,808
BARBARA PRICE CORP SR VP BUS & SERV LINE DEV	40 0				X			527,886	0	90,853
DAVID M COHN CORP VP, REVENUE CYCLE	40 0				X			406,208	0	71,465
MARC A REYNOLDS CORP SR VP, PAYER RELATIONS	40 0				X			410,780	0	78,073
JOHN E ARMSTRONG CORP SR VP, SPLY CHAIN/FACIL	40 0				X			374,876	0	78,002
PATRIC THOMAS CORP VP, INFORMATION SVCS	40 0				X			407,156	0	32,287
GLEN MUELLER CORP VP, AUDIT AND COMPLIANCE	40 0				X			382,260	0	68,436
BRIAN ISSELL MD CORP VP, CLINICAL RESEARCH	40 0					X		727,876	0	100,981
CATHY GUIBAL VP FINANCE/CFO SCRIPPS MED FDN	40 0					X		324,067	0	63,099
EDWARD NAZARRO COE CLINIC	40 0					X		325,751	0	81,600
ROBERT T HOFF CORP VP, CLINICAL ANC OPS	40 0					X		424,450	0	58,564
DANA LAUNER DIRECTOR OF MEDICAL AFFAIRS	40 0					X		431,182	0	30,313

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Amount
ANNUITY AND UNITRUSTS	9,716,854
DEFERRED RETIREMENT LIABILITY	16,804,341
DEPOSITS & CONTINGENCIES	83,957
SELF INSURED MALPRACTICE LIABILITY	17,064,900
SELF INSURED WORKERS COMP LIABILITY	45,055,660
ASSET RETIREMENT OBLIGATION	13,813,293
AGENCY ENDOWMENT LIABILITY	830,244
ARBITRAGE REBATE LIABILITY	419,180
INTERCOMPANY LIABILITIES	-1,220,321