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DLN: 93493223023584

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)

2012

OMB No 1545-0047

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

Open to Public Inspection

		endar year, or tax year beginning 10-01-2012 🥏 , 2012, and ending 09-30			
Check If	applicable	C Name of organization Grossmont Hospital Corporation		D Employer ide	ntification number
Address	change	Doing Business As		33-044952	7
Name ch	nange	23g 543637.6			
Initial ref	turn	Number and street (or P O box if mail is not delivered to street address) Room/suit	te	E Telephone num	ber
Terminat		8695 Spectrum Center Blvd		(858) 499-5	5150
Amende		City or town, state or country, and ZIP + 4 San Diego, CA 921231489		,	
Application	on pending		_	G Gross receipts s	\$ 697,190,712
		F Name and address of principal officer Daniel Gross		ıs a group return	for
		8695 Spectrum Center Blvd	affilia	ites?	Γ Yes Γ No
		San Diego, CA 921231489	H(b) Area	all affiliates inclu	ded?
Tax-exe	empt status	✓ 501(c)(3)	If "N	o," attach a list	(see instructions)
		w sharp com	H(c) Grou	ıp exemption nur	mber ►
			1.	T	
		✓ Corporation Trust Association Other ►	L Year of fo	rmation 1991 M	State of legal domicile CA
Part I		ımary			
1		escribe the organization's mission or most significant activities ont Hospital provides inpatient and outpatient medical services to the co	ommunity		
ę I					
2					
2	Check th	his box 🛏 if the organization discontinued its operations or disposed of	f more than 2		sets
5		,		_	-
	Number	of voting members of the governing body (Part VI, line 1a) \cdot . \cdot .		. 3	15
4		of independent voting members of the governing body (Part VI, line 1b)			11
5		mber of individuals employed in calendar year 2012 (Part V, line 2a) .			3,777
- 1		mber of volunteers (estimate if necessary)		6	738
1		related business revenue from Part VIII, column (C), line 12			408,713
) Net unite	elated business taxable income from Form 990-1, fille 34		r Year	78,992 Current Year
8	Contri	butions and grants (Part VIII, line 1h)	F110	19,501,123	33,549,646
ou l		am service revenue (Part VIII, line 2g)	588,093,300	631,566,176	
10 10 11		tment income (Part VIII, column (A), lines 3, 4, and 7d)		3,981,349	6,629,949
윤 ₁₁		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,924,635	2,074,565
12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		613,500,407	672 920 226
13		s and similar amounts paid (Part IX, column (A), lines 1–3)		1,088,165	1,057,002
14		Its paid to or for members (Part IX, column (A), line 4)		0	1,037,002
15		es, other compensation, employee benefits (Part IX, column (A), lines			
数 電 配 所 出 を 出	5-10)			278,617,440	291,847,277
± 16a		ssional fundraising fees (Part IX, column (A), line 11e)		0	0
<u>ਕੋ</u> ਖ		ındraısıng expenses (Part IX, column (D), line 25) ▶1,010,667			
17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		274,572,290	287,577,943
18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		554,277,895	580,482,222
19 _ #	Reven	ue less expenses Subtract line 18 from line 12	+	59,222,512 g of Current	93,338,114
S				ear	End of Year
20	Total	assets (Part X, line 16)		526,222,992	627,744,937
景 21		liabilities (Part X, line 26)		123,937,919	114,968,466
		ssets or fund balances Subtract line 21 from line 20	4	402,285,073	512,776,471
Part II		ature Block			
ny knowle		perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other the nowledge	an officer) is	based on all info	
	1.00	ature of officer		014-08-06 ate	
	Signa				
_	1.	Pumpian Asst Treasurer			
_	Ann I	Pumpian Asst Treasurer or print name and title			
_	Ann I	or print name and title		eck f PTIN	
lere	Ann I Type	e or print name and title Print/Type preparer's name Preparer's signature Da	self	-employed	96
Sign Here Paid Prepar	Ann I Type	or print name and title	self	CK I II	96

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌ No

(Expenses \$ including grants of \$

Total program service expenses ►

538,358,208

) (Revenue \$

Part IV Checklist of Required Schedule
--

			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^{22}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	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^{\bullet}	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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		No
С	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	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 and XII	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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 United States? 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 $11e^{\gamma}$ 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		No
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 hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	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 \blacksquare	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	35b	Yes	
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 11b and 19?	38	Yes	

GΙΙ	Statements Regarding Other 1RS Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	. l No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
	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			
)	by this return	2b	Yes	
			.,	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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		N
ı	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have applied gross resourts that are namedly groster than \$100,000 and did the	5c		N.I
•	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 as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	 		N.
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	/y		
	Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49662	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		
,	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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								

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax 15								
	year								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent								
2		2	Yes						
3		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		Νο					
6	Did the organization have members or stockholders?	6	Yes						
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	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					
	, ,								
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)					
Se		evenu	<i>le Cod</i> Yes	e.) No					
		evenu 10a							
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No					
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No					

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- 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 made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Staci Dickerson 8695 Spetrum Center Blvd San Diego, CA (858) 499-5150

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

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

1a Complete this table for all persons required to be listed 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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list	more pers	than on is	one bot	not box h an	offic	ess er	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	a Individual trustee or director	a Institutional Trustee			Highest compensated		organization (W- 2/1099- MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Tom Cantor	3 00	х						0	0	0
Director	0 00									
(2) Sunita V Cooke	1 50	х		х				0	0	0
Secretary (3) Jerry Fazio	0 00 2 00									
Director	0 00	х						0	0	0
(4) Dave Grundstrom	2 00									
Director	0 00	Х						0	0	0
(5) Peter Hanson MD	2 00									_
		Х						36,000	0	0
Director (6) Rina Jain MD	2 00 8 00									
		х						60,000	0	0
Chief of Staff (7) Tom Karlo	0 00									
(7) TOTT KATO	4 00	х		Х				0	0	0
Chairman	0 00									
(8) Marc Kobernick MD	2 00	x						30,000	0	0
Director	2 00							,		
(9) Jay LaSuer	2 00	x						0	0	0
Director	0 00	^						Ŭ	Ü	O
(10) Randolph Lenac	1 00	,,								
Director	0 00	X						0	0	0
(11) Michael Long MD	1 50									
Director	0 00	X						0	0	0
(12) Deborah McElravy	1 00									
Director	0 00	Х						0	0	0
(13) Michael W Murphy	6 00				\vdash					
		х		Х				0	1,371,056	93,706
President & CEO-SHC (14) Shirley Murphy	54 00 3 00				\vdash					
		х						0	0	0
Director (15) Jim Parker	0 00				\vdash	-				
	2 00	х		Х				0	0	0
Vice Chairman/Treasurer	0 00				<u> </u>					
(16) Michele Tarbet	50 00	x		Х				0	564,445	40,338
Assist Secretary/CEO-GH	10								,	
(17) Ann R Pumpian	2 00	1				1				
(17) Allii K Fullipiali	1		l I	Χ				0	717,542	40,099

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not bo: h ar	chec k, unle n offic- rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount of compen	ated of other isation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and re organiz	lated
(18)	Carlisle C Lewis III	10 00			x				0	622,252		48,524
	P Legal/HR Services-SHC Kari Cornicelli	37 00 60 00										
CFO -		0 00			×				0	222,636		29,697
	Maryann C Cone	50 00										
C00 -	- GH	0 00				X			0	316,848		34,050
(21)	Suzanne K Johnson	43 00				x			0	220 214		16 104
VP Ho	ospice - GH	0 00				Ĺ			0	229,314		16,104
` '	Anthony M Damico nical Services - GH	55 00 0 00				х			0	229,885		16,857
` '	Patrick J Craychee or of Pharmacy - GH	42 00 0 00				х			215,450	0		20,516
(24)	Janet L Hanley	40 00				x			0	205,296		27,726
	tient Care - GH	0 00								,		
` ,	Michael A Murphy	50 00					×		0	283,103		27,504
	Medical Officer - GH Vincent J Balesteri	0 00										
` '	nacist - GH	0 00					x		215,549	0		33,370
	Bruce D Schmidt	40 00										
Mgr S	harp Central Pharmacy - GH	0 00					X		207,569	0		36,242
(28)	Glicerio M Cid Jr	64 00					x		207,562	0		13,904
	nced Clinician - GH	0 00										
` ,	Pauline J Lew	42 00					x		191,281	0		28,851
Pharm	nacist - GH	0 00										
							<u> </u> ▶					
1b	Sub-Total	· · · ·		•	•							
c d	Total (add lines 1b and 1c)	•			•		▶ ⊢		1,163,411	4,762,377		507,488
	Total number of individuals (including		those	liste	ed al	bove	l e) who	rec		. ,		
	\$100,000 of reportable compensation						,					
											Yes	No
3	Did the organization list any former of on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule					plo	yee, o	r hıg	hest compensate			
4	For any individual listed on line 1a, is organization and related organizations	the sum of report	table c	ompe	ensa					om the		No_
	ındıvıdual			•	•	•	•			4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?								l organization or ir	ndividual for 5	Yes	
											•	
Se	Complete this table for your five highe compensation from the organization R	st compensated									tav voer	
		(A)		CITE !	cale	iiua	, year	enu		(B)	(C)
	Name and	business address							Description	on of services	Comper	nsation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

### Description of the contributions included in lines 1a-1f	(A) (B) (C) (D) tal revenue Related or exempt business excluded from function revenue tax under
Total revenue Related or exempt function revenue Provided	tal revenue Related or exempt business function revenue revenue revenue 512,513, or
Section of Part Par	
Business Code 900099 356,311,037 356,311,037	
2a Medicare/Medicaid 900099 356,311,037 356,311,037 b Patient Services 900099 264,998,932 264,998,932 c EHR Incentive 900099 4,278,528 4,278,528 d Medical Office Lease 531120 3,375,295 3,375,295 e OP and Contract Pharmacy 900099 919,923 919,923 f All other program service revenue 1,682,461 1,273,748 408 g Total. Add lines 2a-2f	33,549,646
3 Investment income (including dividends, interest, and other similar amounts)	
3 Investment income (including dividends, interest, and other similar amounts)	356,311,037 356,311,037
3 Investment income (including dividends, interest, and other similar amounts)	264,998,932 264,998,932
3 Investment income (including dividends, interest, and other similar amounts)	4,278,528 4,278,528
3 Investment income (including dividends, interest, and other similar amounts)	
3 Investment income (including dividends, interest, and other similar amounts)	919,923 919,923
3 Investment income (including dividends, interest, and other similar amounts)	1,682,461 1,273,748 408,713
and other similar amounts)	631,566,176
(i) Real (ii) Personal b Less rental expenses c Rental income or (loss)	4,152,071 4,152,071
6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	
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 b Less cost or other basis and sales expenses c Gain or (loss) 23,322,531 47,845 53,023 d Net gain or (loss)	
c Rental income or (loss) (l) Securities (li) Other 7a Gross amount from sales of assets other than inventory 25,747,386 100,868 b Less cost or other basis and sales expenses 23,322,531 47,845 c Gain or (loss) 2,424,855 53,023 d Net gain or (loss) 2,477,878 8a Gross income from fundraising	
d Net rental income or (loss)	
7a Gross amount from sales of assets other than inventory 25,747,386 100,868 b Less cost or other basis and sales expenses 23,322,531 47,845 c Gain or (loss) 2,424,855 53,023 d Net gain or (loss)	
from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 25,747,386 100,868 47,845 53,023 2,424,855 53,023 d Net gain or (loss) 2,424,855 53,023	
other basis and sales expenses c Gain or (loss) 2,424,855 53,023 d Net gain or (loss)	
c Gain or (loss) 2,424,855 53,023 d Net gain or (loss)	
d Net gain or (loss)	
	2,477,878
of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b	
b Less direct expenses b	
c Net income or (loss) from fundraising events	
9a Gross income from gaming activities See Part IV, line 19	
b Less direct expenses b c Net income or (loss) from gaming activities	
10a Gross sales of inventory, less returns and allowances .	
b Less cost of goods sold b c Net income or (loss) from sales of inventory	
Miscellaneous Revenue Business Code	
11a Parking 812930 961,346	961,346
b Auxiliary 453220 842,739	
C SEMPRA Energy Incentives 900099 124,798	
d All other revenue	145,682 145,682
e Total. Add lines 11a-11d	2,074,565
12 Total revenue. See Instructions	

Form 990 (2012) Page **10** 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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,057,002 1,057,002 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 2,555,547 1,460,984 1,094,563 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 42,737 42,737 Other salaries and wages 232,339,241 229,033,796 3,305,445 Pension plan accruals and contributions (include section 401(k) 9,735,609 9,566,482 and 403(b) employer contributions) 169.127 Other employee benefits 30,057,324 29,450,949 606,375 10 17,116,819 16,866,222 250,597 11 Fees for services (non-employees) 20,381,737 19,080,365 1,301,372 Management 685,125 24,730 660,395 Legal 5,714,912 5,714,912 40,277 40,277 Professional fundraising services See Part IV, line 17 Investment management fees 151,173 151,173 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 39,844,494 38,792,949 1,051,545 Schedule O) 5,279,040 Advertising and promotion . . 5,212,592 12 66,448 13 Office expenses 16,937,794 16,166,413 771,381 22,234,804 21,567,760 667,044 14 Information technology . . 15 Royalties . 8,892,001 7,307,152 1,584,849 16 Occupancy **17** 624,415 604,050 20,365 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 587,758 142,743 445,015 20 1,788,061 1,024,356 763,705 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 22,971,475 16,026,182 6,945,293 23 2,169,015 1,712,177 456,838 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a UBI Taxes 47,331 47,331 Medical Supplies 72,201,073 72,201,073 Medi-Cal Provider Tax 38,735,136 38,735,136 d System Allocation 19,172,622 10,440,838 8,731,784 e All other expenses 9,119,700 6,987,664 1,121,369 1,010,667 Total functional expenses. Add lines 1 through 24e 25 580,482,222 538,358,208 41,113,347 1,010,667 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

1	.
2 Savings and temporary cash investments 30,810,103 2 3 2 Pledges and grants receivable, net 5 4 Accounts receivable, net 5 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 95 S(PL)) and contributing employers and sponsioning organizations of section 95 S(PL) (S(PL)) and contributing employers and sponsioning organizations of section 95 S(PL) (S(PL)) and contributing employers and sponsioning organizations of section 95 S(PL) (S(PL)) and contributing employers and sponsioning organizations of section 95 S(PL) (S(PL)) and contributing employers and sponsioning organizations of section 95 S(PL) (S(PL)) and contributing employers and sponsioning organizations of section 95 S(PL)) and contributing employers and sponsioning organizations of section 95 S(PL) (S(PL)) and contributing employers and sponsioning organizations of section 95 S(PL) (S(PL)) and contributing employers and sponsioning organizations of section 95 S(PL) (S(PL)) and contributing employers and sponsioning organizations of section 95 S(PL) (S(PL)) and contributing employers and sponsioning organizations of section 95 S(PL) (S(PL)) and contributing employers and sponsioning organizations (see instructions) Complete Part IV of Schedule L 10a S(PL) (S(PL))	(B) nd of year
3 Piedges and grants receivable, net 73,993,762 4	7,070,333
4 Accounts receivable, net	15,604,753
Second Comparison Compar	
## Employees, and highest compensated employees Complete Part II of Schedule L Chans and other receivables from other disqualified persons (as defined under section 4958(c)(1)), persons described in section 4958(c)(5)(8), and contributing employers and appoinsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net	76,610,692
## 49 58 (f(1), persons described in section 4958 (c(1)3 (b), and contributing employers beneficiary organizations (see instructions) Complete Part II of Schedule L 136,754 7	
10a	
10a	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part V of Schedule D 10 Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intestments—program-related See Part IV, line 11 15 Other assets See Part IV, line 11 16 Total assets. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Deferred revenue 10 Deferred revenue 11 Escrow or custodial account liability Complete Part IV of Schedule D 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 12 Unsecured notes and loans payable to unrelated third parties 13 Unsecured notes and loans payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities. Add lines 17 through 25 16 Total liabilities. Add lines 17 through 25 17 Total liabilities. Add lines 17 through 25 18 Grants payable to unrelated third parties 19 Organizations that foliow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 18 Organizations that foliow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund 31 Paid-in or capital surplus, or land, building or equipment fund 32 Extended arrange, endowment, accumulated income, or other funds 32 Total inet assets or fund balances 33 Total net assets or fund balances 402 285 Organizations fund balances 402 285 Organizations fund balances	10,707,184
10a	5,011,926
b Less accumulated depreciation 10b 255.878.332 220,713,300 10c 22 11 Investments—publicity traded securities 159,128,454 11 2 174,128 12 174,128 13 174,128 13 174,128 13 174,128 13 174,128 13 174,128 13 174,128 13 174,128 14 174,128 15 174,128 17 184,128 17 184,128 17 184,128	
11 Investments—publicly traded securities 159,126,454 11 2 2 12 17 17 17 19 12 13 17 18 14 17 18 14 18 18 19 19 19 19 19 19	248,072,270
13 Investments—program-related See Part IV, line 11	237,268,833
13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 22.979,301 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 526,222,992 16 6 6 17 Accounts payable and accrued expenses 51,969,857 17 18 Grants payable and accrued expenses 51,969,857 17 18 Grants payable 18 19 Deferred revenue 7,648,311 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 22 22 23 24 Unsecured notes and loans payable to unrelated third parties 16,007,230 23 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 48,322,521 25 25 25 26 Total liabilities. Add lines 17 through 25 123,937,919 26 1 26 27 27 28 28 29 Permanently restricted net assets 11,474,535 28 29 Permanently restricted net assets 10,072,403 29 29 29 20 20 20 20 20	1,433,149
14 Intangible assets 14	
15 Other assets See Part IV, line 11	
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,965,797
The state of the	627,744,937
18 Grants payable	46,506,075
Deferred revenue	
20 Tax-exempt bond liabilities	7,596,309
21 Escrow or custodial account liability Complete Part IV of Schedule D	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	
24 Unsecured notes and loans payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	21,536,602
and other liabilities not included on lines 17-24) Complete Part X of Schedule D	
26 Total liabilities. Add lines 17 through 25	39,329,480
Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets	114,968,466
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	114,900,400
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	497,216,681
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	14,486,387
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	1,073,403
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	1,073,403
31 Paid-in or capital surplus, or land, building or equipment fund	
33 Total net assets or fund balances	
33 Total net assets or fund balances	
33 Total net assets or fund balances 402,285,073 33 5	
Tatal liphilities and not possite found belower	512,776,471
	627,744,937

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		673,8	820,336
2	Total expenses (must equal Part IX, column (A), line 25)	2		580 4	482,222
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			338,114
5	Net unrealized gains (losses) on investments	4		402,2	285,073
6	Donated services and use of facilities	5		8,2	231,068
-		6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		8,9	922,216
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			776,471
Par	t 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require			

Software ID: **Software Version:**

EIN: 33-0449527

Name: Grossmont Hospital Corporation

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	,Tru	ıste	ees,	Key	, En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Tom Cantor Director	3 00 0 00	Х						0	0	0
Sunita V Cooke Secretary	1 50 0 00	x		х				0	0	0
Jerry Fazio Director	2 00 0 00	x						0	0	0
Dave Grundstrom Director	2 00 0 00	×						0	0	0
Peter Hanson MD Director	2 00 2 00	Х						36,000	0	0
Rina Jain MD Chief of Staff	8 00 0 00	Х						60,000	0	0
Tom Karlo Chairman	4 00 0 00	Х		х				0	0	0
Marc Kobernick MD Director	2 00 2 00	Х						30,000	0	0
Jay LaSuer Director	2 00 0 00	Х						0	0	0
Randolph Lenac Director	1 00 0 00	Х						0	0	0
Michael Long MD Director	1 50 0 00	Х						0	0	0
Deborah McElravy Director	1 00 0 00	Х						0	0	0
Michael W Murphy President & CEO-SHC	6 00 54 00	Х		х				0	1,371,056	93,706
Shirley Murphy Director	3 00 0 00	х						0	0	0
Jım Parker Vice Chairman/Treasurer	2 00 0 00	Х		х				0	0	0
Michele Tarbet Assist Secretary/CEO-GH	50 00 10	Х		х				0	564,445	40,338
Ann R Pumpian SR VP and CFO-SHC	2 00 58 00			х				0	717,542	40,099
Carlisle C Lewis III SR VP Legal/HR Services-SHC	10 00 37 00			х				0	622,252	48,524
Karı Comicelli CFO - GH	60 00 0 00			х				0	222,636	29,697
Maryann C Cone COO - GH	50 00 0 00				х			0	316,848	34,050
Suzanne K Johnson VP Hospice - GH	43 00 0 00				х			0	229,314	16,104
Anthony M Damico VP Clinical Services - GH	55 00 0 00				х			0	229,885	16,857
Patrick J Craychee Director of Pharmacy - GH	42 00 0 00				х			215,450	0	20,516
Janet L Hanley VP Patient Care - GH ————————————————————————————————————	40 00 0 00				х			0	205,296	27,726
Michael A Murphy Chief Medical Officer - GH	50 00					x		o	283,103	27,504

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

compensated Employees, and Indepen	indent contra	1						1	ı	ı ,	
(A) Name and Title	(B) Average hours per week (list		than	o not n one son is er and	e box is bot nd a	c, oth		(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	
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee					related organizations
Vincent J Balesteri Pharmacist - GH	44 00 0 00					х		215,549	0	33,370	
Bruce D Schmidt Mgr Sharp Central Pharmacy - GH	40 00 0 00			Ĺ'		х		207,569	0	36,242	
Glicerio M Cid Jr Advanced Clinician - GH	64 00 0 00					х		207,562	0	13,904	
Pauline J Lew Pharmacist - GH	42 00 0 00					х		191,281	0	28,851	

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As Filed Data -

DLN: 93493223023584

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

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

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number

Grossmont Hospital Corporation 33-0449527 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 굣 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II **c** Type III - Functionally integrated **d** Type III - Non-functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (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 CES ETNI (iii) Type of (11) Did was natific /:-- \ T = +h = /..:\ T = +h =

(1) Name or supported organization	(II) EIN	organization (described on lines 1- 9 above or IRC section (see	organizat col (i) lis your gove docume	ion in ted in erning	the organization in col (i) of your support?		organization in		monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493223023584

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Grossmont Hospital Corporation 33-0449527 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2	
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election	
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN	
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN	
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly			
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)				
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)				
c	Total lobbying expenditures (add lines 1a and 1b	o)					
d	O ther exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1c	c and 1d)					
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:				
	Not over \$500,000	20% of the amount on li	ne 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000			
	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					
	Grassroots nontaxable amount (enter 25% of lin	e 1f)					
_	Subtract line 1g from line 1a If zero or less, ente	•		-			
i	Subtract line 1f from line 1c If zero or less, ente			-			
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1	
-	section 4911 tax for this year?					┌ Yes ┌ No	
_	4-Voor Av	veraging Period U	Inder Section	F01/b)			
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five	
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1	
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots nontavable amount						

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)).

-	r each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)	(b)		
ror e activ		Yes	No	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					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?	Yes		40,27		
j	Total Add lines 1c through 1i			40,27		
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo			
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?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501(c	(5), o	r section		
			_	Yes No		

			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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities		Grossmont Hospital Corporation (GHC) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASDIC), the California Association of Hospitals and Health Systems (CAHHS), the American Hospital Association (AHA) and the California Hospice and Palliative Care Association (CHAPCA) CHA, HASDIC, CAHHS, AHA, and CHAPCA have determined that a portion of their membership dues are used for lobbying purposes GHC's FY 2013 portion of annual dues calculated to have been used for lobbying was \$40,277

1

DLN: 93493223023584

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public **Inspection**

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** Grossmont Hospital Corporation 33-0449527 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located ▶___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, 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. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), 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 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 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of it collection items (check all that apply) Public exhibition Coholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in 	its	
b Scholarly research e Other c Preservation for future generations		
c Preservation for future generations		
Part XIII		
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?		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.	r	
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	fes [No
b If "Yes," explain the arrangement in Part XIII and complete the following table		
Amoui	<u>nt</u>	
C Beginning balance		
d Additions during the year		
e Distributions during the year		
f Ending balance		
2a Did the organization include an amount on Form 990, Part X, line 21?	∕es ┌	No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII		\sqcap
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.		
	Four years	
1a Beginning of year balance 3,791,203 3,277,151 3,421,590 2,331,612		45,171
b Contributions		75,087
c Net investment earnings, gains, and losses 160,723 513,052 -112,858 268,716		11,354
d Grants or scholarships		
e Other expenditures for facilities and programs		
f Administrative expenses		
g End of year balance	2,33	31,612
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as		
a Board designated or quasi-endowment ► 55 000 %		
b Permanent endowment • 45 000 %		
Fermanent endowment F		
Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%		
Are there endowment funds not in the possession of the organization that are held and administered for the organization by	Vec	
(i) unrelated organizations		10 10
(ii) related organizations	Yes	
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	Yes	—
4 Describe in Part XIII the intended uses of the organization's endowment funds		_
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.		
Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (c) Accumulated depreciation	(d) Book v	/alue
	58	81,843
1a Land		
1a Land	139,76	62,547
		62,547 36,891
b Buildings	2,63	
b Buildings 276,058,656 136,296,109 c Leasehold improvements 4,180,776 1,543,885	2,63 27,83	36,891

Investments—Other Securities. See			
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
		1.2	
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-o	f-year market value
	1		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
	ne 15		
Part TX Other Assets See Form 990 Part X lu			
Part IX Other Assets. See Form 990, Part X, III			(h) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip			(b) Book value
			(b) Book value
			(b) Book value
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			(b) Book value
			(b) Book value
			(b) Book value
(a) Descrip	ption		(b) Book value
	ption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part >	5.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part >	5.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > (a) Description of liability Federal income taxes	5.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Capital Leases Payable	5.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > (a) Description of liability Federal income taxes	5.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap	(, line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability	(b) Book value 30,910 843,962 11,486,949		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap	(, line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability Long Term Workers' Compensation Liability	(b) Book value 30,910 843,962 11,486,949 417,909		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability Long Term Workers' Compensation Liability Other Liabilities	(, line 25. (b) Book value 30,910 843,962 11,486,949 417,909 22,957		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability Long Term Workers' Compensation Liability	(b) Book value 30,910 843,962 11,486,949 417,909		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability Long Term Workers' Compensation Liability Other Liabilities	(, line 25. (b) Book value 30,910 843,962 11,486,949 417,909 22,957		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability Long Term Workers' Compensation Liability Other Liabilities	(, line 25. (b) Book value 30,910 843,962 11,486,949 417,909 22,957		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability Long Term Workers' Compensation Liability Other Liabilities	(, line 25. (b) Book value 30,910 843,962 11,486,949 417,909 22,957		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability Long Term Workers' Compensation Liability Other Liabilities	(, line 25. (b) Book value 30,910 843,962 11,486,949 417,909 22,957		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability Long Term Workers' Compensation Liability Other Liabilities	(, line 25. (b) Book value 30,910 843,962 11,486,949 417,909 22,957		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability Long Term Workers' Compensation Liability Other Liabilities	(, line 25. (b) Book value 30,910 843,962 11,486,949 417,909 22,957		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability Long Term Workers' Compensation Liability Other Liabilities	(, line 25. (b) Book value 30,910 843,962 11,486,949 417,909 22,957		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of liability Federal income taxes Capital Leases Payable Mark to Market Swap Long Term Pension Liability Long Term Workers' Compensation Liability Other Liabilities	(, line 25. (b) Book value 30,910 843,962 11,486,949 417,909 22,957		(b) Book value

	(1 om 550) 2012				rage -i
Par	t XI Reconciliation of Revenue per Audited Financial State	eme	nts With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements			1	648,470,663
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	8,231,068		
b	Donated services and use of facilities	2b	4,266		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)...............	2d			
e	Add lines 2a through 2d			2e	8,235,334
3	Subtract line 2e from line 1			3	640,235,329
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	151,173		
b	Other (Describe in Part XIII).............	4b	33,433,834		
c	Add lines 4a and 4b			4c	33,585,007
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line :	12)		5	673,820,336
Part	XII Reconciliation of Expenses per Audited Financial Sta	teme	ents With Expense:	s per	Return
1	Total expenses and losses per audited financial statements			1	579,380,472
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	4,266		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d	· · ·		2e	4,266
3	Subtract line 2e from line 1			3	579,376,206
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	151,173		
b	Other (Describe in Part XIII)	4b	954,843		
c	Add lines 4a and 4b			4c	1,106,016
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)		5	580,482,222

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	Grossmont Hospital Foundation holds 21 board designated and permanent endowments for Grossmont Hospital Corporation that are restricted for a variety of purposes, such as hospice and hospice homes, diabetes, nursing education, cancer treatment, hospital equipment and technology, and more
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2013 and 2012, no such assets or liabilities were recorded.
Part XI, Line 4b - Other Adjustments		Prop G - Donations of Capital/Donations for Capital Purchases 31,173,692 Donations used to Purchase Capital Equipment 1,233,428 Medical Staff/Auxiliary Revenue 1,026,714
Part XII, Line 4b - Other Adjustments		Medical Staff/Auxiliary Expenses 954,843

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization Grossmont Hospital Corporation

Employer identification number

33-0449527

Pa	rt I Financial Ass	istance an	<u>d Certain (</u>	Other Community I	Benefits at Cost					
	5 111				. T.C. III. II. II. II. II. II. II. III. I	_		Yes	No	
	Did the organization have					on 6a	1a	Yes Yes		
	b If "Yes," was it a written policy?									
2	If the organization had multiple hospital facilities, 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 hospital facilities Generally tailored to individual hospital facilities Applied uniformly to most hospital facilities										
3	A nswer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year									
а	a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care. If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care.									
	┌ 100% ┌ 150% ┌	200% ┌ 0	ther		%					
b	Did the organization use which of the following was						3b	Yes		
	□ 200% □ 250% □	300%	50% 「 400	Other	50000	000000000 %				
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.										
4	Did the organization's fin								 	
5a	provide for free or discou Did the organization budg the tax year?	get amounts fo	or free or disc	ounted care provided u	nder its financial assist		4 	Yes	No	
ь							5b	163	No	
 b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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?									110	
6a	Did the organization prep	_					5c 6a	Yes		
	If "Yes," did the organiza						6b	Yes		
	Complete the following ta worksheets with the Sche		worksheets p	provided in the Schedule	H instructions Do not	submit these				
7	Financial Assistance	and Certain	Other Com	munity Benefits at Co	st				•	
	ancial Assistance and Means-Tested overnment Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community ben expense		(f) Perce otal exp		
a	Financial Assistance at cost (from Worksheet 1)			15,761,433		15,761,	433	2 7	20 %	
b	Medicaid (from Worksheet 3, column a)			168,747,517	142,050,721	26,696,	796	4 6	00 %	
С	Costs of other means-tested government programs (from Worksheet 3, column b)			31,117,894	15,024,082	16,093,	812	2 7	70 %	
d	Total Financial Assistance and Means-Tested Government Programs .			215,626,844	157,074,803	58,552,			90 %	
e	Other Benefits Community health improvement services and community benefit operations				237,071,003					
f	(from Worksheet 4) Health professions education			682,159		682,	159	0 1	20 %	
g	(from Worksheet 5) Subsidized health services			496,524	((1(1 02)	496,			90 %	
h	(from Worksheet 6) Research (from Worksheet 7)			77,709,073	66,161,926	11,547,	14/	1 9	90 %	
ı	Cash and in-kind contributions for community benefit (from Worksheet 8)			950,191		950,	191	0 1	60 %	
J	Total. Other Benefits			79,837,947	66,161,926	13,676,			60 %	
k	Total Add lines 7d and 7i	ı	ı	295 464 791	223 236 729	72 228	กลวไ	12/	50 %	

	activities during the of the communities i	t serves.				•		•			
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d)	Direct off revenue	_	(e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing			7,76	59			7	,769		0 %
2	Economic development										
3	Community support			56,46	51			56	,461	0	010 %
4	Environmental improvements										
5	Leadership development and training for community members										
6	Coalition building										
7	Community health improvement advocacy										
8	Workforce development										
9	Other								_		
0	t IIII Bad Debt, Medicar	o & Colloc	tion Practice	64,23	80			64	,230	0	010 %
	ion A. Bad Debt Expense	e, & conec	tion Plactic	cs						Yes	No
L	Did the organization report bac Statement No 15?	•	e ın accordance	with Heathcare Fi	nancıal • •	Manage	ment A	ssociation	1		No
2	Enter the amount of the organi methodology used by the orga				e 	2		0.400.001			
3	Enter the estimated amount of				e to	2		9,409,881			
	patients eligible under the orga	anızatıon's fın	ancıal assıstan	ce policy Explain i	n Part \						
	the methodology used by the cany, for including this portion of				onale,	3		0			
ı	Provide in Part VI the text of t						rıbes b	ad debt expense			
ect	or the page number on which the ion B. Medicare	ilis lootilote is	contained in th	ie attached illianci	ii State	ments					
5	Enter total revenue received fr	om Medicare	(ıncludıng DSH	and IME)		. 5		126,168,890			
5	Enter Medicare allowable cost	s of care relat	ing to payments	s on line 5		. 6		121,583,817			
7	Subtract line 6 from line 5 Thi		` ,			. 7		4,585,073			
3	Describe in Part VI the extent Also describe in Part VI the co Check the box that describes	osting method	lology or source								
	Cost accounting system	r co	st to charge rat	tio Г	Other						
ect	ion C. Collection Practices										
)a	Did the organization have a wr								9a	Yes	
b	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part \	ection practice	es to be followed	d for patients who a	re knov	vn to qua	alify for	financial	9b	Yes	
aı	rt IV Management Comp								ans—se	-	ions)
	(a) Name of entity	(1	 Description of pr activity of entity 		profit %	inization's or stock ship %		d) Officers, directors, trustees, or key employees' profit % r stock ownership %	pro	e) Physio ofit % oi ownershi	stock
1 (Grossmont Imaging LLC	Joint Venture-D	iagnostic Imaging			50 000	%	0 %		50 (000 %
i											
1											
0											
1											
2											
.3									\top		

Part \	Facility Information										
Section	n A. Hospital Facilities	Licensed	General	Children's	Teaching	Critical	Resea	ER-24 hours	ER-other		
smalles How ma organiz 	order of size from largest to t—see instructions) any hospital facilities did the ation operate during the tax year? ———	sed hospital	al medical & surgical	en's hospital	ing hospital	ป access hospital	Research facility	hours	her		
Name, a	address, and primary website address		=							Other (Describe)	Facility reporting group
1	Grossmont Hospital Corporation 5555 Grossmont Center Drive La Mesa, CA 91942 www.sharp.com/grossmont	x	х					х			
-											
		l	l	I			I	I	I		

Schedule H (Form 990) 2012

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Grossmont Hospital Corporation

Name of hospital facility or facility reporting group

For	single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)	_	Yes	No
	nmunity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)		res	140
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
а	A definition of the community served by the hospital facility			
ь	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			
е	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 the community's health needs			
j	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	<u> </u>
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	Hospital facility's website			
b	A vailable 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 CHNA, indicate how (check all that apply to date)			
а	CHNA			
b	Execution of the implementation strategy			
C	Participation in the development of a community-wide plan			
d	Participation in the execution of a community-wide plan			
е	🔽 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 CHNA			
g	Prioritization of health needs in its community			
h	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	O ther (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as			l
	required by section 501(r)(3)?	8a	+-	No
	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	+	├
С	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

P	art V Facility Information (continued)							
Fir	nancial Assistance Policy		Yes	No				
9	Did the hospital facility have in place during the tax year a written financial assistance policy that							
	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes					
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?							
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 00000000000%							
	If "No," explain in Part VI the criteria the hospital facility used		,					
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Yes					
	If "No," explain in Part VI the criteria the hospital facility used							
12	Explained the basis for calculating amounts charged to patients?	12	Yes					
	If "Yes," indicate the factors used in determining such amounts (check all that apply)							
а	✓ Income level							
b	Asset level							
c	Medical indigency							
d	Insurance status							
е	Uninsured discount							
f	Medicaid/Medicare							
g	State regulation							
h	Other (describe in Part VI)							
13	Explained the method for applying for financial assistance?	13	Yes					
14	Included measures to publicize the policy within the community served by the hospital facility?	14	Yes					
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)							
а	The policy was posted on the hospital facility's website							
b	The policy was attached to 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							
е	The policy was provided, in writing, to patients on admission to the hospital facility							
f	The policy was available upon request							
g	Other (describe in Part VI)							
	ling and Collections							
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes					
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during							
	the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP							
	Reporting to credit agency							
b	Lawsuits							
C	Liens on residences							
d	Body attachments							
е	Other similar actions (describe in Part VI)							
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		No				
	If "Yes," check all actions in which the hospital facility or a third party engaged							
а	Reporting to credit agency							
b	<u>-</u>							
C	Liens on residences							
d	Body attachments							
_	C Other similar actions (describe in Part VI)	1						

chedule H	(Form 990)	2012

Page

2	art V Facility Information (continued)			
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
C	Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills			
d	Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
е	Other (describe in Part VI)			
Po	licy Relating to Emergency Medical Care			
			Yes	No
19	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?	19	Yes	
	If "No," indicate why			
а	The hospital facility did not provide care for any emergency medical conditions			
b	The hospital facility's policy was not in writing			
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)			
Cha	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
а	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
C	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	Other (describe in Part VI)			
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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?	21		No
	If "Yes," explain in Part VI			
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	22		No
	If "Yes," explain in Part VI			

Part V Facility Information (continued)

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

	ne and address	Type of Facility (describe)
1	Sharp Hospice Care	Hospice
	8881 Fletcher Parkway Suite 336	
	La Mesa,CA 91942	
2	PMB Medical Office Building	Outpatient Services
	8860 Center Drive Suite 100	
	La Mesa,CA 91942	
3	Grossmont Medical Plaza	Outpatient Services
	5525 Grossmont Center Drive Suite	
	LL	
	La Mesa,CA 91942	
4	Briar Patch	Outpatient Services
	9000 Wakarusa Road	
	La Mesa, CA 91942	
5	Grossmont Imaging LLC	Joint Venture-Diagnostic Imaging
	8881 Fletcher Parkway Suite 102	
	La Mesa,CA 91942	
6	PMB Medical Office Building	Outpatient Services-Infusion
	8860 Center Drive Suite 200	
	La Mesa, CA 91942	
7	LakeView Hospice Home	Hospice Home
	9472 Loren Drive	
	La Mesa,CA 91942	
8	ParkView Hospice Home	Hospice Home
	5788 Lyden Way	
	San Diego, CA 92120	
9	Grossmont Imaging LLC	Joint Venture-Diagnostic Imaging
	9640 Mission Gorge Road Suite H	
	Santee, CA 92071	
10		

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 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
- **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.)
- **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
- **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1₁, 3, 4, 5c, 6₁, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		Part I, Line 6a Grossmont Hospital Corporation's community benefit report is prepared by Sharp HealthCare
		Part I, Line 7 Historical charity care percentages are applied to current revenues to estimate charity on a monthly basis Actual charity transactions are applied against the estimate and any increase or decrease over estimated amounts is accounted for Other Cost includes State/County programs included in the S-10 for Medicare Cost Reporting primarily for prison/in custody patient care Ratio of Cost to Charge (RCC) was calculated using the Medicare Cost Report from Worksheet C The Revenue and Expense tie to the general ledger with no exclusions, thus including direct revenue and expense plus stepdown from Overhead departments The RCC by CMS line was then applied to the applicable revenue departments broken down by payer to obtain the fully weighted cost by payer

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) Bad debt expense is netted against revenue As such, \$0 00 was backed out of total expenses for column (f) calculation
		Part II Grossmont Hospital Corporation at times provides a provision for housing for vulnerable patients upon discharge from the hospital Grossmont Hospital Corporation incurred expenses for disaster preparedness training and capital expenditures

Identifier	ReturnReference	Explanation
		Part III, Line 4 Bad Debt represents amounts that go unpaid where the patient was determined to have the ability to pay If
		an inability to pay is demonstrated, then full or partial Charity is
		granted and not considered Bad Debt Bad Debt at Cost should
		be included as a Community Benefit because, like other shortfall
		programs, we are required to accept these patients through the
		Emergency Room or as a referral with "good faith" in
		collecting Grossmont Hospital Corporation consolidates into
		Sharp HealthCare's audited financial statements. The audited
		financial statements of Sharp HealthCare include a footnote
		discussing accounts receivable and allowance for doubtful accounts which is included below *Accounts receivable are
		reduced by an allowance for doubtful accounts. In evaluating the
		collectability of accounts receivable, Sharp analyzes its past
		history and identifies trends for each of its major payor sources
		of revenue to estimate the appropriate allowance for doubtful
		accounts Management 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, Sharp analyzes contractually due amounts and
		provides an allowance for doubtful accounts, if necessary For
		receivables associated with self-pay patients (which includes
		both patients without insurance and patients with deductible and
		copayment balances due for which third-party coverage exists
		for part of the bill), Sharp records a provision for doubtful
		accounts in the period of service on the basis of its past
		experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are
		financially responsible. 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 charged off against the allowance for doubtful
		accounts Sharp HealthCare's audited financial statements
		include a deduction from revenue line on the Combined
		Statement of Operations titled Provision for Doubtful Accounts
		Additionally, the accounts receivable line on the Combined
		Balance Sheet details the amount of allowance for doubtful
		accounts that is netted against the receivable balance
		Part III, Line 8 Medicare should be included as a community
		benefit because participation in the Medicare program requires all patients be accepted whether through the Emergency Room
		or as a referral and Grossmont Hospital Corporation must
		accept the Medicare established rates whether they cover the
		cost or not Ratio of Cost to Charges (RCC) were calculated
		using the Medicare Cost Report from Worksheet C. The Revenue
		and Expense tie to the general ledger with no exclusions,
		representing direct revenue and expense plus stepdown from
		Overhead departments The RCC by CMS line was then applied
		to the applicable revenue departments broken down by payor to
		obtain the fully weighted cost by payer

Identifier	ReturnReference	Explanation
		Part III, Line 9b It is Sharp's policy to recall/cancel accounts assigned to a collection agency if it is determined, at any time a patient is eligible for Financial Assistance or Charity care
	Part V , Section B, Line 1j	The Institute for Public Health (IPH) conducted a content analysis of all qualitative feedback collected through the HASD&IC 2013 CHNA process key informants, online survey respondents and community members and found that input fell into one of the following five categories - Access to Care or Insurance- Care Management - Education- Screening Services- Collaboration

Part V, Section B, Line 3	For the Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews, and community forums. The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved, and other public health experts. Over the winter and spring of 2013, five community forums were held in communities of high need across SDC including El Cajon, a high-need community served by Grossmont Hospital. Corporation (GHC) reaching a total of 106 community residents. In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC. Key informants included county public health officers, health care and social service providers, and members of community-based organizations. Following consultation with the GHC 2013 CHNA Planning Team, additional, specific feedback from key informants with insight into the concerns and health needs of seniors was collected. Four more key informant interviews provided expertise in senior health and end-of-life care as well as health disparities among older adults. GHC also collected.
	nine community feedback surveys from senior volunteers at the hospital Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being
Part V , Section B, Line 4	The Grossmont Hospital Corporation (GHC) 2013 CHNA examines the health needs of the community members it serves in San Diego County (SDC) GHC's 2013 CHNA draws from and is based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process and findings for SDC overall This collaborative process was conducted under the auspices of HASD&IC, and included partnerships with the Institute for Public Health at San Diego State University (IPH), and hospitals throughout the county, with which Sharp was a key collaborator The collaboration included the following SDC hospitals and health systems Sharp HealthCare, Scripps Health, UC San Diego Health System, Tri-City Medical Center, Kaiser Foundation Hospital San Diego and Palomar

Explanation

ReturnReference

Identifier

Identifier	ReturnReference	Explanation		
	rait v, Section B, Line /	GHC reviewed its CHNA and used the assessment to help inform priority needs for members of the communities it serves. In identifying these priorities, GHC also considered the expertise and mission of its programs and services, in addition to the needs of the unique, ever-changing demographics and health topics that comprise GHC's service area and region GHC provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders GHC also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care, as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues. Beyond these clinical services, GHC does not have the resources to comprehensively meet the need for community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. Obesity is addressed through general nutrition and exercise education and resources provided at GHC, as well as programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs Additionally, through further analysis of GHC's community relations team, GHC also addresses the following health needs through its community benefits programs - Cancer education and support, and participation in clinical trials- Bone He		
	rait v, Section B, Line 14g	The hospital has notices posted in the Emergency Department and waiting rooms to notify patients the hospital has a charity care/discounted care policy for financially qualified patients that is available upon request, as the business office, or by calling the phone number provided Additionally, patients are provided a notice of the hospital policy for charity care and/or partial charity care (discounted care) This notice lists the criteria to qualify for charity care and/or discounted care and informs patients where they may obtain an application		

Identifier	ReturnReference	Explanation Part VI. Line 3. Sharp Health Care (Charp) has been a long time
		Part VI, Line 2 Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and
		community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) over the past 17 years Previous collaborations among not-for-profit hospitals and other
		community partners have resulted in numerous well-regarded CHNA reports Sharp hospitals, including Grossmont Hospital Corporation (GHC), base their community benefit and community
		health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by
		each Sharp hospital The GHC 2013 CHNA examines the health needs of the community members it serves in San Diego County (SDC) GHC's 2013 CHNA draws from and is based on the collaborative Hospital Association of San Diego and Imperial
		collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process and findings for SDC overall This collaborative process was conducted under the auspices of HASD&IC, and included partnerships with the
		Institute for Public Health at San Diego State University (IPH), and hospitals throughout the county, with which Sharp was a key collaborator CHNA ObjectivesThe objectives of GHC's 2013
		CHNA are 1 Identify the top health conditions and health care needs of community members in its patient community 2 Understand the challenges that community members particularly
		those in communities of high-need - face in their attempts to access health care and maintain health and well-being 3. Identify currently available community resources that support identified
		health conditions and health challenges 4 Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community Study
		Area DefinedThe community served by GHC includes the entire east region of SDC, including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee,
		Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire Approximately five percent of the population lives in remote or rural areas of this region Table 1
		below presents the ZIP codes where the majority of GHC patients reside Table 1 Primary Communities Served by GHCZIP Code Community91941 La Mesa91942 La Mesa91945 Lemon
		Grove91977 Spring Valley92019 El Cajon92020 El Cajon92021 El Cajon92040 Lakeside92071 SanteeSource SpeedTrack California Universal Patient Information Discovery, OSHPD CY 2011 Hospital Discharge DataData Collection and
		AnalysisThe HASD&IC 2013 CHNA process and findings significantly informed the GHC 2013 CHNA process and as such are described as applicable throughout this report. For complete
		details on the HASD&IC 2013 CHNA process, please visit the HASD&IC website at www hasdic org For the collaborative HASD&IC 2013 CHNA process, the IPH employed a rigorous
		methodology using both community input (primary data sources) and quantitative analysis (secondary data sources) to identify and prioritize the top health conditions in SDC Quantitative data
		(secondary sources) for both the HASD&IC 20013 CHNA and GHC 2013 CHNA included the 2011 calendar year hospital discharge data at the ZIP code level, statistics from the San Diego County Health and Human Services Agency (HHSA), the
		U S Census Bureau, the Centers for Disease Control, and others The variables analyzed are included in Table 2 below and were analyzed at the ZIP code level wherever possible Table 2
		Variables Analyzed in the HASD&IC and GHC 2013 CHNASecondary Data VariablesInpatient Hospitalizations by CauseEmergency Department Visits by CauseDemographic Data
		(socio-economic indicators)Mortality DataRegional Disease- Specific Health Data (County HHSA)Self-Reported Health Data (California Health Interview Survey)Specialized Health
		Data /Reports (various)Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC's and GHC's 2013 CHNA processes utilized the Dignity Health Community Need Index (CNI) to
		identify communities with the highest level of health disparities and needs. Residents in five of these neighborhoods across SDC were asked to provide input in a community forum setting. Table 3
		below presents communities (by ZIP code) served by GHC that have especially high need based on their CNI score (score = 4) Table 3 High-Need Communities Served in Sharp Grossmont
		Hospital's Primary Service AreaZIP Code Community91945 Lemon Grove91977 Spring Valley92020 El Cajon92021 El CajonSource Dignity Health, 2011 CNI DataFor the HASD&IC 2013 CHNA, IPH conducted primary data collection through
		three methods an online community health leader/health expert survey, key informant interviews, and community forums. The community health leader/health expert survey was completed by
		89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved, and other public health
		experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC including El Cajon, a high-need community served by GHC
		reaching a total of 106 community residents. In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC. Key informants included county public health
		officers, health care and social service providers, and members of community-based organizations Following consultation with the GHC 2013 CHNA Planning Team, additional, specific feedback
		from key informants with insight into the concerns and health needs of seniors was collected Four more key informant interviews provided expertise in senior health and end-of-life care
		as well as health disparities among older adults GHC also collected nine community feedback surveys from senior volunteers at the hospital Community members were asked for
		open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being FindingsThrough the combined analyses of the results for all the data and information gathered,
		the following conditions were identified as priority health needs for the communities served by GHC (listed in alphabetical order) * Behavioral Health (Mental Health)* Cardiovascular Disease*
		Diabetes, Type II* Obesity* Senior Health (including end-of-life care)In addition, the IPH conducted a content analysis of all qualitative feedback collected through the HASD&IC 2013
		CHNA process key informants, online survey respondents and community members and found that input fell into one of the following five categories * Access to Care or Insurance* Care
		Management * Education* Screening Services* CollaborationGHC is committed to the health and well-being of its community, and the findings of GHC's 2013 CHNA will help to inform the activities and services provided by GHC to improve
		the health of its community members The 2013 CHNA process also generated a list of currently existing resources in SDC, an asset map, that address the health needs identified through the
		CHNA process While not an exhaustive list of the available resources in San Diego, this map will serve as a resource for GHC to help continue, refine and create programs that meet the needs
		of its most vulnerable community members The complete Grossmont Hospital Corporation 2013 Community Health Needs Assessment is available online at http://www.sharp.com/about/community/community-health-
		needs-assessments cfm or by contacting Sharp HealthCare Community Benefits at communitybenefits@sharp.com Part VI, Line 2 Determination of Priority Community NeedsGHC
		reviewed its CHNA and used the assessment to help inform priority needs for members of the communities it serves. In identifying these priorities, GHC also considered the expertise
		and mission of its programs and services, in addition to the needs of the unique, ever-changing demographics and health topics that comprise GHC's service area and region GHC provides behavioral health services to SDC's east region through clinical
		programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders. GHC also provides a dedicated psychiatric
		assessment team in the emergency department (ED) and acute care, as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues
		Beyond these clinical services, GHC does not have the resources to comprehensively meet the need for community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are
		education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical
		dependency services in SDC Obesity is addressed through general nutrition and exercise education and resources provided at GHC, as well as programs that address a healthy lifestyle as
		part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy clinics throughout SDC provide structured weight
		management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs Additionally, through further
		analysis of GHC's community programs and in consultation with GHC's community relations team, this section also addresses the following priority health needs for community members served by
		GHC * Cancer education and support, and participation in clinical trials* Bone Health Orthopedic / osteoporosis education and screening* Women's and prenatal health services and education*
		Prevention of unintentional injuries* Support during the transition of care process for high-risk, underserved, and underfunded patients* Collaboration with local schools to promote interest in health care careers in addition. GHC * Incorporates community
		health care careersIn addition, GHC * Incorporates community priorities and community input into its strategic plan and develops service line-specific goals* Estimates an annual budget for community programs and services based on community
		needs, the prior year's experience and current funding levels* Prepares and distributes a monthly report of community activities to its board of directors, describing community benefits provided,
		such as education, screenings and flu shots * Prepares and distributes information on community benefits programs and services through its foundation and community newsletters*
		Consults with representatives from a variety of departments, to discuss, plan and implement community activities

Identifier	ReturnReference	Explanation
Identifier	ReturnReference	Part VI, Line 3 Sharp HealthCare's financial assistance policy is in furtherance of its charitable mission. The policy identifies eligibility for, and circumstances under which, financial assistance will be extended to Sharp HealthCare's hospital patients for medically necessary services. "Charity Care" is that portion of Sharp HealthCare's charges for medically necessary patient care services provided by a hospital that a patient (either individually or through a third party payer) is unable to pay. Charity Care does not include bad debt, contractual adjustments, or un-reimbursed costs of providing care to patients eligible under government programs for health care services to low-income and medically indigent patients. "Financial Assistance," means any reduction of charges for medically necessary services as defined herein that may be made by Sharp HealthCare either for, or on behalf of, a patient who applies to Sharp HealthCare for Financial Assistance and meets Sharp HealthCare's financial eligibility requirements or criteria as described in this policy. For purposes of the policy Financial Assistance includes "charity care" which means a 100% reduction in charges for medically necessary services and "partial charity care" which means a reduction in a portion of charges for such services All patients should be screened at the time of admission or at registration for ability to pay for services, including whether or not they are candidates for Financial Assistance. Care for patients presenting with a known or possible emergency medical condition or in active labor shall not be delayed in order to assess financial status. In order to both inform patients of the various programs they may be entitled to, and assist them in the application process, Uncompensated Care Specialists provide patient(s) with a Financial Assistance Form. The Uncompensated Care Specialists direct the patient (or their guarantor) to complete a Patient Financial Statement, include specified financial items for both the patient and spouse
		the application process, Uncompensated Care Specialists provide patient(s) with a Financial Assistance Form The Uncompensated Care Specialists direct the patient (or their guarantor) to complete a Patient Financial Statement, include
		balance of partial Financial Assistance or denied Financial Assistance accounts. All follow-up and patient interaction is documented in the patient's account history notes. Part VI, Line 4. The community served by Grossmont Hospital Corporation includes the entire east region of San Diego County, including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. Approximately five percent of the population lives in remote or rural areas of this region. The race/ethnicity breakdown of the community served by Grossmont Hospital is 48.4% White, 30.1% Hispanic, 8.3% Black, 9.0% Asian/Pacific Islander, and 0.5% Native American. In the
		County's east region in 2011, 93 6 percent of children ages 0 to 11, 95 7 percent of children ages 12 to 17 and 82 7 percent of adults ages 18 and older had health insurance Further, 98 8 percent of children ages 0 to 11 and 89 3 percent of children ages 12 to 17 had a regular source of medical care failing to meet the Healthy People (HP) 2020 national targets for health insurance coverage and regular source of medical care Among uninsured adults ages 18 to 64 years in SDC's east region, 15 7 percent were not currently insured in 2011

ReturnReference	Explanation
	Part VI, Line 5 Grossmont Hospital Corporation has an open medical staff and a community board Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical
	equipment with the intent of continually improving patient care Part VI, Line 6 Sharp HealthCare is an integrated, regional health care delivery system based in San Diego, Calif The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 20 medical clinics, five urgent care facilities, four skilled nursing facilities,
	two inpatient rehabilitation programs, home health, hospice and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp also has a Knox-Keenelicensed care service plan, Sharp Health Plan. Serving a population of approximately three million in San Diego County,
	Sharp is licensed to operate 2,069 beds, has approximately 2,600 Sharp-affiliated physicians and more than 15,000 employees It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are
	provided in a caring, convenient, cost-effective and accessible manner Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp is known as an excellent community citizen
	embodying an organization of people working together to do the right thing every day to improve the health and wellbeing of those it serves. With 540 licensed beds, Grossmont Hospital Corporation is the largest provider of health care services in San Diego's East County, and operates one of the busiest.
	emergency rooms in San Diego County Grossmont Hospital Corporation received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC) The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence

Identifier	ReturnReference	Explanation		
eports Filed With States	Part VI, Line 7	CA		
		Sharp HealthCare prepares an annual Community Benefits Report in accordance with the requirements of California Senate Bill (SB) 697, community benefits legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHPD)) Sharp HealthCare submits an annual Community Benefits Report to the California OSHPD The Sharp HealthCare Community Benefits Plan and Report, Fiscal Year 2013 is available online at www.sharp.com/community No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS. This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall. A reconciliation of what the organization classifies as Medicare shortfall is as follows Medicare revenue received reported on Parts I and III - 160,269,238Medicare allowable costs reported on Parts I and III - 164,339,616Shortfall included on Parts I and III - 164,339,616Shortfall included on Parts I and III - (4,070,378)Actual Medicare revenue received - 160,494,674Actual Medicare cost - 181,636,115Actual Medicare shortfall - (21,141,441) Additional Medicare shortfall not on Parts I and III - (17,071,063)		

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Schedule I (Form 990)

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

OMB No 1545-0047

2012

DLN: 93493223023584

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Inspection

Name of the organization						Employer identif	ication number
Grossmont Hospital Corporatio	n					33-0449527	
Part I General Inform	nation on Grants	and Assistance				•	
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants rganızatıon's procedu	or assistance? res for monitoring the us	e of grant funds in the l	Jnited States			₹ Yes T
		Governments and recipient that receive					I "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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) KPBSSan Diego State University Research Foundation 5200 Campanile Drive San Diego, CA 921825400	95-6042721	501(c)(3)	10,000				Sponsorship - KPBS Gala
(2) East County Family YMCA 8881 Dallas Street La Mesa,CA 91942	95-2088013	501(c)(3)	5,100				Donation - 2013 Pledge
(3) Boys & Girls Clubs of East County 8820 Tamberly Way Santee, CA 92071	95-2088013	501(c)(3)	10,200				Sponsorship - East County Children's Ball, Golf Day
(4) San Diego East County Chamber of Commerce 201 S Magnolia Ave El Cajon, CA 92020	95-1494069	501(c)(6)	10,650				Sponsorship - Women in Leadership, Grip It and Rip It Golf
(5) California Health Foundation & Trust 1215 K Street Suite 800 Sacramento, CA 95814	94-1498697	501(c)(3)	796,600				Medı-Cal Program
(6) Grossmont Hospital Foundation 8695 Spectrum Center Blvd San Diego, CA 92123	33-0124488	501(c)(3)	55,150				Donations

Enter total number of other organizations listed in the line 1 table . . .

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

П	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV,	line 22
_	Part III can be duplicated if additional space is needed.	,	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	I	1	Ī	1	1

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring	Part I, Line 2	Schedule I, Part I, Line 2 The Management team evaluates requests for contributions from outside organizations taking into
Grants in the U S		account how they align with the organization's mission. No monitoring is done after grants are made

Schedule I (Form 990) 2012

DLN: 93493223023584

OMB No 1545-0047

Inspection

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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.

Compensation Information

Name of the organization Grossmont Hospital Corporation **Employer identification number**

33-0449527

Da	rt I Questions Regarding Compensation			
L C	Questions Regarding Compensation		Yes	No
1a	Check the appropriate 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			
	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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	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			
а	Receive a severance payment or change-of-control payment?	4a		No
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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	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			
а	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	Non-management staff were paid superior performance awards which were grossed up so the net payment would be a specified amount based on each staff member's productive hours worked during the year. The net payments per staff member ranged from \$100 to \$300
	Part I, Line 4b	Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit. Allowance available to each participant each plan year shall equal the sum of the following. A company provided base allowance equal to 18% of the participant's base salary. A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant. A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposits were available to participants whose policies were issued on or after. September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout th
Supplemental Information	Part III	Compensation was paid to Dr Peter Hanson through Peter B Hanson MD Inc , for medical director services, by Grossmont Hospital Corporation He was compensated directly by Peter B Hanson MD Inc
Supplemental Information	Part III	Compensation was paid to Dr Marc Kobernick through his professional corporation, for medical director and chief of staff services, by Grossmont Hospital Corporation He was compensated directly by the professional corporation
Supplemental Information	Part III	Compensation was paid to Dr Rina Jain through Rina Jain MD Inc by Grossmont Hospital Corporation for Chief of Staff services
Supplemental Information	Part III	Part I, Line 3 The Compensation Committee of Sharp HealthCare, the parent organization, establishes the compensation of the Chief Executive Officer The Compensation Committee engages independent compensation consultants and the amount is approved by both the Compensation Committee and Board of Directors

Software ID: Software Version:

EIN: 33-0449527

Name: Grossmont Hospital Corporation

Form 990, Schedule (A) Name	•		f W-2 and/or 1099-MI		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Peter Hanson MD	(I) (II)	36,000 0	0	0 0	0 0	0 0	36,000 0	0
Rina Jain MD	(I) (II)		0	0	0 0	0	60,000	0 0
Marc Kobernick MD	(1) (11)		0	0	0	0	30,000	0 0
Michael W Murphy	(1) (11)	0 1,127,582	0 188,024	0 55,450	0 78,289	0 15,417	0 1,464,762	0
Mıchele Tarbet	(I) (II)		0	0	0 24,962	0 15,376	0	0
Ann R Pumpian	(I) (II)		0	0 17,000	0 28,887	0 11,212	0	0
Carlisle C Lewis III	(I) (II)		0	0 33,869	0 33,547	0 14,977	0 670,776	0
Karı Cornicelli	(I) (II)		0	0 965	0 13,850	0 15,847	0 252,333	0
Maryann C Cone	(1) (11)		0	0 29,789	0 25,898	0 8,152	0 350,898	0
Suzanne K Johnson	(1) (11)		0	0 14,135	0 283	0 15,821	0 245,418	0
Anthony M Damico	(I) (II)		0	0 17,973	0 9,978	0 6,879	0	0
Patrick J Craychee	(1) (11)			16,307 0	9,000	11,516 0		0
Janet L Hanley	(1) (11)		0 24,599	0 873	0 11,957	0 15,769	0 233,022	0
Michael A Murphy	(1) (11)		0 7,219	0 18,908	0 11,423	0 16,081	0 310,607	0
Vincent J Balesteri	(1) (11)			959 0	26,840 0	6,530 0		0
Bruce D Schmidt	(I) (II)	193,168 0	13,148	1,253 0	20,497 0	15,745 0	243,811	0
Glicerio M Cid Jr	(I) (II)		474 0	4,007	7,619 0	6,285	221,466	0
Pauline J Lew	(I) (II)	190,473 0			13,348	15,503	220,132	0

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As Filed Data -

DLN: 93493223023584

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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

2012

Open to Public Inspection

Name of the orga Grossmont Hospital C								Em	ploye	r identii	fication	numbei	r
									-0449				
						and section 5							
						Part IV, line 25							
1 (a) Name o	or aisquaii	nea pers			between dis Lorganizati		(c) Descrip	ption o	rtrans	saction		(d) Corre	
				person une	. organizaci	-						res	No
2 Enter the am	ount of ta	x incurre	d by organiza	ation mana	gers or dis	qualified perso	ns during the	yearu	inders	section			
4958										> \$.			
3 Enter the am	ount of ta	x, ıf any,	on line 2, abo	ove, reimbi	ursed by th	e organization				> \$			
		d/	Tt	a a b a d D a									
			rom Inter)-EZ, Part V, lı	ne 38a or Fo	rm 991	n Pari	t IV lin	e 26 o	rıftha	
			n amount on l				110 300, 01 10	1111 55	<i>,</i> , a	C I V , IIII	20,0	i ii ciic	
(a) Name of			(c) Purpose			(e)Original	(f)Balance	(g)	In	(h	1)	(i)Wr	ıtten
ınterested	with orga	nızatıon	of loan	or from t		principal	due	defa	ult?	Appro		agreer	nent?
person				organızatı	on?	amount				by boa			
				To	From	\dashv		Yes	No	Yes	No	Yes	No
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tal	•			▶ \$			•					7	
			ce Benefit									•	
Com	plete if th	ne orgai	nızatıon ans	wered "Y	es" on Fo	rm 990, Part	IV, line 27.						
(a) Name of inte	erested		ationship bet) A mount o	ofassistance	(d) Type o	fassis	tance	(e)	Purpos	e of ass	ıstanc
person			ted person ar	nd the									
		<u> </u>	organization				<u> </u>						

Part IV Business Transactions Involving Interested Person	Part IV	Business	Transactions	Involving	Interested	Persons
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Complete if the organization	tion answered "Yes" on F	orm 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's
				Yes	No
1) Stephen Hanley	See Part V	42,737	Employment		No
2) Grossmont Imaging LLC	See Part V	647,581	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
Schedule L, Part IV		Stephen Hanley, an employee of Grossmont Hospital Corporation, is the son of Janet Hanley, a key employee of Grossmont Hospital Corporation Kari Cornicelli, Chief Financial Officer of Grossmont Hospital Corporation, sits on the Board of Directors of Grossmont Imaging LLC, a partnership 50% owned by Grossmont Hospital Corporation Michele Tarbet, Chief Executive Officer of Grossmont Hospital Corporation, sits on the Board of Directors of Grossmont Imaging LLC, a partnership 50% owned by Grossmont Hospital Corporation Anthony Damico, a key employee of Grossmont Hospital Corporation, sits on the Board of Directors of Grossmont Imaging LLC, a partnership 50% owned by Grossmont Hospital Corporation

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493223023584

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Internal Revenue Service Name of the organization Grossmont Hospital Corporation

Employer identification number

					33-0449527			
Pa	rt I Types of Property							
	Ast Made C	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	' '							
8	Intellectual property							
9	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Heart/Vas							
25	Other ► (<u>Center</u>)	X	12	12,875,617	Cost			
26	Central Other ► (Power Plant)	×	12	10,235,440	Cost			
	Other ► (Fower Flant) Other ► (East Tower)	X	12	7,703,544				
	Other ► (Equipment)	$\frac{\lambda}{x}$	3	177,638				
29	Number of Forms 8283 received			·				
	for which the organization comple				29			0
				<u>.</u>	·		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	erıod [?]			30a		No
b	If "Yes," describe the arrangem	ent in Part I	I					
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell	noncash			
						32a		No
h	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a) ıs checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

<u> </u>	cerved, or a combination of both.	Also complete this part for any additional information:
Identifier	Return Reference	Explanation
Method for Determining Number of Contributions	Part I, Column (b)	Number of Contributions

Schedule M (Form 990) (2012)

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DLN: 93493223023584

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
2012
Open to Public

Inspection

Name of the organization
Grossmont Hospital Corporation

Significant Significa

ldentifier	Return Reference	Explanation
Program Service Statement	Form 990, Part III, Line 1	To establish, maintain, conduct, and operate a hospital or hospitals related, associated and complimentary facilities and services, such as, but not limited to, skilled nursing, extended care, outpatient care, home care, and other health care programs, activities, services and facilities. To carry on any educational activities related to rendering care to the sick and injured, or to the promotion of health. To promote and carry on scientific research related to the care of the sick and injured, or to the promotion of health. To participate in any activity designed and carried on to promote the general health of the community. To operate and maintain this corporation and its assets for the benefit of the communities served by Grossmont Healthcare District, a political subdivision of the State of California, organized pursuant to Local Hospital District Law (Division 23 of the California Health & Safety Code), and which is located in San Diego County, California Generally do anything and everything necessary, expedient or incidental to the foregoing

Identifier	Return Reference	Explanation
	Form 990, Part IV, Line 24a	Tax Exempt Bonds are issued for the Sharp HealthCare Obligated Group As a result, the tax exempt bond balances are reported on the Sharp HealthCare return (EIN 95-6077327) This organization's allocated portion is included in Part X, Line 25

Identifier	Return Reference	Explanation
	I	Michele Tarbet, Karı Cornicelli, and Anthony Damico were all directors on the governing board of the Grossmont Imaging Joint Venture

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	Sharp HealthCare (FEIN 95-6077327)is the sole member of Grossmont Hospital Corporation

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	Sharp HealthCare, as the sole member of the corporation, has the right to elect and remove most board members

Identifier	Return Reference	Explanation
	Section A, line 7b	Sharp HealthCare, as the sole member of the corporation, has the right to elect and remove most board members. Sharp HealthCare also retains the approval rights afforded members for certain significant transactions (e.g. dissolution or sale or transfer of all or substantially all of the assets.)

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	The final Form 990 is placed on the organization's intranet, prior to the filing date, where it is viewable for comment from all members of the governing body. The review process includes multiple levels of review including key corporate and entity finance department personnel comprised of the Director of Accounting & Tax, Vice President of Finance, Senior Vice President and Chief Financial Officer, and entity Chief Financial Officer Additionally, the organization contracts with Ernst & Young, an independent accounting firm, for review of the Form 990.

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Grossmont Hospital has a written conflict of interest policy which has been reviewed and approved by the Grossmont Hospital governing board. Grossmont Hospital is committed to preventing any Participant of the Corporation from gaining any personal benefit from information received or from any transaction of Sharp. One component of the written conflict of interest policy requires that Board Members, Corporate Officers, Senior Vice Presidents and Chief Executive Officer(s) submit a conflict of interest statement annually to Legal Services/Senior Vice President of Legal Services who will review all statements in addition, all Vice Presidents and any employees in the Purchasing/Supply Chain, Audit and Compliance, and Case Management/Discharge Planning departments are required to complete an online conflict of interest questionnaire annually that is reviewed by the Conflict Review Committee comprised of employees from Sharp's Legal, Compliance, and Internal Audit departments. In connection with any transaction or arrangement, which may create an actual or possible conflict of interest, the person shall disclose in writing the existence and nature of his/her financial interest and all material facts. Board Members, Corporate Officers, Senior Vice Presidents, and the Chief Executive Officer(s) shall make such disclosures directly to the Chairman of the Board, and to the members of the committee with the board designated powers considering the proposed transaction or arrangement. Upon disclosure of the financial interest and all material facts, the Board Member, Corporate Officer, Senior Vice President or the Chief Executive Officer(s) making such disclosures shall leave the board or the committee meeting while the financial interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. In certain instances, such as if someone takes a board seat on a competitor's board of directors or has a role with an organization whereby the information that they may obt

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Iine 15	The Personnel Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Personnel Committee of the Board of Directors by the independent consultant. The Personnel Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Personnel Committee approves the total compensation for the President/Chief Executive Officer and reviews and approves the compensation and compensation salary ranges for the remainder of the executive team. The Personnel Committee presents its decision to the Board of Directors. The Personnel Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November/December 2012.

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

Identifier	Return Reference	Explanation
	' '	Independent contractors are paid under Sharp HealthCare's tax identification number (95-6077327) and are reported on Sharp HealthCare's tax return

Identifier	Return Reference	Explanation
	Form 990, Part X, Line 25	Tax Exempt Bonds are issued for the Sharp HealthCare Obligated Group As a result, the tax exempt bond balances are reported on the Sharp HealthCare return (EIN 95-6077327) and this organization has reported zero on Form 990, Part X, Line 20 and has reported the allocated balance on Line 25

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances		Change in minimum pension liability 5,828,768 Beneficial Interest in Grossmont Hospital Foundation 3,093,448

Identifier	Return Reference	Explanation
	Form 5471	Form 5471 has been filed on behalf of Grossmont Hospital Corporation by Sharp HealthCare (FEIN 95-6077327)

Identifier	Return Reference	Explanation
FY 2013 Community Benefits Report	Form 990, Part III, Line 4a	Fiscal Year 2013 Community Benefits Report Section 1 An Overview of Sharp HealthCare Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system-based in San Diego, Calif. The Sharp system-includes four acute care hospitals, three specially ho spitals, two affiliated medical groups, 20 medical clinics, five urgent care facilities, it hree skilled nursing facilities, it wo inpatient rehabilitation centers, home health, hospic e, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp offers a full continuum of care, including emergency care, hospice care, inpatient care, long-t-erm care, mental health care, outpatient care, primary and specialty care, rehabilitation, and urgent care. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Pan (SHP) Serving a population of approximately 3 million in San Dego County (SDC), as of September 30, 2013, Sharp is licensed to operate 2,110 beds, and has approximately 2,600 S harp-affiliated physicians and more than 16,000 employees. FOUR ACUTE CARE HOSPITALS Shar p Chial Vista Medical Center (343 beds). The largest provider of health care services in San Diego's rapidly expanding South Bay, Sharp Chula Vista Medical Center (SCVMC) operates t he region's busiest emergency department (ED) and is the closest hospital to the busiest international border in the world Sharp Coronado Hospital and Healthcare Center (181 beds). Sharp Grossmort Hospital (181 port of the service sharp G

ldentifier	Return Reference	Explanation
FY 2013 Community Benefits Report	Form 990, Part III, Line 4a	e entire Sharp team has recommitted to purpose, worthwhile work, and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation the people. Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be. * The best place to work Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp. "the best health system in the universe." * The best place to practice medicine. Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edgle technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader. * The best place to receive care. Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-orie nted individuals who see it as their privilege to exceed the expectations of every patient treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate. Through all of this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than half a century. Pilars of Excellence in support of Sharp's organizational commitment to transform the health c

ldentifier	Return Reference	Explanation
		Awards Sharp has received the following recognition. Sharp is a recipient of the 2007 Malo olim Baldrige National Quality Award, the nation's highest presidential honor for quality and organizational performance excellence. Sharp was the first health care system in Califor rina and eighth in the nation to receive this recognition. Sharp was recognized as one of the 2013 World's Most Ethical (WME) Companies by the Ethisphere Institute, the leading bus iness ethics think-tank. The list highlights companies that outperform industry peers when it comes to ethical behavior. The 2013 WME companies are those that truly eightered ethical business practices and demonstrate industry leadership, forcing peers to follow suit of fall behind. Sharp was the only San Diego company named to the list. Sharp was named the No. 1 "best integrated health-care network" in California and No. 12 nationally by Modern He althorare magazine in 2012. The rankings are part of the "Top 100 Most Highly integrated He althorare Networks" in the state in the survey. Sharp Rees-Stealy Medical Group practicing as the Sharp Rees-Stealy Medical Group practicing as the Sharp Rees-Stealy Medical Comput practicing as the Sharp Rees-Stealy Medical Comput practicing as the Sharp Rees-Stealy Medical Conterts, was named "Best Medical Group" by U-T San Diego readers participating in the paper's 20.12. "Best of San Diego" Readers Poll SMH and SGH were ranked second and third "Best Hospital aid" while SCVMC, SGH-Cand SMBH-MN were horized as SGH and SMH have both receive of McGHot Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Programs is the highest level of honor bestowed by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Programs is the highest level of honor bestowed by the American Nurses of the nations." Most Wired Survey and Benchmark Study. "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff in July 2010,

Identifier	Return Reference	Explanation
		esignation recognizes awardees for maintaining consistently high levels of excellence in platient satisfaction (based on a three-year period), employee engagement, or physician enga gement (the latter two based on the two most recent survey periods). Patient Access to Carle Programs Uninsured patients with no ability to pay, and insured patients with inadequate coverage receive financial assistance for medically necessary services through Sharp's Financial Assistance Program Sharp does not refuse any patient requiring emergency medical carle. Sharp provides services to help every unfunded patient received in the ED find cover age options. Patients use a quick, simple online questionnaire through PointCarle to generate personalized coverage options. Patients use a quick, simple online questionnaire through PointCarle to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire allow SHC staff to have an informed discus sion about coverage options with the patient, empowering the patient with options. By Sept ember 2013, Sharp helped guide approximately 56,700 self-pay patients through the maze of government health coverage programs while maintaining the patient's dignity through this pingram in addition, Sharp has three hospitals that qualify as covered entities for the 34 0B Drug Pricing Program administered by the Health Resources and Services Administration (HRSA). Participation in the 340B Drug Pricing Program allows SMH, SCVMC and SGH to purchase outpatient drugs at reduced prices. The savings from this program are utilized to offset patient care costs for the most vulnerable patient populations and assist patients in obtaining access to medications through the Patient Assistance Team. The Patient Assistance Team works hard to help patients in need of assistance gain access to free or low-cost medications. Patients are identified through usage reports, or referred through case management, nursing, physicians or even other

Identifier	Return Reference	Explanation
		Through collaboration with the San Dego Rescue Mission, SCHHC, SGH and SMH discharge their chronically homeless patients to the Rescue Mission's Recuperative Care Unit, where patients not only receive follow-up medical care through Sharp in a safe environment, but also receive psychiatric care, substance abuse counseling and guidance to help get them off the street. Sharp also continued to collaborate with the United Way's Project 25 program to provide financial information that will help the program gauge the effectiveness of its in terventions to reduce use of emergent and other front line public resources. Project 25 is a partnership between United Way of San Dego County and the City and County of San Dego with a goal to provide permanent housing (via the San Dego Housing Commission) and suppor tive services (via the County of San Dego) to at least 25 of San Dego County's chronical ly homeless, who are often the most frequent users of public resources. Community Health Screenings Chronical ly homeless, who are often the most frequent users of public resources. Community Health Screenings Sharp's commitment to improving community health extends beyond the walls of it is health care facilities, and beginning in PY 2013, Sharp provided free health screenings directly to community members at sites throughout San Dego Screenings were open to adult is over the age of 18, and were completely confidential only community members retained a copy of their results. Throughout the year, Sharp health care professionals offered health screening events were held at nearly 20 sites across the County, and thousands of community members received screening results as well as personalized strate gies to improve their overall health and well-being in the upcoming year, Sharp will continue its community health screenings with the goal of screening 5,000 community members the roughout San Dego Health Professions. Franing Internships Students and recent health care graduates are avaitable asset to the community, and Sharp demonstrat

Identifier	Return Reference	Explanation
		3,110 Nursing Group Hours 237,643 Nursing Precepted Hours 97,864 Ancillary Students 973 An cillary Hours 213,083 Total Students 4,083 Total Hours 548,590 Health Sciences High and Middle College Sharp has teamed up as an industry partner with charter school Health Science s High and Middle College (HSHIMC) to provide students broad exposure to careers available in health care During FY 2013, more than 330 HSHIMC students spent thousands of hours on various Sharp campuses. The collaboration between Sharp and HSHIMC prepares high school students to enter health science and medical technology careers in the following five career p athways biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services. Throughout the school year, supervised HSHIMC students rotated through instructional pods in various departments such as nursing, OB/GYN, occupational and physical therapy, behavioral health, Surgical Intensive Care Unit (SICU), Medical Intensive Care Unit (MICU), imaging, rehabilitation, laboratory, pharmacy, engine ering, pulmonary, cardiac services, and operations. The students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development and job/education requirements. HSHIMC students earn high school diplomas, comp lete college entrance requirements and have opportunities to earn community college credit s, degrees or vocational certificates. With the HSHIMC program, Sharp links students with h ealth care professionals through, job shadowing to explore real world applications of their school-based know ledge and skills. The program began in 2007 with HSHIMC students on the c ampuses of SGH and SMH, and expanded to include SMV and SMBH-MVI in 2009, SCHHC in 2010, and SCVMC in 2011. HSHIMC students also devote time to various SRS sites in San Diego baddowing to explore real world applications of their school-based know ledge and skills. The program began in 2007 with HSHIMC students on the c

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		Sharp HealthCare's institutional Review Board (IRB) seeks to promote a culture of safety and respect for individuals who choose to participate in research for the greater good of the community. All proposed Sharp entity research studies with human participants are required to be reviewed by the Sharp HealthCare's IRB. The purpose of this review is to protect planting and amain an interview of the state of the purpose of this review is to protect planting and amain and provided and an analysis of both greaters and search nurses and pharma healthCare IRB or ornitives education and guidance for researchers a cross Sharp as well as in the community Nurses, pharmacy residents and other members of the health care community receive education on various study-specific requirements regarding the protection of human subjects and HIPAA compliance. Additionally, Sharp HealthCare's Research Department works with the IRB to provide quarterly research meetings (QRM) that a relopen to physicians, psychologists, research unses and study coordinators throughout Eas o Dego Recent presentations have covered topics such as the administration of clinical trials, the use of statistical analysis in assessing test bias, the importance of outcomes-based research and the development of effective research questions. Outcomes Research Institute (ORI) at Sharp was formed to measure long-term results of care and to promite and develop best practices of health care delivery for members of the spring swell-posterior community. With both injudicial produces of the leath care delivery for members of the spring swell-posterior continuity and development as well as data collection and easily and produces outcomes research projects, as sisting in database development as well as data collection and analysis, assisting with griant writing and exploring funding mechanisms for research projects, and facilitating IRB a pplication submissions. Among its current and future goals, the ORI ams to ensure patient care produces outcomes research projects and a

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		mmunity. The consortium is a partnership between SCVMC, SGH, SMBHWN, SMH, Scripps Health, Rady Children's Hospital San Dego, UC San Diego Health System, San Diego VA, Medical Center and Elizabeth Hospice, as well as PLNU, SDSU, Azusa Pacific University (APU), and USD. In FY 2013, the EBP consisted of a nine-month program culiminating with a community confere nee and graduation ceremony in November. The project results of all EBP fellows are shared at the ceremony. EBP fellows partner with their mentors and participate in a variety of learning strategies. Wentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellow through the process of evidence-based practice. Mentors also assist the fellow in working collaboratively with other key hospital leadership personnel. The San Diego EBPI includes six full-day class ses sions that incorporate group activities, as well as self-directed learning programs outside of the classroom, in addition to the structured mentorship provided throughout the program in FY 2013, 42 fellows graduated from the EBPI program, and completed projects that ad dressed compelling issues in the health care community, such as reducing ED recidivism in the homeless and underinsured population, pain reduction in the post-surgical open heart cardiac patients, noise reduction in the litensive Care Unit (ICU) setting, and early mobi lization of mechanically ventilated patients in the ICU setting. Sharp actively participate as in the EBP through the provision of instructors and mentors, as well as administrative coordination. Volunteer Service Sharp Lends a Hand in FY 2013, Sharp continued its system wide community service program, Sharp Lends a Hand (SLAH), to further support the San Diego ocommunities it serves. In October, Sharp team members suggested project ideas that focu sed on improving the health and well-being of San Diego in a broad, positive way, relied on Sharp Lends a Hand in FY 2013, Sharp continued the health and

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		The Serra Mesa Food Pantry was created to provide food to individuals and families who liv e in the Serra Mesa area and who are experiencing temporary struggles in obtaining basic in ecessities during illness, unemployment, or other crisis. In April and May, 20 SLAH volunt eers participated in the Serra Mesa Food Pantry to help lessen the impact of hunger in our community. Feeding America San Diego is SDCs largest distributor of food and the only Fe eding. America affiliate in the county. In partnership with more than 160 local school dist nots, agencies and a network of volunteers, the organization serves 73,000 children, families and seriors in need each week in June rote than 120 SLAH volunteers provided assistance to Life Rolls On They Will Surf Again in September The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by spinal cord injury (SCI) through action sports. The award-winning series of bi-coastal events empowers paraplegics and quadriplegics to experience mobility through surfing, with support from adaptive equipment and volunteers. In June, nearly 20 SLAH volunteers joined Just in Time for Foster Youth, an organization dedicated to helping foster youth achieve self-sufficiency and well-being as they transition into adulthood. Each year, Just in Time volunteers come together to give dozens of transitioning foster youth the resources and encuragement they need to begin a new iffe chapter as college students. Participating yout his connect with potential lifeling mentors and successful Just in Time alumn, receive lapt ops and printers, learn valuable tips on money management, legal matters and practical pur chases, and pair up with a volunteers provided support for the Helen Woodward Animal Center's Puppy Love 5K RunWalko in Highway 101 in Solana Beach, including setting up exhibit booths, assisting with registroon and vorking as route/road mar shals. The Helen Woodward Animal Center is a San Dego-based nonprofit organization committed to saving the live

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		r the children, but also inspiring and life-changing for the volunteers. Sharp staff also participated in multiple weeklong medical/surgical mission trips to the northwest mountains of Guatemala in FY 2013. This included teams of 60 to 100 individuals consisting of Sha rp-affiliated physicians, surgeons, anesthesiologists, nurses, technical staff, therapists, students, chaplains, and many others. Teams participated in this effort in partinership with the loamal Medical Ministries and Helps International. Over the course of each trip about ten days the teams provided surgeries under different specialties, such as General Surgery, OB/GYN, Plastics, ENT, Cleft Palate Repair, and Urology. Basic clinic and dentistry services were also available. In addition, a team built stoves in rural houses to keep fir es off the floor and reduce burns and smoke inhalation exposure, and other teams provided a water purification unit. In the five days provided as a functioning temporary hospital, teams performed an average of 100 to 150 surgeries and saw 1,000 to 2,000 patients in clin ic. The teams served rural and urban populations surrounding the sites at no cost, and in some cases, members of the impoverished mountain community traveled many hours to receive care at the hospital Sharp also donated numerous supplies and equipment to this life-chan ging experience for both patients and participants. Community Walks For the past 18 years, Sharp has proudly supported the American Heart Association (AHA) annual San Diego Heart & Stroke Walk in September 2013, more than 1,000 walkers represented Sharp at the 2013 San Diego Heart & Stroke Walk held at Petco Park in the downtown area. Sharp was the No. 1 te am in San Diego and the AHA Western Region Affiliates, raising nearly \$205,000. Sharp Volu Inteers Sharp volunteers are a critical component of Sharp's dedication to the San Diego community, meet new people and assist programs ranging from pediatrics to Senior Resource Centers. Volunteers devote their time and compassion to patient

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		In FY 2013, Sharp HospiceCare provided extensive training for nearly 50 new volunteers in FY 2013. Volunteers underwent a rigorous 32-hour training program to confirm their underst anding of and commitment to hospice care prior to serving as part of the hospice interdisc iplinary team. Once trained, volunteers devoted their time to both patient care and cleric all and administrative support. In addition, Sharp HospiceCare offered its Teen Volunteer P rogram, training five teenagers in FY 2013. Through the program teens are assigned special projects in the office or patient assignments at Sharp HospiceCares. Lake-View and ParKiv is who mes, including simple acts for indiness such as sitting with patients, listening to their stories, providing grooming and hygiene tasks, and being a comforting presence by just holding their hand. Sharp HospiceCare also hosted a studient volunteer from San Dego Metr opolitan Regional & Technical High School during FY 2013. The student spent time in both Sharp HospiceCare's administrative office and a Sharp HospiceCare home, and experienced hospice care through case conferences, interdisciplinary team (IDT) meetings and a valently of their tasks. Sharp HospiceCare also coordinates a volunteer rule globinary team (IDT) meetings and a valently of their tasks. Sharp HospiceCare and its volunte ers met with 29 individuals and provided approximately 58 w/gs, as well as donated wigs to patients at the Douglas and Nancy Barnhart Cancer Center at SCVMC Volunteers also partic pated in the Sharp HospiceCare will member with the program to support community members who have lost a loved one. Through the program, volunteers sew teddy bears out of garments of those who have passed on, which serve as special keepsakes and permater tremnders of the gine ving family members loved one. In FY 2013, Sharp HospiceCare volunteers devoted apmoximately of the gine ving family members loved one. In FY 2013, Sharp HospiceCare volunteers devoted apmoximate rule will be program in the program in the program

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		138 community members contributed their time to Sharp's boards. Other Sharp Volunteer Eff orts In FY 2013, Sharp staff volunteered their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare of San Degans. Below a rejust a few examples of how Sharp employees gave of themselves to the San Diego community. SGHs Engineering Department participated in a number of initiatives in FY 2013, including the This Bud's for You program. The program brought comfort to unsuspecting patients and their loved ones with the delivery of hand-picked flowers from the medical campus's abundant gardens. The SGH landscape team grew, cut, bundled and delivered colorful bouquets e ach week, bringing an element of natural beauty to patients and visitors of both the hosp tall and Sharp's hospice homes. The team also regularly offered single-stem roses in a small bud vase to passers-by. In its third year, This Bud's for You has become a natural part of the landscape team's day, an act that is simply part of what they do to enhance the experience of visitors to the hospital. SGH also continued to provide the Shirt Off Our Backs program during the 2012 holiday season. Also in its third year, this program brought clothing, shoes, blankets and household items directly to San Diego's homeless population. The SGH landscape team and Engineering Department, the SGH Auxiliary and local businesses collaborated to implement the program, while SGHs Waste Management team provided ancillary is upport with loaner recycle bins to use for collection. Hundreds of pounds of clothing, sho es, towels, blankets, toiletries and other items that could be put to use immediately were collected, washed, folded, boxed/bagged and prepared for delivery to the San Diego population in need. This year three pickup trucks were required to deliver the collected items. The efforts provided food and comfort to all who expressed need ranging from small childre in to adults of all sizes. The SGH Engineering Department also

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	Reference	As San Diego's largest private employer, Sharp recognizes that the health of its patients, employees and the community is directly ted to the health of their environment. Sharp private a culture of environmental responsibility by providing education and outreach to employees to improve their health and the health of those they serve. Sharp created its All Ways Green logo to brand its environmental activities and communicate sustainable activities in throughout. Sharp and the San Diego community. Sharp's systemwide All Ways Green Commit es is charged with evaluating opportunities and recognizing best practices in seven distinct a creas. (1) energy efficiency, (2) alternative energy generation, (3) waste minimization, (4) waste minimization, (5) cleaner means of transportation, (6) green building design, and (7) sustainable food practices. Established Green Teams at each entity are responsible for developing new programs that educate Sharp employees to conserve natural resources and reduce, reuse and recycle. Sharp has also parthered with its vendors and other organizations in the community to develop new programs and initiatives to help achieve its environmental activities are the communities it serves. According to the US En vironmental Protection Agency (EPA), inpatient hospital facilities are the second-most energy-intensive industry after food service and sales, with energy utilization rates 2.7 times greater than that of office buildings on a squarefoot basis. Unlike other industries, hospitals must operate 2.4 hours a day, severe days a week an must provide service during power outages, natural disasters and other emergencies. Given this reality, Sharp has embar riked on several green intilatives to enhance energy efficiency, including retro-commission ling of heating, vertilation and air conditioning (HVAC) systems, lighting retroff to project that resulted in energy savings of more than 1.7 million kilowatt hours, and decreased carbon dioxide production by nearly 1,305 tons that year. Furthermore, Sharp
		each patient generates approximately 15 pounds of waste each day, while US medical centers generate approximately two million tons of waste each year. Shar p has implemented a comprehensive waste minimizati

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		on program to significantly reduce the waste generated at each entity, including single-st ream recycling, reprocessing of surgical instruments, use of reusable sharps and pharmaceu tical waste containers, hard-sided surgical cases to reduce blue wrap used during the inst rument sterilization process, use of recyclable paper for printing brochures, new sletters and other marketing materials, electronic patient bills and paperless payroll, recycling of exam table paper, repurposing of supplies, equipment and furniture, encouragement of red uced paper use at meetings through electronic correspondence, and use of one-at-a-time paper napkin and plastic cuttery dispensers. To reduce their carbon footprint, Sharp's primary office supply vendor, Office Depot, created the GreenerOffice Delivery Service in which they replaced its small and mid-sized cardboard boxes with paper bags composed of 40 per cent post-consumer recycled material. The paper bags are protected during shipping by reusable plastic totes, which are returned to Office Depot for reuse. Sharp was an early adopter of the programm in an effort to make their delivery requests more environmentally friendly. Sharp's participation in this program will result in an estimated annual reduction of 22,000 less pounds of wood, 24,000 pounds of CO2, 82,000 gallons of wastewater and 8,000 pounds of solid waste. Furthermore, Office Depot and Sharp have arranged for 30 percent recycled copy paper to be used at all Sharp entities. In April, Sharp was named Recycler of the Year at the City of San Diego's 21st annual Waste Reduction and Recycling Award program for SMH and SMBH-MN Also in April, Sharp held its fourth-annual system ide All Ways Green Earth Week event, including Earth Fairs at each of the Sharp entities. During the fairs, employees learned how they can contribute to recycling, waste minimization, healthy eating p ractices and other sustainability efforts. Many of Sharp's key vendor partners partnicipate of in the Earth Fairs to help raise awareness of green i

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		The impact of Sharp's waste reduction programs has been significant. In FY 2013, Sharp fac littles diverted over 7.6 million pounds of paper, cardboard, glass, metals, polystyrene, batteries, ink and toner, medical equipment and electronic waste from local landfills. This included, but was not limited to 36,827 pounds of waste diverted through utilization of reusable sharps and pharmaceutical waste containers at SCH+C and SMMC, as well as systemwide recycling of 210,694 pounds of waste diverted through surgical device reprocessing. Table 3 presents the quantity of waste diversion at Sharp shown as pounds (liss) diverted in the coming year, Sharp aims to reduce its waste generation by two percent, or approximately 49,000 pounds. Table 3. Sharp HealthCare Waste Diversion FY 2013 Sharp Chula Vista Medical Center Recycled Waste Per Year (lbs.) 713,872 Total Waste Per Year (lbs.) 2,513,406 Percent Recycled 28% Sharp Doronado Hospital and Healthcare Center Recycled Waste Per Year (lbs.) 2,29,586 Total Waste Per Year (lbs.) 1,307,361 Percent Recycled 18% Sharp Grossmont Hospital Recycled Waste Per Year (lbs.) 2,335,555 Total Waste Per Year (lbs.) 2,336,555 Total Waste Per Year (lbs.) 2,356,271 Percent Recycled 37% Total Sharp HealthCare includes all Sharp System Services and Sharp Rees-Stealy Sharp implements sustainable food practices throughout the system, including removal of styrofoam from cafeterias, use of greenlabel kitchen scaps and cleansers, e lectronic cafe menus, recycling of all cardboard, cans and grease from cafes, and partner ing with evendors who are committed to reducing product packaging. Other sustainable food practices include organic markets at each of Sharp's hospitals and corporate office, Meattes s Mondays, purchasing of hornore-free milk and increased purchasing of loc

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		nearly 130 Sharp employees pedaled to work for Sharp HealthCare's first Bike to Work Day, while in May, Sharp encouraged employees to ride their bikes to work in recognition of Na tional Bike to Work Day in fact, Sharp participated in the 4th annual Commute Bike to Work 2013 Corporate Challenge for the entire month of May (National Bike Month), competing with similar-sized organizations for the highest percentage of bike indership for the month in June, Sharp also promoted National Dump the Pump Day to employees by sharing special Dump the Pump Day promotions from Commute, such as vanpool discounts and gift card drawings, for individuals who pledged to "Dump the Pump" and make green transportation choices. As part of the nationwide Electric Vehicle Project, Sharp has installed electric vehicle chargers (EVCs) at its corporate office location and SMMC Sharp is the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil Sharp will continue its efforts to expand EVCs at other entities in FY 2013, Sharp hosted two community workshops to share its waste minimization best practices. SMH and SMBH-MN partnered with the City of San Diego to host a workshop for local companies to learn about the hospitals' food waste composting experiences and exploring composting at their own organizations. Sharp also partnered with SDC to host a complimentary community workshop on proper disposal of pharmaceuticals, including pharmaceutical waste liability, regulatory compliance and cost effective disposal strategies. Participants included hospital and pharmacy personnel, and medical providers who handle pharmaceuticals. Sharp's waste minimization initiatives have been recognized by several publications, including BioCycle, a national magazine about composting, renewable energy and sustainability, San Diego Business Journal, and by the California State CalRecycle website, which cited Sharp Health

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		- Organic gardens - Recycling education - Ride share promotion SCVMC "Energy Efficiency - Energy audits - Energy- efficient chillers/motors - Energy Star participation and award eligible - HVAC projects - Lighting retrofits "Water Conservation - Drip irrigation - Drought - Ideienat plants and bark-covered ground - Electronic faucets - Evaluation of water utiliz ation practices - Hardscaping - Landscape water reduction systems - Mist eliminators "Wast e Minimization - Compactor renovation - Bectronic cafe menus - Single-stream recycling - Surgical instrument reprocessing "Education and Outreach - Earth Week activities - Environ mental policy - Green Team - No Smoking Policy - Organic farmer's market - Recycling education - Ride share promotion SGH "Energy Efficiency - Energy audits - Energy Star participation - HVAC projects - Lighting retrofits - Retro-commissioning "Mater Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators "Waste Minimization - Electronic acfe menus - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling - Surgical instrument reprocessing "Education and Outreach - Earth Week activities - Environmental policy - Green Team - No S moking Policy - Organic farmer's market - Recycling education - Ride share promotion Sharp System Services "Energy Efficiency - Electric vehicle chargers - Energy audits - Energy efficient chillers/motors - Energy Star participation - HVAC projects - Lighting retroffs - Occupancy sensors - Thermostat control software "Water Onservation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators s"Waste Minimization - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Recycling deducation - Ride share promotion SHP "Energy Efficienc

Identifier	Return Reference	Explanation
		tal policy - Green Team - No Smoking Policy - Recycling education - Ride share promotion E mergency and Disaster Preparedness Sharp contributes to the health and safety of the San Dilego community through essential emergency and disaster planning activities and services. Throughout FY 2013, Sharp provided education to community members, staff and other health care professionals on emergency and disaster preparedness. Sharp's disaster preparedness to earn offered several disaster education courses to first responders, health care providers and community members across SDC. The Hospital-Based First Receiver Awareness Course and First Receiver Operations Course were offered as a two-part series to educate and prepare his ospital staff for a decontamination event. Course topics included decontamination principlies and best practices, basic hazards, utilization of appropriate Personal Protective Equip ment (PFE), response concepts, containment, decontamination and recovery. A standardized, on-scene federal emergency management training for hospital management entitled, NIMS (National Incident Management System)/ ICS (Incident Command System)/ HICS (Hospital Incident Command System), was also offered by Sharp's disaster team, as well as a START (Simple Tri age and Rapid Treatment). Triage/ Jump START Triage class to train emergency responders at all levels to triage a large volume of trauma victims within a short period of time. Sharp's disaster team also led a Pediatric/Burn Surge course to train hospital staff, health care providers and other emergency responders to effectively manage specific patient populations during a surge or abnormal event. In October 2012, Sharp's disaster preparedness team hosted a Domestic Chemical Ali-Hazards Conference for approximately 90 community health ciare and emergency preparedness professionals. The conference included a key note speaker if rom San Diego's Hazardous Materials (HAZMAT) Team, as well as presentations including Curr ent Trends in Hazardous Material Response, Chemica

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		emergency planners in developing planning and conducting emergency responses. Furthermore, Sharp disaster leadership is part of the San Dego Patent Tracking Committee, which is diesigning a Family Assistance Center (FAC) for the county in an effort to ad community members in finding their loved ones during a disaster event. Sharp supports safety efforts of the state and the City of San Dego through maintenance and storage of a county decontam nation trailer at SCH, to be used in response to a mass decontamination event. In addition is Sharp stores and maintains 24 state hospital ventilators at three of its hospitals, and is exploring opportunities to proper discontamination event. In addition is the EMSA Mobile Field Hospital (MFH) programto provide maintenance and storage for a state MFH. The MFH is designed to increase disaster prepared enses by rapidly responding to emergencies such as earthquakes, fires and floods that impact hospital surge needs. Within 72 hours of an emergency, the MFH can provide up to 600 ac ute care hospital beds for patient treatment and transport anywhere in the state. Addition ally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event the systems normal water supply is interrupted. As part of its participation in the US Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HFP) grant, Sharp created the Sharp Health Care HFP Disaster in Peparedness Program (HFP) grant, Sharp created the Sharp Health Care HFP Disaster in Peparedness Program (HFP) grant, Sharp created the Sharp Health Care HFP Disaster in Peparedness Program (HFP) grant, Sharp created the Sharp Health Care HFP Disaster in Peparedness Program (HFP) grant, Sharp created the Sharp Health Care HFP Disaster in Peparedness Program (HFP) grant, Sharp created the Sharp Health Care HFP Disaster in Peparedness Program (HFP) grant, Sharp created the Sharp Health Care HFP Disaster (HFP) and the search program (HFP) grant Sharp Care

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		, and for the community * Support of community nonprofit health organizations * Education and training of health care professionals * Collaboration with local schools to promote in terest in health care careers * Welfare of seniors and disabled people * Cancer education, patient navigator services, and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their loved ones * Men tal health and substance abuse education for the community Highlights of Community Benefit s Provided by Sharp in FY 2013 The following are examples of community benefits programs and services provided by Sharp hospitals and entities in FY 2013 * Unreimbursed Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the Department of Vetera in Saffairs (CHAMPVA), and TRICARE the regionally managed health care program for active-duity and retired members of the uniformed services, their loved ones and survivors, and unre imbursed costs of workers' compensation programs. This also included financial support for on-site workers to process Medi-Cal eligibility forms. * Other Benefits for Vulnerable Po pulations included van transportation for patients to and from medical appointments, finan call and other support to community clinics to assist in providing health services, and im proving access to health services, Project HELP, Project CARE, contribution of time to Sta nd Down for Homeless Veterans and the San Diego Food Bank, financial and other support to the Sharp Humanitarian Service Program, and other assistance for the needy. * Other Benefit is for the Broader Community included health education and information, and participation in community health fairs and events addressing the unique needs of the community groups at no charge, and executive leadership and staff active

Identifier	Return Reference	Explanation
		"Medical Care Services Shortfall in Medi-Cal \$78,779,825 Shortfall in Medicare \$144,932,84 4 Shortfall in San Diego County Indigent Medical Services \$37,738,890 Shortfall in Or-HAMP-A /TRICARE \$4,374,145 Shortfall in Workers' Compensation \$228,311 Charity Care and Bad Debt \$54,315,685 *Other Benefits for 'Unlerable Populations Patient transportation and other as sistance for the needy \$2,336,152 *Other Benefits for the Broader Community Health education and information, support groups, hearth fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events \$2,019,316 *Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$6,613,249 TOTAL \$331,338,317 Table 2 shows a listing of these unrembived costs provided by each Sharp entry Table 2 Total Economic Value of Community Benefits Provided By Sharp HealthCare Entities FY 2013 Estimated FY 2013 Unreim bursed Costs "Sharp Chula Vista Medical Center \$58,068,422 *Sharp Coronado Hospital and He althcare Center \$12,816,465 *Sharp Grossmont Hospital \$19,1752,299 *Sharp Mary Birch Hospital for Women & New borns \$16,555,900 *Sharp Memorial Hospital \$142,526,818 *Sharp Memorial Hospital \$17,175,918,91,752,299 *Sharp Memorial Hospital \$17,175,918,91,752,299 *Sharp Memorial Hospital \$17,175,918,919,919,919,919,919,919,919,919,919

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		ments under Section 501(r) within Section 9007 of the Affordable Care Act, and IRS Form 99 0, Schedule H for not- for-profit hospitals, San Diego County (SDC) hospitals engaged in a new, collaborative CHNA process. This process gathered both salient hospital data and the perspectives of community health leaders and residents in order to identify and prioritize health needs for community members across the county, with a particular focus on vulnerable populations. Additionally, the process aimed to highlight health issues that hospitals could impact through programs, services and collaboration. In this endeavor, Sharp collabo rated with the Hospital Association of San Diego and imperial Counties (HASD&IC), the Institute for Public Health (IPH) at San Diego State University (SDSU), and SDC hospital systems including. Kaiser Foundation Hospital, San Diego, Palomar Health, Rady Children's Hospital, Soripps Health, Tri-City Medical Center and UC San Diego Health System. The complete report of this collaborative process the HASD&IC 2013 CHNA is available for public viewing at http://www.hasdic.org. The results of this collaborative CHNA process significantly in formed the 2013 CHNAs for each Sharp hospital, and individual hospital assessments were further supported by additional data collection and analysis and community outreach specific to the primary communities served by each Sharp hospital. Additionally, in accordance with federal regulations, the Sharp Memorial Hospital (SMH-I) 2013 CHNAs also includes needs ide ntified for communities served by Sharp Mary Birich Hospital for Women & New borns (SMBH-MN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). As such, the SMH-2013 CHNA summarizes the processes and findings for communities served by both ho spital entities. The 2013 CHNAs for each Sharp hospital will guide current and future community benefit programs and services, especially for hi

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		*Secondary Data Variables - Inpatient Hospitalizations by Cause - Emergency Department Visits by Cause - Demographic Data (socio-economic indicators) - Mortality Data - Regional Disease-Specific Health Data (County) HHSA) - Self-Reported Health Data (California Health in terview Survey) - Specialized Health Data (Roports) (various) Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD 8IC's 2013 CHNA and Sharp's 2013 CHNA processes utilized the Dgnity Health/Truven Community Neoled Index (CNI) to definity communities in SDC with the highest level of health dispar ites and needs. Residents in five of these high-need neighborhoods across SDC were asked to provide input in a community forum setting. For the HASD&C 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health exper it survey, key informant interviews and community forums. The community forums expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community residents in addition, IPH conducted five key informant interviews with individual is chosen by virtue of their professional discipline and knowledge of health issues in SDC. Key informants included county public health expert survey in with the CHNA Planning Teams at each Sharp hospital, additional, specific feedback from additional key informants and community residents was also collected. Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being Findings Through the combined analyses of the results for all the data and information gathered, the following conditions were identified as prorfly health needs for the primary communities served by Sh arp hospitals (listed in alphabetical order). Behavioral Health (Mental Health) "Cancer" Cardiovascular Diesaes" Diebetes, Type II

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	Care Sharp entities reviewed their 2013 CHNAs and used these assessments to help determine priority needs for the communities served by their hospitals. In identifying these priorities, Sharp entities also considered the expertise and mission of its programs and service s, in addition to the needs of the unique, ever-changing demographics and health topics that comprise Sharp's service area and region. Steps Completed to Prepare an Annual Community Benefits. Report On an annual basis, each Sharp hospital performs the following steps in preparation of its Community. Benefits Report of Establishes and/or reviews hospital-specific measurable objectives taking into account results of the entity. CHNA and evaluation of the entity's service area and expertise/services provided to the community. Verifies the need for an ongoing focus on identified community needs and/or adds new identified community to predict the entity of an activities conducted in the prior fiscal year FY 2013 Report of Activities. Develops a plan for the upcoming fiscal year, including specific steps to be under taken FY 2014 Plan. Reports and categorizes the economic value of community benefits pro vided in FY 2013, according to the framework specifically identified in SB 697. Reviews a nid approves a Community Benefits Plan. Distributes the Community Benefits Plan and Report to members of the Sharp Board of Directors and Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year Orgoning Commitment to Collaboration in support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of SDC residents, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, statevivide California Hospital (SGH) is located at 55.55 Grossmont Center Drive, in La Mesa, ZIP code 91942. FY 2013 Community Benefits Proyard H

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		TOTAL \$91,752,299 Key highlights * Unreimbursed Medical Care Services included uncompensa ted care for patients who were unable to pay for services, the unreimbursed costs of public programs such as Medic-Cal Medicare, and San Dego County Indigent Medical Services, and financial support for onsite workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, comprehensive preparated clinical and social services to low-income, low-lite cracy women with Medi-Cal benefits, financial endoscial services to low-income, low-lite cracy women with Medi-Cal benefits, framoural endough sen ors and heart disease patients, contribution of time to Stand Down for Homeless Veterans and the San Dego Food Bank, the Sharp Humanitarian Service Program, Meals-on-Wheels, and o their assistance for the needy. * Other Benefits for the Broader Community included health education and information on a variety of topics, support groups, participation in community health fairs and events and health screenings for stroke, blode pressure, glucose, bala necrefall prevention, hand, depression, lung function, peripheral artery disease, vascular disease and carotid artery disease, and the Breast Cancer Patient Navgator Program The hospital's Senior Resource Center also offered flu vaccinations and specialized education and information SGH staff collaborated with local schools to promote interest in health care careers. SGH also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees, and civic organizations, such as Aging and independency services Advisory Board, NMCA, Caregiver Coathor of San Dego, East County Senior Service Providers (ECSSP) and the Caregiver Education Community Chariber of Commerce Health Committee, Neighborhood Healthcare Community Clinics, Santee Chamber of Commerce, Malson-organizations, and training of health care professionals,

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		le 4 Leading Causes of Death in SDC's East Region, 2011 Cause of Death Number of Deaths Percent of Total Deaths Diseases of heart 937 25 3% Malignant neoplasms 863 23 3% Chronic I ower respiratory disease 226 6 1% Cerebrovascular diseases 195 5 3% Accidents (unintention al injuries) 189 5 1% Alzheimer's disease 187 5 0% Diabetes mellitus 111 3 0% Intentional self-harm (sucide) 73 2 0% Chronic liver disease and cirrhosis 65 1 8% Influenza and pneu monia 62 1 7% All other causes 800 21 6% Total Deaths 3,708 100 0% Source County of San Diego, HHSA, Public Health Services, Community Epidemology Branch Community Benefits Plann ing Process In addition to the steps outlined in Section 3 regarding community benefits planning, SGH * Incorporates community prorities and community input into its strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels * Prepares and distributes a monthly report of community activities to its board of directors, describing community benefits provided such as education, screenings and fil u vaccinations * Prepares and distributes information on community benefits provided such as education, screenings and fil u vaccinations * Prepares and distributes information on community benefits provided such as education, screenings and fil u vaccinations * Prepares and distributes information on community benefits provided such as education, screenings and fil u vaccinations * Prepares and distributes * Consults with representatives from a variety of departments to discuss, plan and implement community activities Priority Community Needs Addressed in Community Benefits Report SGH 2013 CHNA Through the SGH 2013 CHNA, the following priority health needs were identified for the communities served by SGH (in alphabetical order) * Behavioral Health (Mental Health) * Cardiovascular Disease * Diabetes, Type II * Obesity * Senior Health (including end-of-life care)

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		*Cancer education and support, and participation in clinical trials *Bone Health Orthope dic / osteoporosis education and screening *Women's and prenatal health services and educ atton *Prevention of unintentional injuries *Support during the transition of care proce sis for high-risk, underserved, and underfunded patients *Collaboration with local schools to promote interest in health care careers For each priority community need dentified ab ove, subsequent pages include a summary of the rationale and importance of the need, measu rable objective(s), FY 2013 Report of Activities odonucted in support of the objective(s), and FY 2014 Plan of Activities obtentified Community Need Stroke Education and Screening Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Dego County community beath statistics, unless otherwise indicated Rationale *The SGH 2013 CHNA Identified cardiovascular diseases (including cerebrovascular diseases (including cerebrovascular disease) (including cerebrovascular disease) and imperial Counties (HASDRIC) 2013 CHNA dentified cardiovascular disease (including cerebrovascular disease) and imperial Counties (HASDRIC) 2013 CHNA process aligned access to care and insurance overage closely with care for cardiovascular disease was the fourth leading cause of death for the region of SDC Cerebrovascular disease was the fourth leading cause of death for the region of SDC Cerebrovascular diseases was 38 2 deaths per 100,000 population. The regions age-adjusted death rate was the second highest of all regions and higher than the SDC age-adjusted rate of 235 1 discharges per 100,000 population. The stroke hospitalization rate in the east region was 274 1 discharges per 100,000 population. The regions age-adjusted death rate was the escond highest of all regions and higher than the SDC age-adjusted rate of 235 1 discharges per 100,000 population. The stroke hospitalization rate in the east region was the lagge of 56 ftp of the care and stroke and str

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		MCA, La Vida Real senior living community, First Presbyterian Church of El Cajon, Lakeside Fire Station, Grossmont District Library, and the 14th Annual Senior Health Fair at the S antee Trolley Square. In addition to offering stroke screenings at these events, SGH provi ded education and advised behavior modification, including smoking cessation, weight reduc tion and stress reduction for community members with health risk factors identified during the stroke screenings. In addition, in May SGH's Stroke Center presented to more than 50 community members at a Meet the Physician lecture entitled Stroke is a Brain Attack organized through the SGH Senior Resource Center. In June, Sharp's systemwide stroke program par ticipated in the Strike Out Stroke Night at the Padres event, held at Petco Park. The evenit was a collaboration with the San Diego Stroke Consortium and the County of San Diego Sh arp participated along with Scripps Health, Palomar Health, Tri City Medical Center, Alvar ado Hospital, Kaiser Foundation Hospital San Diego, UC San Diego Health System and the San Diego Padres to promote an evening of stroke aw areness and survivor celebration. Stroke e ducation was provided throughout the evening to the entire stadium of more than 43,000 community members via the prominently displayed JumboTron. In addition, in October Sharp provided stroke screening and risk education to more than 200 attendees at the Sharp Women's Health. Conference held at the Sheraton San Diego Hotel and Marina. In FY 2013, the SGH Outp attent Rehabilitation. Department offered a stroke support group for stroke survivors and their family members at no charge. In addition, SGH actively participated in the quarterly San Diego Stroke Consortium, a collaborative effort to improve SDC stroke care and discuss issues impacting stroke care in SDC. Additionally, SGH collaborated with SDC to provide d ata for the County's stroke registry. FY 2014 Plan SGH Stroke Center will do the following. **Participate in stroke screening and education even

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		*In general, data presented in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease in more vulnerable communities within SDCs east region. *Feedback from key informant interviews conducted during the HASD&IC 2013 CHNA pro cess aligned access to care and insurance overage closely with care for cardiovascular disease. *According to the SGH 2013 CHNA, high blood pressure, high cholesterol and smoling are all risk factors that could lead to cardiovascular disease and stroke Additional risk factors include alcohol use, obestly, diabetes, and genetic factors. About half of Americans (49 percent) have at least one of these three risk factors. *In 2011, heart disease was the leading cause of death for the east region of SDC Cerebrovascular disease was the fourth leading cause of death for the region. *In 2011, there were 649 deaths due to heart disease in SDCs east region. The region's age-adjusted death rate due to heart disease was 139 1 per 100,000 population, and higher than the HP 2020 target of 108 2 deaths per 100,000. *In 2011, there were 1,577 hospitalizations due to coronary heart disease in SDCs east region. The rate of hospitalizations for coronar y heart disease was 337.9 per 100,000 population. The hospitalization rate in the region was among the highest in SDC and higher than the County average of 283.4 coronary heart disease hospitalizations per 100,000 population. *In 2011, there were 252 coronary heart disease-related ED visits in SDCs east region. The rate of visits was 56.1 per 100,000 population. *In 2011, there were 252 coronary heart disease-related ED visits in SDCs east region. The rate of visits was 56.1 per 100,000 population. *In the region was a 50.0 per 100,000 population. *In the region was regionable to the regions with a County average of 36.1 per 100,000 population. *According to the 3-4-5.0 Chronic Disease in San Dego County 2010 report, if no changes are made in risk behavior, based to the regions. *In this regions with a County average o

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		mbers at La Vida Real senior living community. In addition, in October SGH hosted the Sout hern California VOICe (Vascular Outcomes Improvement Collaborative) sem-annual meeting, which included regional vascular physicians, nurses, epidemologists, scientists and resear ch personnel with a goal to collect common vascular datasets in order to pool information that will improve patient care. SGH also participated in several programs to improve the clare and outcomes of individuals with heart and vascular disease. To assist in improving caire for acutely, ill patients in the County, SGH provided data on STEMI (ST elevation myocar dial infarction or acute heart attack) to San Diego County Emergency Medical Services (EMS.) Starting in May, SGH began collaborating with Scripps Health providing STEMI data for a research study involving stem cell implantation in patients with low cardiac function. Also, Sharp HealthCare is now hosting the quarterly San Diego County Emergency Medical Services County Advisory Council for STEMI at Sharp's corporate office (Spectrum). Also in 2013, SGH designed and implemented a Peripheral Arterial Disease Rehabilitation program, which involves teaching and exercise designed to keep patients particularly low-income patients at the highest functional level. This program is funded in part by donations contributed to the SGH Foundation, to help defray cost for patients with limited funding options. SGH's cardiac team is committed to supporting future health care leaders through active partic ipation in student training and internship programs. The SGH Cardiac Catheterization Lab h osted a Grossmont College (GC) cardiovascular technologist student for eight months, for a total of more than 750 hours. In addition, the catheterization lab RN and staff worked with a nursing student every Tuesday during the school year, while the Noninvasive Cardiology Department hosted students in echocardiography, electrocardiography and vascular laboratory two days per week during the school year. FY 2014 Plan S

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		Rationale * The SCH 2013 CHNA identified diabetes as one of five priority health issues for community members in SDC in general, data in the HASDBIC 2013 CHNA revented a higher rate of hospital discharges due to diabetes in more v ulnerable community members in SDC in general, data in the HASDBIC 2013 CHNA versued a higher rate of hospital discharges due to diabetes in more v ulnerable communities within SDC's east region (e.g., B Cajion, Jacumba, etc.) Input co llected from San Diego community health leaders and experts in the HASDBIC 2013 CHNA stron gly aligned access to care, care management, education and screening with care for Type II diabetes. *In 2013 right adjusted access to care, care management, education and screening with care for Type II diabetes. *In 2011, there were 111 deaths due to diabetes in SDC's east region and inplication, the second highest of all regions and higher than the SDC age-adjusted rate of 18.8 death s.per 100,000 population. *In 2011, there were 825 hospitalizations due to diabetes in SDC's east region. The rate of hospitalizations for diabetes was 1768 be 7100,000 population. The hospitalizations for diabetes was 1768 be 7100,000 population. The hospitalizations for diabetes was 1768 be 7100,000 population. The hospitalizations per 100,000 population. *In 12011, the rewere 722 diabetes-related ED visit is in SDC's east region. The rate of visits was 154.7 per 100,000 population. *In 12011, the rewere 722 diabetes-related ED visit rate in the east region was among the highest in SDC and higher than the County average of 137.1 per 100,000 population. *Acc ording to the California Health Interview Survey (CHIS), in 2011, 15.3 percent of adults living in SDC seast region indicated that they were ever diagnosed with diabetes, higher than SDC at 13.7 percent. *According to the 3.4-50 Chronic Disease in San Dego County 2010 report from the County's HHSA, the most common risk factors associated with Type II diab etes include overweight and obsessly, physical inactivity, smoking, hype

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	e for Your Diabetes, All About Insulin Resistance, and All About Physical Activity With Diabetes. Handouts were provided in Arabic as well as Somali, Tagalog, Vietnamese and Spanis h for additional populations. Education was also provided to staff members regarding the different cultural needs of these communities. FY 2014 Plan The SGH Diabetes Education Prog ram will do the following. *Coordinate and implement blood glucose screenings at community and hospital sites in SDC's east region. *Conduct educational lectures at various community venues. *Continue to support ADA's Step Out. Walk to Stop Diabetes. *Continue to colla borate with the Behavioral Diabetes Institute to host community lectures that will assist diabetes patients and their loved ones. *Continue to provide resources for culturally completed idiabetes education and/or outreach to newly immigrated populations. *Keep current on resources to give to the community for support of diabetes treatment and prevention. *Fos ter relationships with community clinics to provide education and resources to community members. *Develop partnerships with YMCAs in SDC's east region to provide screenings, education, and resources to community members. *Explore opportunities for further collaboration with community organizations to provide diabetes education to refugee communities and other high-risk populations Identified Community Need. Health Education, Screening and Support for Seniors Rationale references the findings of the SGH 2013 Community. Health Needs. Ass essment or the most recent San Diego County community health statistics, unless otherwise indicated. Rationale. *The SGH 2013 CHNA Identified senior health as one of five priority health issues for community members served by SGH. *In the HASD&IC 2013 CHNA, dementia and Alzheimer's disease were identified among the top 15 priority health conditions seen in SDC hospitals. *Attendees of community forums held during the HASD&IC 2013 CHNA process i dentified Alzheimer's disease and dementia as priority healt

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		*According to the San Dego County Senior Health Report Update and Leading Indicators, significant health issues for seniors include obesity, diabetes, stroke, chronic lower respiratory diseases, influenza and pneumonia, mental health issues including dementia and At hemer's disease, and cancer and heart disease in addition, seniors are at high risk for falls, which is the leading cause of death due to unintentional injury (H-ISA, 2013). *Acc ording to the San Diego County Senior Falls Report, adults ages 63 and older are the large st consumers of health care services, as the processor of aging brings upon the need for more of frequent care (H-ISA, 2012). *In 2011, 68, 817 calls were made to 9-1-1 for seniors ages 65 years and older in need of pre-hospital (ambulance) care in SDC, representing a call for one out of every five seniors. Seniors in SDC use the 9-1-1 system at higher rates than any other age group. *Among the populations that the CDC recommends annual vaccination ag ainst influenza are people ages 50 years and older, adults with a chronic health condition, people who live in nursing homes and other long-term care facilities, and people who live with or care for those a thigh risk for complications from flu, including household con tacts of persons at high risk for complications from the flu. Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers. *While researchers have long known that caregiving can have del etenious mental health effects for caregivers, research shows that caregiving can have ser ious physical health consequences as well. Seventeen percent of caregivers feel their healt thin general has gotten worse as a result of their caregiving responsibilities (AARP Public Policy Institute, Valuing the Invaluable, Updated November 2012). *Project CARE is a cooperative safety net designed to ensure the well-being and independence of older persons and persons with disabilities in the community. Through its co

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		lance/fall prevention screenings, and four hand screenings. The hospital also offered heal th screenings for lung function, diabetes, carotid artery disease, peripheral artery disea se and stroke. From these screenings, 30 attendees were referred to physicians for follow—up. The SGH Senior Resource Center distributed approximately 100 advance directives for he alth care, and 4,000 Vials of Life, which provide important medical information to emergen cy personnel for seniors and disabled people living in their homes. Project CARE is a community program that includes the County of San Diego's Aging and Independence Services (AIS.), Jewish Family Services, San Diego Gas and Electric (SDG&E), local senior centers, sheri ff and police, and many others. Through this program, the SGH Senior Resource Center provi ded daily Are You OK? phone calls to approximately 40 isolated or homebound seniors in SDC's east region. Are You OK? program participants select regularly scheduled times to receive computerized phone calls at their home. In the event that staff members do not connect with participants through these phone calls, the participants' family or friends are contacted to ensure the participants' safety. In FY 2013, nearly 9,500 Are You OK? phone calls were placed to seniors or disabled individuals, and 125 follow-up phone calls were placed to their family or friends. In collaboration with the Caregiver Coalition of San Diego, the SGH Senior Resource Center provided caregiver conferences at the La Mesa Community Center. First United Methodist Church of Mission Valley, and College Avenue Baptist Church for more than 200 family caregivers. These conferences provided education on emotional issues and physical aspects of care giving, as well as community resources. At the First United Methodist Church of Mission Valley, the conference entitled Batter Up' Getting into the Game of Caregiving targeted male caregivers in the community. Topics included strategies to manage the challenging and stressful aspects of caregiving,

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		The SGH Senior Resource Center also participated in health fairs in El Cajon, Rancho San Diego, Lakeside, Santee, La Mesa, the College Area, and San Diego in addition, the SGH Senior Resource Center participated in the Sharp HospiceCare Resource and Education Expo at the College Avenue Baptist Church, serving 70 community health care professionals. The SGH Senior Resource Center provided blood pressure screenings at the event, as well as educational resources on senior and caregiver services. Through a presence at these community ven ues, the SGH Senior Resource Center collaborated with the Caregiver Coalition of San Diego to provide a webinar that provided education and resources to nearly 1,750 community members a Mortionally, the SGH Senior Resource Center collaborated with the Caregiver Coalition of San Diego website. Also in FY 2013, SGHs Senior Resource Center coordinated notification of availability and provision of seasonal flu vaccinations through activity reminders, ollaborative outreach conducted by the flu clinic site, 2-1-1 San Diego, Sharp comand new spaper notices. The SGH Senior Resource Center provided more than 1,000 seasonal flu vaccin nations at 17 community sites to high-risk adults with limited access to health care resources, including seniors with limited resources for transportation and those with chronic illnesses. Sites included senior centers, community enters, churches, senior nutrition sit es, the Salvation Army, food banks and hospital departments. At these community sites, SGH provided activity calendars for the Senior Resource Center detailing upcoming community events, including blood pressure and flu clinics, Vials of Life, community seniors, but also to high-risk community seriors, and the Caregiver Education of San Diego, ECSSP, Meals-on-Vi heels Greater San Diego, the Caregiver Education Committee and the Aging Disability Resource Connection FY 2013, the Senior Resource Center will conduct the following advised and introduced and solve provided vaccines not only to seniors

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		e HASD&IC 2013 CHNA, various types of cancer were identified among the top priority health conditions seen in SDC hospitals * In 2011, cancer was the second-leading cause of death in SDC's east region * In 2011, there were 861 deaths due to cancer (all sites) in SDC's east region The region's age-adjusted death rate due to cancer was 184 5 deaths per 100, 000 population, higher than the SDC age-adjusted rate of 155 2 deaths per 100,000 population, and higher than the HP 2020 target of 160 6 deaths per 100,000 * In 2011, 25 percent of all cancer deaths in SDC's east region were due to lung cancer, nine percent to colorect all cancer, eight percent to female breast cancer, five percent to prostate cancer, and le ss than one percent to cervical cancer * In 2011, the death rates for colorectal, female breast cancer and lung cancer in SDC overall * According to the 2011 Susan G Komen for the Cure San Diego Affiliate Community Profile Report, San Diego had the highest incidence rate for breast cancer (163 95 per 100,000) compared to the neighborin g counties of Imperial, Los Angeles, Orange and Riverside San Diego's incidence rate for breast cancer is also above that of the state (151 82 per 100,000) * According to a 2012 report from the California Cancer Registry, breast cancer is the most common cancer among women in California, with an estimated 292,400 existing cases (42 percent of all cancers) * In SDC, mnority women have high breast cancer mortality rates and were less likely to have breast cancer detected at an early stage, according to the 2011 Susan G Komen for the Cure San Diego Affiliate Community Profile Report. In addition, Latinos were least likely to receive a mammogram compared to other ethnic groups, with 37 3 percent reporting never having had the screening * According to the 2011 Susan G Komen for the Cure San Diego Affiliate Community Profile Report, the most common barriers to receiving effective breast health care included lack of awareness and knowledge, financial barriers, cultural barrier s a

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		Measurable Objectives * Provide cancer education and support services to the community * Participate in cancer clinical trials, including screening and enrolling patients FY 2013 Report of Activities Note. The SGH Cancer Center is accredited by the National Accredation to Program for Breast Centers (NAPBC). The NAPBC grants accreditation to only those centers that voluntarily commit to providing the best possible care to patients with diseases of the breast. The SGH Cancer Center is also accredited by the American College of Surgeons Commission on Cancer Program (CoC): CoC carcerdation standards promote comprehensive cancer care reviews, including consultation among surgeons, medical and radiation oncologists, diag nostic radiologists, pathologists, and other cancer specialists, resulting in improved patient care. As part of its journey in comprehensive cancer care, the SGH Cancer Center provides nutritional and genetic counseling services to the patients. In FY 2013, the SGH Cancer Center participated in a variety of community cancer educational events. These events is erved more than 900 community members, and included the East County Senior Health Fair at Santer Trolley Station, Learn and Live Events for Breast, Colon and Prostate Cancer, the Summer Healthcare Saturday Event at Grossmont Center, Jewish Family Services Health Fair, Jewish Family Services Breast Cancer Talk, Sharp's annual Women's Health Conference and the SGH Cancer Expo SGH Cancer Center staff also supported the ACS Making Strides Against Breast Cancer Walk, as well as held a resource booth to provide educational materials on bre ast cancer at the Susan G Komen Race for the Cure in Balboa Park in addition, SGH Cancer Center staff served as health and science project judges for methan 30 junior high and high school students at the San Diego Science Fair held in Balboa Park Throughout FY 2013, SGH provided educational essisions to community members whose lives are impacted by cance rethrough the Learn and Live Events for Breast, Colon and Pros

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		ddition, the SGH Cancer Center trained eight Pma Medical Institute X-ray students who observed and participated in clinical rotations in radiology, as well as a student from the N ational University Radiation Therapy Program FY 2014 Plan SGH Cancer Center will conduct the following * Provide bix every Radiation Therapy Program FY 2014 Plan SGH Cancer Center will conduct the following * Provide bix every Radiation Therapy Program FY 2014 Plan SGH Cancer Center will conduct the following * Provide bix every Radiation Therapy Program FY 2014 Plan SGH Cancer Center will conduct the following * Provide bix every Radiation Therapy Program FY 2014 Plan SGH Cancer Center will conduct the following personalized e ducation and information, support and guidance to breast cancer patients and their loved ones as they move through the continuum of care * Provide community members with an additional Cancer Navigator for all cancers other than breast * Screen and enroll concology patients in clinical trials for research studies * Screen and provide genetic testing for patients and family members * Provide educational information on cancers and available treatments through community residents and community physician lectures, and participation in healt h fairs and events with demonstrations on breast self-exams * Continue to train and intern National University Radiation Therapy Students Identified Community Need Bone Health * Orthopedic / Osteoporosis Education and Screening Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Diego County community in eaith statistics, unless otherwise indicated Rationale * In the HASD&IC 2013 CHINA, back p ain was identified among the top 15 priority health conditions seen in SDC hospitals * In SDC's east region in 2011, the number of arthritis-related hospitalizations totaled 1,781 among the highest in the county. The east region's rate of arthritis-related Discharge rate for arthritis-related ED discharge increased from 2,241 to 3,668,

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		*The various risk factors for developing osteoporosis include family history, thinness or small frame, having had early menopause, being postmenopausal, abnormal absence of menst rual periods (amenorrhea), prolonged use of certain medications, low calcium intake, physic call inactivity, smolking and excessive allochlo intake (NH-2012) * According to the NIH, osteoporosis is the most common type of bone disease. The NIH reveals that about half of a II women over the age of 50 will experience of historia of the spining, wrist or his of their limiter programs of the NIH control of the NIH, osteoporosis is the most common type of bone disease. The NIH reveals that about half of a II women over the age of 50 will experience on free factoria. According to the NIH control of the population of the properties of the programs and older By 2030, the number of the population develops protracted back pain, 2 to 8 percent have chronic back pain (pain that lasts more than three mage thoughts of establed competition and permanently due to Libe Measurable Objective. Provide education on orthopedics and osteoporosis to the community Pr. 2013 Report of Activities Note SGH is certified by The Joint Commission in Disease-Specific Care for their Total Knee and Total Hip Replacement Programs. The programs are nationally recognized for their outreach, education and utilization of evidence-based practices, as well as documentation on of their peer formance measures and successor rates. In Pr. 2013, SGH officed quarterly educational and the vialuage an indep endent senior living community in La Jolia Attendance ranged from 50 to 90 individuals at each 50 cumulation and knee repair and treatment, from non-surgical options to minimally-invasive surgery using the latest technology. Sessions were held at the Grossmort Healthcare District Conference Center, and at the Vialuage an indep endent senior living community in La Jolia Attendance ranged from 50 to 90 individuals at each

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		2020, the risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception and interconception care. Healthy birth outcomes and early identification and treatment of health conditions among infants c an prevent death or disability and enable children to reach their full potential. According to the CDC, maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic a cid. In the US, the number of births declined by 3 percent from 2009 to 2010 and the gener all fertility rate declined by 3 percent. Teenage birth rate fell 10 percent from 2009 to 2010, while the birth rate of women ages 40-44 years continued to rise. *According to a report from the National Center for Health Statistics (NCHS), preterm infants are at increase dirisk of life-long disability and early death compared with infants born later in pregna ncy. The US preterm birth rate (less than 37 wideks of gestation) rose by more than one-third from the early 1980s through 2006. The first two-year decline in nearly three decades o courred from 2006 to 2008, during which the preterm birth rate decreased from 12.8 percent to 12.3 percent (NCHS, 2010). Measurable Objectives. *Conduct outreach and education activities for women on a variety of health topics, including prenatal care and parenting skil is. *Collaborate with community organizations to help raise awareness of women's health is sues and services, as well as to provide low-income and underserved women in the San Diego community with critical prenatal services. *Participate in professional associations related to women's services and prenatal health and disseminate research. *Demonstrate best practices in breastfeeding FY 2013 Report of Activities in FY

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		Throughout FY 2013, SGH prowided free breastfeeding support groups to the community twice per week Facilitated by RNL actation Consultants, each session provided education and sup port to approximately 25 mothers in the community SGH also offered weekly postpartum depr ession support groups for women and families. The support groups are led by the SGH Women's Health Center's social workers, and provide support to women and families struggling with the challenges and adaptations of having a new born. SGH participated in and partnered with a number of community organizations and advisory boards for maternal and child health in FY 2013, including the local chapter of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Women, Infants, and Children (WC), Calidroma Terategori Information Service (CTIS), Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, the Beacon Council's Patient Safety Collaborative, Association of California Nurse Leaders (ACNL), the regional Perinatal Care Network (PCN), Perinatal Safety Collaborative, and the Public Health Nurse Advisory Board in FY 2013, SGH provided bit of a poster presentation to the Activitied Ending Early Elective Deliveries as well as a webinar on this topic provided through the Centers for Medicare and Medicaid Services (CM MS) Partnership for Patients and Health Research and Educational Trust (HRET). The SGH Women's Health Center also presented a podium presentation entitled Exclusive Breastfeeding at Discharge at the CMMS Call for Innovations. Over the past fiscal year, SGH implemented or ritical process improvements to improve breastfeeding rates among new mothers, and continue d to explore and participate in opportunities to share these best practices with the broa der health care community. The Ten Steps to Successful Breastfeeding were implemented along with other quality strategies on each unit to promote exclusive breastfeeding and exclusive breast milk in the NCU. The intatives included but were n

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		In together 24 hours a day, and establishing breastfeeding support groups and referring mo thers to these resources following discharge from the hospital or clinic. Throughout FY 20.13, SGH incorporated the requirements of a Baby-Friendly hospital along with other process improvements in order to improve exclusive breastfeeding at discharge As a result of the se comprehensive efforts, the SGH Women's Health Center was successful in rasing the exclusive breastfeeding rate at discharge from 49 percent in 2011 to 70 percent in 2013. The SGH Women's Health Center's Prenatal Clinic (SGH Prenatal Clinic) midwives continued to provide in-kind help at Neighborhood Health Center's Prenatal Clinic (SGH Prenatal Clinic) midwives continued to provide in-kind help at Neighborhood Health Center's Prenatal Clinic (SGH Prenatal Clinic) midwives provide care for pregnant women five days per week approximate by 1,400 hours at the B Cajon and Lakeside sites to support the underserved population in SDC's east region. The hospital also delivers approximately 720 babies from committy clinics each year. The SGH Prenatal Clinic participated in the California Department of Public Health (CDPH) Comprehensive Pernatal Services Program (CPSP) to offer comprehensive pre natal clinical and social services to low-income, low-interacy women with Medi-Cal benefit is. Services included health education, nutritional guidance and psychological/social issue support, as well as translation services for non-English speaking women. As part of this effort, and in order to reduce the number of women that reach gestational diabetic criteria, women were offered nutrition classes, and those with nutrition issues were referred to an SGH registered dictican or the SGH Diabetes Education Program as appropriate At-risk women with elevated BMIs received education and glucometers in order to measure their suga is and help prevent the development of gestational diabetes. Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program.

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		In the HASD&IC 2013 CHNA, unintentional injury was identified as one of the top priority health conditions seen in SDC hospitals. In 2011, accidents (unintentional injuries) were the sixth leading cause of death for SDCs east region. *In 2011, accidents (unintentional injuries) were the sixth leading cause of death overall in SDC.* Unintentional injuries motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, ex plosion, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), ch oking/suffocation, cut/pierce, exposure to electric current/adiation/fire/smoke, natural disasters and injuries at work are one of the lading causes of death for SDC residents of all ages, regardless of gender, race or region. *Between 2009 and 2011, 2,889 San Degan side das a result of unintentional injuries, and since 2000, the rate of death has increased by 5 percent. *In 2011, there were 188 deaths due to unintentional injuries in SDCs are stregion. The region's age-adjusted death rate due to unintentional injuries of 31 4 deaths per 100,000 population. *In 2011, there were 4,085 hospitalizations related to unintentional injuries in SDC average of 866 3 per 100,000 population. *In 2011, there were 4,085 hospitalizations related to unintentional injury in SDCs east region. The rate of visits was 5,918 6 per 100,000 population, the highest of all regions and higher than the SDC average of 866 3 per 100,000 population. *In 2011, there were 27,619 ED visits related to unintentional and injury in SDCs east region. The rate of visits was 5,918 6 per 100,000 population, the highest of all regions and higher than the SDC average of 5,094 2 per 100,000 population. *In Jury, including both intentional and unintentional and unintentional and unintentional and current one killer and dis abler of persons ages 1 to 44 in California Department of Public Health, 2010). *According to HP 2020, most events resulting in injury, disability or death are predict able and preventable. There are many risk

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		chool toured the center and received an in-depth look at occupational, physical, speech, in ecreation therapy and nursing careers. Students also rotated through several "stations" ruin by VIP speakers to practice their wheelchair mobility, low or body dressing and driving is kills using the driving similator. Additionally, students conducted small group patient the rapy activities to test memory, organization and a variety of executive cognitive skills in addition, more than 200 college students enrolled in San Dego State University's (SDS Us) Disability in Society course and received education on injury prevention, brain injury. SCI and disability awareness Beginning in FY 2012, ThinkFirst/Sharp on Surrival implemented a booster seat project funded by the Grossmont Healthcare District. The project was developed in response to the California law change implemented in January 2012 when requir ements for booster seats changed from age six or 60 pounds to age eight or a height of four feet nine inches. The project was modeled after a larger, successful booster seat project implemented by ThinkFirst San Diego, in partnership with the ThinkFirst National Office, and funded by the National Health and Transportation Safety Administration (NHTSA) in 200.4 This program not only provided education to parents on specifics of the law and consequences of msuse, but also offered guidance to alter children's misconceptions that booster seats are for "babies." After two years, the program successfully increased booster seat use in six schools by an average of 19 percent. The ThinkFirst/Sharp on Surrival booster is eat project modeled the best practices from this previous program, and provided more than 3,000 students and their parents with potentially lifesaving information. The education di rected tow and the students was conducted in four different schools with both assembly and classroom education formats. Each child was also measured and information on the child he gift, the new law and best practices for booster seat use

Identifier	Return Reference	Explanation
		*Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recommended further work in access to care, health insurance and care management with each of the priority health issues dentified for SDC (cardiovascular disease, Type II di abetes, mental/behavioral health, and obesity) *Community members participating in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health. *In 2011, SDCs east region presented a higher rate of unemployment (9 9 percent in 2011) the compared to SDC overall (8 6 percent in 2 011). *According to 2011 CHIS data, 20 1 percent of those 18 to 64 years of age in SDCs east region were currently uninsured. *According to 2011 CHIS data, in SDCs east region for those 18 to 65 years of age, the most common sources of health insurance coverage included employment-based coverage (62 9 percent) and public programs (13 7 percent). In 2011, 13 1 percent of the population in SDCs east region was living below the poverty level, with more than 22 percent of those being families. *In 2011, nearly 20 percent of families in the east region received some form 6 ash public assistance, compared to 14 9 percent of families in SDCs east region have a usual source of care. Among these adults, 22 percent utilize a community clinic, government clinic or community hospital as their usual source of care. *As of March 2012, the average unemployment rate in the cities of B Cajon, La Mesa, Lakeside, Lemon Grove, Santee, and Spring Valley was 10 4 percent (Labor Market Information, State of C alifornia Employment Development Department, http://www.labormerketnfo.edd.ca.gov). *According to the Bureau of Labor Statistos (BLS), 37 7 percent of unemployed persons nationally remained so for 27 weeks or greater. *The cost of living in California is 35 percent above the US average, with health spending per capital in California growing by 59 percent between the provided support with the spending percent and cal

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		addition, SGH pharmacists assisted more than 250 economically disadvantaged patients with more than 700 outpatient prescriptions valued at approximately \$319,000 in FY 2013 SGH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the San Dego Rescue Mission's Recuperative Care Unit. This program allows chronically homeless patients to the Rescue Mission's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SGH in a safe sp ace, and also provides psychiatric care, substance abuse counseling, and guidance from the Rescue Mission's programs in order to help these patients get back on their feet. FY 2014 Plan SGH will conduct the following. *Continue to provide post-acute care facilitation to high-risk patients. *Continue and expand the DME donations project to improve access to necessary medical equipment for high-risk patients. *Continue and expand the DME donations project to improve access to necessary medical equipment for high-risk patients who cannot afford DME.* Continue to administer Project HELP funds to those in need. *Continue to collaborate with community organizations to provide medical care, financial assistance, psychiatric and social services to chronically homeless patients identified Community. Need. Collaboration With Local Schools to Promote Interest in Health Care Careers Rationale references the findings of the SGH 2013. *Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated Rationale.* *According to the 2013 Healthcare Shor tage Areas Atlas from the County of San Diego Health and Human Services Agency (HHSA), SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area.* *The demand for RNs and other health care personnel in the US will increase due to the aging population, and nurses also will be needed to educate and to care for patients with various sc

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		*According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowle dge to be hired, they lack necessary real world experience "The San Diego Workforce Part nership recommends programs that provide volunteer experiences to high school and post-sec ondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase ethe number of culturally competent health care workers. Measurable Objective "In collab oration with local schools, offer opportunities for students to explore a vast array of he alth care professions FY 2013 Report of Activities in collaboration with the Grossmort Uni on High School District (GUHSD), SGH participated in the Health-careers Exploration Summer Institute (HESI), providing 12 students with opportunities for classroom instruction, job shadowing observations and limited hands-on experiences in hospital departments. At the conclusion of the program students presented their experiences as case studies to family members, educators and hospital staff. Those completing the program received high school or edite equal to two o summer school sessions. SGH also continued its participation in the Health Sciences High and Middle College (HESHMC) program in FY 2013, providing early professionals in 33 departments and nursing a reas throughout the hospital During each semester, students rotated through instructional pode in areas such as nursing, obstetrics, occupational and physical therapy, behavioral health, SICU, MiCU, imaging, engineering, rehabilitation, laboratory, pharmacy, pulmonary, cardiac services and food services in May 2013, the HSHMC program graduated tis third ful class of students Level I of the HSHMC program is the entry level for all students and is conducted over a 16-week

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		e Highlights * 24-hour emergency services with heliport and paramedic base station designa ted STEMI Center * Acute care * Ambulatory care services, including infusion therapy * Beh avioral Health Unit * Breast Health Center, including mammography * Cardiac services, reco gnized by the American Heart Association GWTG * Cardiac Training Center * CT scan * David and Donna Long Center for Cancer Treatment * Bectrocardiogram (EKG) * Bectroencephalogra phy (EEG) * Endoscopy unit * Grossmont Plaza Outpatient Surgery Center * Group and art the rapies * Home health * Home infusion therapy * Hospice * Hyperbaric treatment * Intensive Care Unit (ICU) * LakeView Home * Neonatal Intensive Care Unit (INCU) * Orthopedics * Outp attent diabetes services, recognized by the American Diabetes Association * Outpatient ima ging Centers * Laboratory services (inpatient and outpatient) * ParkView Home * Pathology services * Pediatric services * Pulmonary services (inpatient and outpatient) * ParkView Home * Pathology services * Pediatric services * Pulmonary services (inpatient and outpatient) * ParkView Home * Pathology services * Pediatric services * Pulmonary services (inpatient and outpatient) * ParkView Home * Pathology services * Pediatric services * Pulmonary services (inpatient and outpatient) * ParkView Home * Pathology services * Pediatric services * Pulmonary services (inpatient and outpatient) * ParkView Home * Pathology services * Pediatric services * Pulmonary services (inpatient and outpatient) * ParkView Home * Pathology services * Pediatric services * Pulmonary services (inpatient and outpatient) * ParkView Home * Pathology services * Pediatric services * Pulmonary services * Radiology services * Stroke Center * Sugnical services * Transitional Care Unit * Van services * Pulmonary services * Parkview Home * Pathology services * Stroke Center * Sugnical services * Pulmonary services * Pulmonary services * Pulmonary services * Pathology services * Pathology services * Pathology services * Pathology services * Patholog

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		For SHCs 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (US) based on specific barriers to health care access including education, in come, culture/language, insurance and housing. As such, the CNI demonstrates the link bet ween community need, access to care, and preventable hospitalizations. According to Dignity Health's CNI, communities served by Sharp HospiceCare with especially high-need include but are not limited to Est San Diego, City Heights, North Park, the College Area, and Do wintown San Diego. Description of Community Health in SLO, 38 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were currently in insured in 2011 falling to meet the Healthy People (HP) 2020 national targets for health in surance coverage. See Table 2 for a summary of key indicators of access to care, and Table 3 for data regarding eligibility for Med-Cal Health Families. Table 2 Health Care Access in SDC, 2011 "Current Health Insurance Coverage Children 0 to 11 Years Rate - 93.8% Year 2020 Target - 100% Children 12 to 17 Years Rate - 93.5% Year 2020 Target - 100% Adults 18 + Years Rate - 81.8% Year 2020 Target - 100% Children 12 to 17 Years Rate - 82.2% Year 2020 Target - 100% Adults 18 + Years Rate - 85.6% Year 2020 Target - 89.4% Not Currently Insured Adults 18 to 64 Years Rate - 17 7% Source 2011-2012 Chills Table 3 Med-Cal Illegible - 6.9% Healthy Families Eligible - 0.4% Not Eligible - 3.4% Health Interview Survey (Chills) Table 3 Med-Cal Illegible - 6.9% Healthy Families Eligible - 0.4% Not Eligible - 9.6% Source 2011-2012 Chills Table 4 summarizes he leading causes of death in SDC. Corrmuntly Health Interview Survey (Chills) Table 3 Med-Cal Illegible - 6.9% Healthy Families Eligible - 0.4% Not Eligible - 9.4% Not Eligible - 9.4% Healthy Eligible -

chronic illnesses and related disabilities, and chronic conditions are the leading cause of death among older adult Nationwide, about 80 percent of seniors are living with at least one chronic condition, while 50 percent of seniors have two or more chronic conditions, thus increasing their need for care (Centers for Disease Control and Prevention, 2007) * Findings presented in the SHC 2013 CHNAs reveal ed the following health conditions as chief.	Identifier Retur Referer	Explanation
seniors cannot afford trea tment), and mobility issues (falls and resulting immobility). In addition, health issues is as medication management, social planning for the future (including housing, advance c are planning, etc.), and of education, management and support for behavioral changes were identified. *According to research present the SHC 2013 CHNAs, older adults are among the fastest growing age groups in the US. In 2011, the first of mor than 70 million baby boomers (adults born between 1946 and 1964) turned 65, and in the next two decades, an 79 million baby boomers will move into this demographic (American Hospital Association First Consulting Group, 2007, Pew Research Center Social and Demographic Trends, 2010, United Health Foundation, America's Health Ranking Senior Report, 2013). *There are an estimated four million family caregivers in California, according to the California Caregiver Resource Center (CRC). *The close relationship between a caregiver and care recipient is shared relationship with involved emotions, experiences, and memories, which can pliace a caregiver at higher for psychological and physical illness (National Alzheimer's Association, 2012). *While researchers have long known that caregiving can have deleter ious mental health effects for caregivers, research shows that caregiving an have serious physical health consequences as well. Seventeen percent of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities. Furthermore, an estimated 17 to 35 perc of family caregivers view their health as fair to poor (AARP Public Policy Institute, 2011, AARP Public Policy 2012). The demand for information by caregivers increased from 67 percent to 77 percent over the five years period from 2004 to 2009 (The National Alliance for Caregiving and AARP, 2009). *According to the National Alzheimer's Association, caregivers responded positively to interventions such as individual kigroup therapy, educational/trail support, home-based visits or techn		served by SHC *Research presented in the SHC 2013 CHNAs revealed that t seniors are at high-risk for developing chronic illnesses and related disabilities, and chronic conditions are the leading cause of death among older adults Nationwide, about 80 percent of seniors are living with at least one chronic condition, while 50 percent of seniors have two or more chronic conditions, thus increasing their need for care (Centers for Disease Control and Prevention, 2007) *Findings presented in the SHC 2013 CHNAs reveal ed the following health conditions as chief concerns for seniors in SDC cardiovascular disease, Alzheimer's disease, pain management, hearing loss (many seniors cannot afford trea timent), and mobility issues (falls and resulting immobility). In addition, health issues such as medication management, social planning for the future (including housing, advance clare planning, etc.), and lack of education, management and support for behavioral changes were identified. *According to research presented in the SHC 2013 CHNAs, older adults are among the fastest growing age groups in the US. In 2011, the first of more than 70 million baby boomers (adults born between 1946 and 1964) turned 65, and in the next two decades, another 79 million baby boomers (adults born between 1946 and 1964) turned 65, and in the next two decades, another 79 million baby boomers will move into this demographic (American Hospital Association First Consulting Group, 2007, Pew Research Center Social and Demographic Trends, 2010, United Health Foundation, America's Health Ranking Senior Report, 2013). *There are an estimated four million family caregivers in California, according to the California Caregi ver Resource Center (CRC). *The close relationship between a caregiver and care recipient is a shared relationship with involved emotions, experiences, and memories, which can pliace a caregiver at higher risk for psychological and physical illness (National Alzheimer's Association, 2012). *While researchers have long known that caregiv

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Identifier	Return Reference	Explanation
		Measurable Objectives * Provide education and outreach to the San Diego community concerning end-of-life care and chronic illness management * Collaborate with community organizations to provide education and outreach to community seniors and their loved ones PY 2013 Re port of Activities in an effort to support the San Dego community in the areas of end-of-life care, aging and caregiving, Sharp HospiceCare is a member of a variety of organization in the areas of end-of-life care, aging and caregiving, Sharp HospiceCare is a member of a variety of organization in the areas of end-of-life care, aging and caregiving, Sharp HospiceCare is a member of a variety of organization of the Council (SDR-HCC), San Dego Community Action Network (SoCAN), and collaborated with these organizations for a variety of events throughout FY 2013. Through these collaborations, nearly 2,500 community members received end-of-life education and outreach at an assortment of seminars, health fairs, expos, classes and other events Education or covered end-of-life issues and chronic illness management, including introduction to hospice, eligibility and other key facts about hospice Events took place at a variety of four ches, senior living centers, and community health agencies and organizations throughout S an Dego, including the College Avenue Senior Center, La Mesa Community Center, San Dego Gas & Biectric (SDS&E). The Rock Church, Skyline Church, Styline C

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		etwater High School in National City, providing information and relaxation techniques to a pproximately 200 Spanish-speaking women. Also in FY 2013, the Sharp HospiceCare Integrative Therapies team provided a monthly stress management class called The Power of Touch Heal ing for the Family Caregiver With a goal of preventing caregiver burnout and promoting he aling, approximately 150 family caregivers learned simple techniques for self-care and rel axition through an educational lecture, hands-on demonstrations and self-practice. FY 2014 Ran Sharp HospiceCare will do the following. **Continue to collaborate with a variety of local networking groups and community-oriented agencies to provide education and resource s to community seniors and their loved ones on end-of-life and palliative care issues. **In collaboration with Sharp Coronado Hospital and Healthcare Center and the SMH and SGH Seni or Resource Centers, host three free end-of-life conferences, reaching 100 community members per conference identified Community Need Advance Care Planning Education and Outreach to Community Members and Health Care Professionals Rationale references the findings of the SHC 2013 Community Health Needs Assessments or the most recent San Diego County community health statistics, unless otherwise indicated. Rationale **Participants in the HASDSBC 2 013 CHNA community forums recommended increased educationaler seources on advance directive s to help address the health concerns of seniors in SDC. **Key informant interviews from the SHC 2013 CHNAs identified social planning for the fluture, including education and avance care planning, among chief concerns for seniors in SDC. **Greater community education re garding care options and care management to ensure a positive experience as seniors approa chi the later stages of life were identified as areas of improvement for seniors in the SHC 2013 CHNAs. According to the CDC, barriers to advance care planning include lack for avariences, deposition and preferences related to the end o

Identifier	Return Reference	Explanation
		Measurable Objectives * Provide advance care planning education, engagement and consultation for community members and health care professionals FY 2013 Report of Activities SHC of fers a free and confidential Advance Care Planning (ACP) programthrough Sharp HospiceCare. The programs designed to empower adults of any age and health status in the community to explore and document their beliefs, values and goals as they relate to health care. The program consists of three stages. Stage one, community engagement, focuses on bringing aw areness to healthy community members about the importance of ACP. This stage includes basis codeucation and resources, identification of an appropriate health care agent, and complet ion of an advance directive. The next stage, disease-specific outreach, focuses on education of rocommunity members with a progressive chronic illness, including decline in function all status, co-morbidities, potential for hospitalization and caregiver issues. With a goal of anticipating future needs as health declines, this stage focuses on developing a writtle in plantification of an appropriate health care agent and loved ones. The third stage, late life illness outreach, tractive those with a disease prognosis of one year or less, when specific or urgent decisions must be made and converted into medical orders that will guide the health care provider's actions and be consistent with goals of care. The focus of this stage is to assist the individual or appointed health care agent with navigating complex medical decisions related to immediate life sustaining or prolonging measures, including completion of the POLST form in FY 2013, the Sharp ACP team provided printed educational resources, as well as phone and in-person consultations to community members seeking guidance with identifying their personal goals of care and health care pre-ferences, appointing an appropriate health care agencies, churches and seminars. The teamalso provided ACP lectures to more than 400 community members in free ACP educ

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		rsonal care aides * According to the Institute of Medicine (IOM), the nation faces an imp ending health care crisis as the number of older patients with more complex health needs i noreasingly outpaces the number of health care providers with the knowledge and skills to adequately care for them (IOM, 2008) * An estimated 3.5 million additional health care professionals will be needed by 2030 to care for older adults, while current levels of workforce are already stretched (Eldercare Workforce Alliance, 2011) * The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and positives to the provide volunteer experiences to high school and positives to the provide real world experience for work ers. Programs that target underrepresented groups and disadvantaged students could help in crease the number of culturally competent health care workers. Measurable Objectives * Provide education and training opportunities for students and interns * Provide a Sharp Hospi ceCare Resource & Education Expo for community health care professionals * Through education, training and outreach, guide local, state and national health care organizations in the development and implementation of appropriate services for the needs of the aging popula tion, including individuals in need of advanced illness management * Maintain active relationships and leadership roles with local and national organizations * Provide volunteer op portunities for adults and teens in the San Diego community Fy 2013 Report of Activities B etween the fall 2012 and spring 2013 semesters, Sharp HospiceCare provided 56 San Diego St ate University (SDSU) nursing students with opportunities to shadow case managers out in the field in addition, Sharp HospiceCare's LakeView and ParkView homes served as training sites for 21 SDSU nursing students who spent an eight-hour day shadowing and learning from the highly skilled and compassionate nursing staff at each of the homes. Sharp HospiceCare also provided 200 hours of trai

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		In FY 2013, Sharp HospiceCare leadership provided education, training and outreach to local, state and national health care professionals. These efforts sought to guide industry professionals in achieving person-centered, coordinated care through the advancement of inno vative hospice and palliative care initiative. Educational outreach to local organization is included SDCCOA, San Diego Medical Group Management Association (SDMSMA), San Diego POLS T Coalition and UC San Diego Moore's Cancer Center. State and national presentations included the American Hospital Association (AhA) Annual Membership Meeting, the National Hospice and Palliative Care Organization (NH-PCO) Clinical Team Conference, the California Hospice e and Palliative Care Association (CHAPCA) Annual Conference, the Coalition for Compassion ate Care of California (COCC) Conference, California Physiciana Medical Group, and Scott and White Medical Group of Central, TX. Presentation topics included advanced illness management, hospice economics, prognostication, ACP and genratric frailty. In addition, Sharp HospiceCare leadership served as part of the California HealthCare Foundations (CHCF) Pall attive Care Action Community, and emery and the Care Action Community, and the San Diego Union-Tribune, discussing issues pertaining to end-of-life care. A res earch article was also published in the Saptember 2013 seuse of Journal of Clinical Outcome & Management, entited, Development and Preliminary Evaluation of an Innovative Advanced Chronic Disease Care Model in addition, Sharp HospiceCare provided training for nearly 50 new volunteers throughout the year. Prior to providing patient care and administrative su popit activities, volunteers participated in an extensive 32-hour training program to confirm their understanding of an extensive 32-hour training program to confirm their understanding of activities, volunteers and patient of the support of the support and preliminary provide suddent volunteers of the support activities of the support of the Memb

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		4) Measurable Objectives *Provide bereavement education, resources, counseling and support to community members with life-limiting illness and their loved ones *Provide individu als and their families referrals to needed community services *Provide support to loved ones of those with have passed away through the Memory Bear Program FY 2013 Report of Activit thes Throughout FY 2013, Sharp HospiceCare offered a variety of bereavement service option is to help grieving community members learn effective ways to cope with the loss of a loved one Services were provided in both Spanish and English, and included professional bereavement counseling for individuals and families, as well as community education, support groups and monthly newsletter mailings in FY 2013, Sharp HospiceCare devoted more than 1,460 hours to home and office counseling and phone contacts with patients and their loved ones, providing them with bereavement counseling services from Master's-level social workers with specific training in grief and loss. In addition, free quarterly bereavement support groups facilitated by skilled mental health care professionals specializing in the needs of the bereaved reached more than 350 participants in FY 2013. Groups included Straight Talk about Grief and Loss and the Widow's/Widower's group. Straight Talk about Grief and Loss consisted of eight weekly sessions each quarter, including Introduction to the Grief Proc ess, Strategies for Coping with Grief, Communicating with Family and Friends, Experiencing Anger in Grief, Guilt, Regret and Forgiveness, Differentiating Natural Grief and Depressi on, Use of Ceremony and Ritual to Promote Healing, and What Does Healing Look Like? Who Am I Now? In addition, Straight Talk About Grief and Loss was provided for the Spanish-speak ing population in the Spring, Fall and Winter quarters. The Widow's/Widower's group welcomed community members who lost a spouse, and provided them with an opportunity to share their emotional challenges and receive support around understanding

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		Sharp HospiceCare will do the following * Continue to offer individual and family bereave ment education, counseling and support groups in English and Spanish * Continue to provide referrals to needed community services * Provide Healing Through the Holidays events and support services * Provide 13 mailings of bereavement support new sletters * Continue to provide a Memory Bear program to service * Provide 13 mailings of bereavement support new sletters * Continue to provide a Memory Bear program to service * Provines for Hospice program * Hospice nursing services * Integrative therapies * Spiritual care services * Volunteer program * Management for vanous hospice patient conditions, including * Atzheimer's disease * * Calmoner * Debitity * Dementia * Heart disease * HIV * Kidney disease * Liver disease * Fully * Ridney disease * Liver disease * Hull * Exhermer's disease * Stroke Appendix A Sharp HealthCare Involvement in Community Organizations In Fiscal Year 2013 Community organizations are in sted alphabetically * 2-1-1 San Diego Board * A New PATH (Parents for Addiction, Treatment and Healing) * Access to Independence * All Protective Services * Aging and Independence & Services (AIS) * Alzheimer's Association * American Association of Critical Care Nurses. San Diego Chapter * American Cancer Society (ACS) * American College of Cardiology * American Hospital Association (ADA) * American Lung Association * American Heart Association (AIA) * American Hospital Association (AIA) * American Lung Association * American Heart Association (AIA) * American Hospital Association (AIA) * American Business Association * American Red Cross of San Diego * Arthritis Foundation * Association * Association * American Parkinson Disease Association (AIA) * Association * Association of American Parkinson Disease Association (AIA) * Association * Association for American Parkinson Disease Association (AIA) * Association of Parkinson Board * Association * Association of Parkinson Board * Association * Association of Parkinson Boa

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	Istrict (GUHD) * Health Care Communicators Board * Health Insurance Counseling and Advocac y Program (HiCAP) * Helen Woodw and Animal Center * Helix Charter High School * Helping Old er People Equally (HOPE) * Home of Guiding Hands * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Community Health Needs Assessment Advisory Group * He alth Sciences High and Middle College (HSHMC) Board * I Love a Clean San Diego * International Association of Eating Disorders Professionals (IAEDP) * International Lactation Consulitants Association (ILCA) * Jewish Family Services of San Diego * Jewish Federation of San Diego County Jewish Senior Services Council * John Brockington Foundation * Journal for Nursing Care Quality Editorial Board * Kaplan College Advisory Board * March of Dimes * Meals-on-Wheels * Medical Library Group of Southern California and Arizona * Mended Hearts * Mental Health America Board * Mental Health Coali Iton * Mesa College HEIT Program Advisory Board * Miracle Babies * MRI Joint Venture Board * National Alliance on Mental Illiness (NAMI) * National Association of Neonatal Nurses (NANN) * National Association of Hispanic Nurses (NAHN), San Diego Chapter * National Association of Psychiatric Healthcare Systems * National Council on Alcoholism and Drug Dependen ce (NCADD) * National Hospice and Palliative Care Association * National Intiative for Childrens Healthcare Quality * National Kidney Foundation * National Perinatal Information C enter * National University * Neighborhood Healthcare Community Clinic Board of Directors * North County Health Project * NurseWeek * Orchard Apartments * Pacific Ar

ldentifier	Return Reference	Explanation
		*San Diego Dietetic Association Board *San Diego East County Chamber of Commerce Board *San Diego Emergency Medical Care Committee *San Diego Eye Bank Nurses Advisory Board *San Diego Food Bank *San Diego Foundation *San Diego Health and Human Services Agency, Live Well San Diego *San Diego Health Information Association *San Diego Health Lindromation Association *San Diego Health Information Association *San Diego Health Lindromation Coalition *San Diego Health Lindromation Coalition *San Diego Immunization Coalition *San Diego Immunization Coalition *San Diego Immunization Coalition *San Diego Immunization Coalition *San Diego Mental Health Coalition *San Diego Mesa College *San Diego Military Family Collaborative *San Diego North Chamber of Commerce *San Diego Nutrition Council *San Diego Military Family Collaborative *San Diego North Chamber of Commerce *San Diego Nutrition Council *San Diego Patient Safety Consortium *San Diego Organization of Healthcare Leaders (SOHL), a local ACHE Chapter *San Diego Patient Safety Consortium *San Diego Physician Orders for Life Sustaining Treatment (POLST) Coalition *San Diego Regional Energy Office *San Diego Regional Homecare Council *San Diego Rescue Mission *San Diego Restorative Justice Mediation Program *San Diego Stroke Consortium *San Diego Urban League *San Diego Restorative Justice Mediation Program *San Diego Stroke Consortium *San Diego Urban League *San Diego Imperial Council of Hospital Volunteers *San Diego Regional Chamber of Commerce *San Diego Science Alliance *San Ysidro High School *San Ysidro Middle School *Santee Chamber of Commerce *San Diego Science Alliance *San Ysidro High School *San Ysidro Middle School *Santee Chamber of Commerce *San Diego *Sigma Theta Tau International Honor Society of Nursing *Society of Trauma Nurses *South Bay Community Services *South County Economic Development Council *Southern California Association of Neonatal Nurses *Southern Caregiver Resource Center *St Paul's Retirement Homes Foundation *St Vincent de Paul Villa

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SCHEDULE R (Form 990)

Name of the organization

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

Employer identification number

DLN: 93493223023584

2012

Open to Public Inspection

Grossmont Hospital Corporation				33-04495	27		
Part I Identification of Disregarded Entities (Co	omplete if the organizatio	n answered "Yes" t	o Form 990, Pa	·			
(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations dur	ganizations (Complete i ring the tax year.)	f the organization a	answered "Yes'	" to Form 990, Pa	art IV, line 34 becaus	se it had one	3
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) tion Public charity st (if section 501(c		(13) cont entity	tro y?
(1) Sharp HealthCare (SHC)	Healthcare Organization	CA	501 (c)(3)	3			N
8695 Spectrum Center Blvd San Diego, CA 921231489					N/A		
95-6077327 (2) Sharp Memorial Hospital (SMH) 8695 Spectrum Center Blvd	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	
San Diego, CA 921231489 95-3782169 (3) Sharp Chula Vista Medical Center (SCVMC)	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	
8695 Spectrum Center Blvd San Diego, CA 921231489	Поэрка	CA	301 (c)(3)		Sharp HealthCare	les	
95-2367304 (4) Sharp HealthCare Foundation (SHF)	Healthcare Foundation	CA	501 (c)(3)	7	Sharp HealthCare	Yes	
8695 Spectrum Center Blvd San Diego, CA 921231489 95-3492461							
(5) Grossmont Hospital Foundation	Hospital Foundation	CA	501 (c)(3)	7	Grossmont Hospital Corporation	Yes	
8695 Spectrum Center Blvd San Diego, CA 921231489 33-0124488							
(6) Sharp Health Plan (SHP) 8695 Spectrum Center Blvd	Health Plan	CA	501 (c)(4)	N/A	Sharp HealthCare	Yes	
San Diego, CA 921231489 33-0519730							
(7) Sharp Coronado Hospital and Healthcare Center 8695 Spectrum Center Blvd	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	
San Diego, CA 921231489 95-0651579							

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, P	art 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)	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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	(k) Percentage ownership
				·			Yes	No		Yes	No	
(1) Grossmont Imaging LLC 7777 Alvarado Road Suite 108 La Mesa, CA 91941 20-2655131	Diagnostic Imaging	CA	N/A	Related	647,581	1,663,375		No		Yes		50 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section (b)(i contro entit	13) olled
								Yes	No
(1) Continuous Quality Insurance SPC 23 Lime Tree Bay Avenue PO Box 1 Grand Cayman CJ	Captive Insurance Company	CJ	N/A	С					No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No						
$\textbf{1} \ During \ the \ tax \ year, \ did \ the \ orgranization \ engage \ in \ any \ of \ the \ following \ transactions \ with \ one \ or \ more \ re$	lated organizations li	sted in Parts II-IV?										
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Yes							
b Gift, grant, or capital contribution to related organization(s)				1b	Yes							
c Gift, grant, or capital contribution from related organization(s)				1 c	Yes							
d Loans or loan guarantees to or for related organization(s)				1d	Yes							
e Loans or loan guarantees by related organization(s)				1e		No						
f Dividends from related organization(s)				1f		No						
g Sale of assets to related organization(s)				1g		No						
h Purchase of assets from related organization(s)												
i Exchange of assets with related organization(s)				1i		No						
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes							
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (1) incress (11) annuities (111) cryslites or (112) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets to related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Reformance of services or membership or fundraising solicitations for related organization(s) Reformance of services or membership or fundraising solicitations by related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Given transfer of cash or property to related organization(s) (1) A Reimbursement paid by related organization(s) for expenses (2) Other transfer of cash or property from related organization(s) (3) Reimbursement paid by related organization(s) for expenses (4) Other transfer of cash or property from related organization(s) (5) Reimbursement paid by related organization(s) for expenses (6) Other transfer of cash or property from related organization(s) (6) Reimbursement paid by related organization(s) for expenses (7) Other transfer of cash or property from related organization(s) (8) Reimbursement paid to related organization for militimation on who must complete this line, including covered relationships and transaction thresholds (8) Rembursement paid to related organization for militimation on who must complete this line, including covered relationships and transaction thresholds (9) Rembur												
k Lease of facilities, equipment, or other assets from related organization(s)												
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes							
m Performance of services or membership or fundraising solicitations by related organization(s)												
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes							
• Sharing of paid employees with related organization(s)				10	Yes							
P Reimbursement paid to related organization(s) for expenses				1 p	Yes							
q Reimbursement paid by related organization(s) for expenses				1q	Yes							
r Other transfer of cash or property to related organization(s)				1r	Yes							
s Other transfer of cash or property from related organization(s)				1s	Yes							
		· · · · · · · · · · · · · · · · · · ·										
	Transaction			ount II	nvolved							
ee Additional Data Table												

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Software ID: Software Version:

EIN: 33-0449527

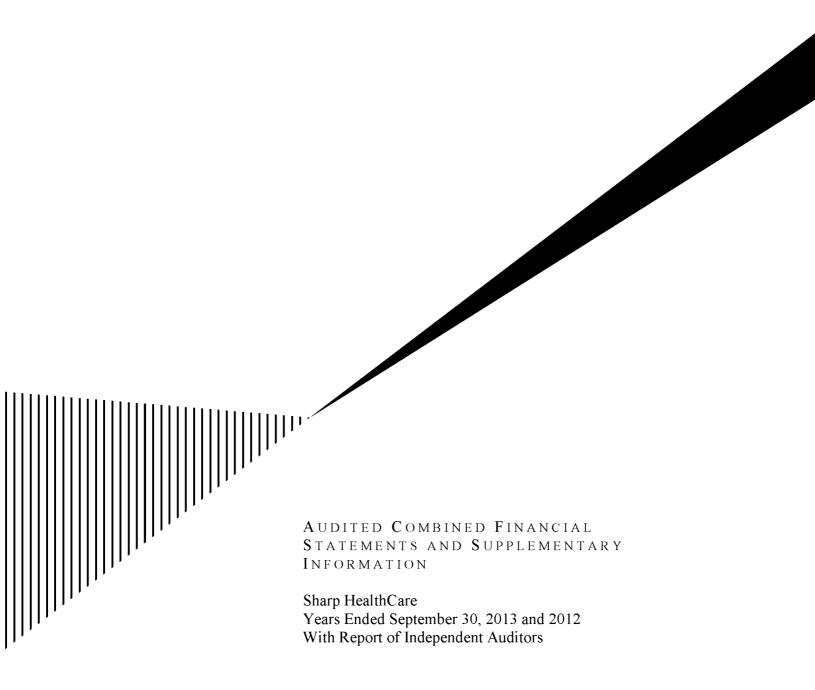
Name: Grossmont Hospital Corporation

Schedule R (Form 990) 2012

Page **5**

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Part VII	Supplemental Information	

Ident if ier	Return	Explanation			
	Reference				
	Transaction 9	saction between Grossmont Hospital Corporation and Shar	p Coronado Hospital and Healthcare Ce	nter totaling \$4,874 is	transaction type A(I)
Form 99	0, Schedule R, Part	V - Transactions With Related Organizations			
		(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
Sharp Me	morial Hospital		L	1,142,722	Accrual
Sharp Me	emorial Hospital		М	3,315,685	Accrual
Sharp Me	morial Hospital		Q	75,790	Accrual
Sharp Me	morial Hospital		R	59,914	Accrual
Sharp Me	morial Hospital		S	152,589	Accrual
Sharp Ch	ula Vısta Medical Center		М	424,635	Accrual
Sharp Ch	ula Vısta Medical Center		L	794,943	Accrual
Sharp Ch	ula Vısta Medıcal Center		Q	53,912	Accrual
Sharp Co	ronado Hospital and Healt	chcare Center	A	4,874	Accrual
Sharp Co	ronado Hospital and Healt	chcare Center	D	135,000	Accrual
Sharp Co	ronado Hospital and Healt	chcare Center	М	529,793	Accrual
Sharp Co	ronado Hospital and Healt	hcare Center	L	102,775	Accrual
Grossmo	nt Hospital Foundation		Q	885,143	Accrual
Grossmo	nt Hospital Foundation		С	2,199,044	Accrual
Grossmo	nt Hospital Foundation		В	1,121,136	Accrual
Grossmo	nt Hospital Foundation		N	58,781	Accrual
Sharp He	alth Plan		L	547,149	Accrual



Ernst & Young LLP



Combined Financial Statements and Supplementary Information

Years Ended September 30, 2013 and 2012

Contents

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Ernst & Young LLP

Suite 1000 18111 Von Karman Avenue Irvine, California 92612-1007

Tel +1 949 794 2300 Fax +1 949 437 0590 www.ev.com

Report of Independent Auditors

The Board of Directors Sharp HealthCare

We have audited the accompanying combined financial statements of Sharp HealthCare, which comprise the combined balance sheets as of September 30, 2013 and 2012, and the related combined statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the combined financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with US generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

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.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the combined financial position of Sharp HealthCare at September 30, 2013 and 2012, and the combined results of their operations and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying combining financial statements are presented for purposes of additional analysis and are not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audits of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole

December 17, 2013

1310-1147771

Ernst + Young LLP

Combined Balance Sheets

	September 30			
	2013 2012			
	(In Thousands)			ids)
Assets				
Current assets				
Cash and cash equivalents	\$	175,334	\$	174,127
Short-term investments		59,520		83,838
Accounts receivable, net of allowance for doubtful accounts				
of \$152.922 in 2013 and \$174.280 in 2012		295,870		297.833
Estimated settlements receivable from government programs, net		5,058		11,958
Inventories		40,049		37,113
Prepaid expenses and other		42,579		40,066
Total current assets		618,410		644,935
Assets limited as to use				
Designated for property		1,175,106		880,412
Under bond indentures		16,535		30,330
Other restricted investments		43,142		42,409
Under self-insurance programs		11,869		11,411
Total assets limited as to use		1,246,652		964,562
Property and equipment, net		991,584		940,796
Unamortized financing costs		6,335		6,865
Other assets		73,762		69,156
Total assets	\$	2,936,743	\$	2,626,314
Liabilities and net assets				
Current liabilities				
Accounts payable and accrued liabilities	\$	184,474	\$	229,836
Accrued compensation and benefits		139,129	*	127,973
Current portion of long-term debt		19,458		8,223
Accrued interest		3,296		3.251
Total current liabilities		346,357		369.283
Long-term liabilities		105,831		123,648
Reserves for professional and general liabilities		16,106		17.843
Long-term debt		577,665		594,736
Total habilities		1,045,959		1.105.510
Net assets				
Unrestricted		1,835,619		1,468,074
Temporarily restricted		49,122		47,168
Permanently restricted		6,043		5.562
Total net assets		1,890,784		1,520,804
Total liabilities and net assets	<u> </u>	2,936,743	\$	2,626,314
Total Inclinio (and not a riot)		±,>00,130	Ψ	_,O_O,O,I F

See accompanying notes

Combined Statements of Operations

	Year Ended September 30 2013 2012			
	(In Thousands)			nds)
Revenues				
Patient service	\$	1,664,809	\$	1,594,389
Provider tax revenue		145,329		153,373
Provision for doubtful accounts		(28,114)		(30,035)
Net patient service		1,782,024		1,717,727
Premium		953,194		896,916
Other		94,585		96,361
Total revenues		2,829,803		2,711,004
Expenses				
Salaries and wages		1,008,827		951,601
Employee benefits		246,810		232,248
Medical fees		387,566		365,560
Purchased services		259,301		243,526
Supplies		318,658		307,486
Provider tax		106,087		101,083
Maintenance, utilities, and rentals		113,374		108,299
Depreciation and amortization		98,550		91,520
Business insurance		11,331		12,030
Interest		23,250		24,336
Other		30,610		31,170
Total expenses		2,604,364		2,468,859
Income from operations		225,439		242,145
Other nonoperating loss		(65)		(4,602)
Investment income		80,407		82,839
Excess of revenues over expenses		305,781		320,382
Net assets transferred from related-party		31,174		15,539
Net assets released from restrictions used for purchase of				
property, plant, and equipment		5,560		8,618
Pension-related changes other than net periodic pension cost		24,662		6,752
Other changes in net assets		368		20
Increase in unrestricted net assets	\$	367,545	\$	351,311

See accompanying notes.

Combined Statements of Changes in Net Assets

	Year Ended September 30			
	2013 2012			
		(In Tho	isai	nds)
Unrestricted net assets				
Excess of revenues over expenses	\$	305,781	\$	320,382
Net assets transferred from related-party		31,174		15,539
Net assets released from restrictions used for purchase of		,		,
property and equipment		5,560		8,618
Pension-related changes other than net periodic pension cost		24,662		6,752
Other changes in net assets		368		20
Increase in unrestricted net assets		367,545		351,311
		,		,
Temporarily restricted net assets				
Contributions		8,740		10,733
Investment income		1,323		696
Change in net unrealized gains on investments		559		1,859
Net assets released from restrictions		(9,587)		(13,331)
Other changes in net assets		919		(372)
Increase (decrease) in temporarily restricted net assets		1,954		(415)
Permanently restricted net assets				
Contributions		481		158
		481		158
Increase in permanently restricted net assets Increase in net assets				
		369,980		351,054
Net assets, beginning of the year		1,520,804	Φ.	1,169,750
Net assets, end of the year		1,890,784	\$	1,520,804

See accompanying notes.

Combined Statements of Cash Flows

	Year Ended September 30 2013 2012			
	(In Thousands)			<i>Is)</i>
Operating activities				
Increase in net assets	\$	369,980	\$	351,054
Adjustments to reconcile increase in net assets to net cash provided				
by operating activities				
Net assets transferred from related-party		(31,174)		(15,539)
Provision for doubtful accounts		(28,114)		(30.035)
Noncash (gains) losses		(531)		611
Depreciation of operating and nonoperating facilities		98,560		91,530
Amortization, including deferred financing costs		184		1,728
Change in fair value of interest and basis rate swaps		(3,081)		(1.658)
Restricted contributions and investment income, net		(10,544)		(11.587)
Pension-related changes other than net periodic pension cost		(24,662)		(6,752)
Changes in assets and liabilities				
(Increase) decrease in				
Accounts receivable		30,077		(70.536)
Inventories		(2,936)		(3.018)
Short-term investments		24,318		(12,105)
Assets limited to use		(282,090)		(200,481)
Prepaid expenses and other		(2,513)		23,139
Estimated settlements payable to government programs, net		6,900		(7.754)
Increase (decrease) in		,		
Accounts payable and accrued liabilities, long-term liabilities and				
other liabilities		(40,209)		37,508
Accrued compensation and benefits		11,156		17,102
Net cash provided by operating activities		115,321		163,207
Investing activities				
Acquisition of property and equipment, net of retirements		(112,113)		(156.303)
(Increase) decrease in other assets		(4,607)		1,828
Net cash used in investing activities		(116,720)		(154,475)
Financing activities		(2.311)		((1.02.1)
Payments on long-term debt		(6,311)		(61.924)
Payments under capital lease obligations		(1,627)		(1.365)
Proceeds from the issuance of long-term debt				51,085
Restricted contributions and investment income, net		10,544		11.587
Net cash provided by (used in) financing activities		2,606		(617)
Net increase in cash and cash equivalents		1,207		8,115
Cash and cash equivalents, beginning of the year		174,127		166,012
Cash and cash equivalents, end of the year	<u> </u>	175,334	\$	174,127
··· · - · · · · · · · ·	<u> </u>	2.2,001	-	

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Combined Statements of Cash Flows (continued)

	Year Ended September 30			
		2013		2012
	(In Thousands)			
Supplemental disclosures of cash flow information				
Capital lease obligations for building and equipment		5,529	\$	407
Cash paid for interest	\$	25,273	\$	25,378
Net assets transferred from related-party	\$	31,174	\$	15,539

See accompanying notes

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Notes to Combined Financial Statements

September 30, 2013

1. Summary of Significant Accounting Policies

Organization

Sharp HealthCare (SHC) is a California nonprofit public benefit corporation with corporate offices in San Diego, California SHC, together with its affiliated entities (collectively Sharp), constitute a regional integrated health care delivery system which does business as Sharp HealthCare, primarily serving the residents of San Diego County The combined financial statements of Sharp include the accounts of the following

- Sharp Memorial Hospital (SMH), including Stephen Birch Healthcare Center, Sharp Mary Birch Hospital for Women & Newborns, Sharp Outpatient Pavilion, Sharp Mesa Vista Hospital, and Sharp McDonald Center (formerly Sharp Vista Pacifica)
- Sharp Chula Vista Medical Center (SCVMC)
- Sharp Grossmont Hospital (SGH)
- Sharp Coronado Hospital and HealthCare Center (SCHHC)
- Sharp Health Plan (SHP)
- Continuous Quality Insurance SPC (CQI SPC)
- Sharp HealthCare Foundation (SHF)
- Grossmont Hospital Foundation (GHF)

SHC, SMH, SCVMC, and SGH are collectively the "Obligated Group" under certain bond indentures (see Note 6)

On January 1, 2012, SHC, together with its affiliated medical groups, Sharp Community Medical Group (SCMG), and Sharp Rees-Stealy Medical Group (SRSMG) formed the Sharp HealthCare ACO, a limited liability company (Sharp ACO) Sharp ACO was awarded a contract with the Centers for Medicare and Medicaid Services (CMS) as a Pioneer Accountable Care Organization (Pioneer ACO) SHC holds a one third percentage interest in Sharp ACO. The Pioneer ACO is a shared-savings model in which participating organizations are eligible for shared savings payments from CMS if they achieve medical cost savings while providing high quality, coordinated patient care for an assigned group of beneficiaries Participating organizations also share risk in the form of increased cost payments with CMS for any increase in medical cost. For 2012, Sharp ACO's performance was under a defined 2% threshold, so no shared savings payments were earned and no increased cost payments were due Pursuant to the Pioneer Agreement, Sharp ACO is obligated to guarantee its ability to pay CMS for twenty five percent of the total increased cost payments for which it could be potentially liable in a given year Sharp ACO borrowed \$4,398,000 and \$9,582,000 from SHC for the year ended September 30, 2013

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

and 2012, respectively, to fund an escrow account to cover a portion of any potential medical cost increases of Sharp ACO SHC recorded the loan in accounts receivable, net on the combined balance sheets

SHC has certain contractual obligations with its affiliates that govern its operations and the use of certain assets All significant transactions among Sharp's combined entities have been eliminated in the accompanying combined financial statements

Use of Estimates

The preparation of Sharp's combined financial statements in conformity with accounting principles generally accepted in the United States (GAAP) 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 combined financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with original maturities of three months or less Sharp routinely invests its surplus operating funds in money market mutual funds. These funds generally invest in highly liquid U S government and agency obligations

Short-Term Investments

Short-term investments are classified as trading and include corporate and government obligation securities, which are included in professionally managed portfolios, and are measured at fair value in the balance sheet. The maturities of these securities do not exceed one year. Investment income or loss (including unrealized and realized gains and losses) is included in the combined excess of revenues over expenses.

Inventories

Inventories, consisting principally of supplies, are stated at the lower of average cost or market value

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Derivative and Hedging Instruments

Sharp recognizes all derivatives on its combined balance sheets at fair value Derivatives that are not effective hedges are adjusted to fair value through the combined statements of operations (see Note 6) At September 30, 2013 and 2012, the outstanding hedging instruments were not considered effective hedges

Assets Limited as to Use

Assets limited as to use invested in debt and equity securities with readily determined fair values are measured at fair value in the balance sheet and are classified as trading Investment income or loss (including unrealized and realized gains and losses) is included in the combined excess of revenues over expenses unless the income or loss is restricted by donor or law

Assets limited as to use primarily include assets set aside by Sharp's Board of Directors (the Board) for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes, and amounts held by trustees under indenture agreements Assets limited as to use consist of the following

Designated for property – Cash resources not required for operations have been designated as funded depreciation to be used for future capital improvements. This designation may be changed and such funds used for other purposes – \$28,766,000 at September 30, 2013, and \$29,488,000 at September 30, 2012, of such assets are pledged as collateral for notes payable and other liabilities.

Under bond indentures – In accordance with the terms of Sharp's various bond indentures, certain bond proceeds and principal and interest payments have been deposited with a trustee and are limited as to use in accordance with the related indentures

Other restricted investments – Certain cash and investments are limited as to use for future community benefit and for other purposes

Under self-insurance programs – Certain cash and investments are restricted under Sharp's professional liability self-insurance program

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment acquisitions are recorded at cost Depreciation is provided over the estimated useful life of each class of depreciable asset from 3 to 40 years and is computed using the straight-line method Property and equipment under capital lease obligations is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization in the combined financial statements Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Unamortized Financing Costs

Costs incurred in obtaining long-term financing are amortized over the terms of the related obligations using the effective interest method

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by Sharp has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by Sharp in perpetuity

Impairment or Disposal of Long-Lived Assets

Sharp accounts for the impairment or disposal of long-lived assets using a future cash flow model to determine whether assets have been impaired. Sharp regularly reviews long-lived assets for circumstances which could indicate carrying values may not be recoverable. No impairments were recorded in 2013 or 2012.

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Income From Operations

Sharp's primary purpose is to provide diversified health care services to the community served by its affiliates. Only those activities directly associated with the furtherance of this purpose are considered operating activities and classified as operating revenues and expenses. Items excluded from income from operations consist of investment income, gains and losses on disposition of property and equipment, changes in the fair value of interest rate swaps, and net income from SHF and GHF (Foundations)

Excess of Revenues Over Expenses

The accompanying combined statements of operations include excess of revenues over expenses and other changes in unrestricted net assets. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, long-lived assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets, and pension-related changes other than net periodic pension cost

Net Patient Service Revenues

Sharp has agreements with third-party payors that provide for payments to Sharp at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. In the opinion of management, adequate provision has been made for such adjustments

Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, Sharp analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts Management 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, Sharp analyzes contractually

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

due amounts and provides an allowance for doubtful accounts, if necessary For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), Sharp records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. 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 charged off against the allowance for doubtful accounts

Sharp's allowance for doubtful accounts for self-pay patients was 94% and 96% of self-pay accounts receivable at September 30, 2013 and 2012, respectively In addition, Sharp's self-pay write-offs decreased \$3,355,000 from \$40,825,000 for fiscal year 2012 to \$37,470,000 for fiscal year 2013. The decrease was the result of decreased revenues from self-pay patients in fiscal year 2013. Sharp has not changed its charity care or uninsured discount policies during fiscal years 2012 or 2013. Sharp does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Premium Revenues

Sharp has agreements with various employers and health maintenance organizations to provide medical services to subscribing participants. Under these agreements, Sharp receives monthly capitation payments based on the number of participants who have selected Sharp, regardless of services actually performed by Sharp

Other Revenues

Other revenues include unrestricted donations, retail pharmacy gross profits, management services, and joint venture income

Health Care Service Costs

Sharp contracts with certain health care providers for the provision of medical services to eligible members. These services include primary care and specialty physician services, inpatient and outpatient facility services, pharmacy, and other medical services. Providers are paid on capitated, per diem, and structured fee-for-service bases.

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Health care service costs (included in medical fees and purchased services in the accompanying combined statements of operations) are accrued in the period in which the services are provided to enrollees, based in part on estimates, including estimates of medical services provided but not yet reported to Sharp

Charity Care

Sharp's policy is to accept all patients regardless of their ability to pay In assessing a patient's ability to pay, Sharp utilizes financial eligibility requirements or criteria Sharp provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because Sharp does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue

Charity care costs are calculated using a ratio of cost to gross charge methodology by department Direct revenues and costs of each department were included in the calculation, in addition to a step down of overhead costs

The cost of charity care is summarized for 2013 and 2012, as follows

	Yea	r Ended	Sept	tember 30
		2013		2012
		(In The	วบรสเ	ends)
Charity care, at cost	\$	47,642	\$	58,072
Offsetting revenue		_		(16)
	\$	47,642	\$	58,056

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to Sharp are reported at fair value at the date the promise is received Conditional promises to give and indications or intentions to give are reported at fair value at the date the gift becomes unconditional. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

assets are reclassified as unrestricted net assets and reported in the combined statements of operations as other operating revenues. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the combined financial statements.

Income Taxes

The principal operations of Sharp are exempt from taxation pursuant to Section 501(c)(3) of the Internal Revenue Code and related California provisions

Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2013 and 2012, no such assets or liabilities were recorded

Adoption of New Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-04, Fair Value Measurement (Topic 820), which clarifies the intent of existing fair value measurement and disclosure requirements under Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures. Adoption of ASU 2011-04 did not have any significant impact on the combined financial statements at September 30, 2013 and 2012

Recent Accounting Pronouncements

In December 2011, the FASB issued ASU 2011-11, *Balance Sheet (Topic 210)*, which requires additional disclosures relating to the offsetting of financial instruments. The adoption of ASU 2011-11 is effective for Sharp beginning October 1, 2013, and is not expected to have a material impact on Sharp's combined financial statements

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

In April 2013, the FASB issued ASU 2013-06, *Not-for-Profit Entities (Topic 958)*, which requires a recipient not-for-profit entity to recognize all contributed services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. The adoption of ASU 2013-06 is required for Sharp on October 1, 2014, and is not expected to have a material impact on Sharp's combined financial statements

In July 2013, the FASB issued ASU 2013-11, *Income Taxes (Topic 740)*, which require unrecognized tax benefits to be offset against a deferred tax asset for a net operating loss carryforward, similar tax loss or tax credit carryforward in certain situations. The adoption of ASU 2013-11 is required for Sharp on October 1, 2015, and is not expected to have a material impact on Sharp's combined financial statements

2. Fair Value Measurements

FASB ASC 820 clarifies that fair value is an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability As a basis for considering such assumptions, FASB ASC 820 establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows

Level 1 – Pricing is based on observable inputs such as quoted prices in active markets Financial assets in Level 1 include U S Treasury securities and listed equities

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 assets or liabilities. Financial assets and liabilities in this category generally include corporate bonds, U.S. government agency securities, commercial paper, fixed income funds, mortgage-backed securities, interest rate swaps, and commingled plan trust funds

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

Level 3 – Pricing inputs are generally unobservable 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. Sharp does not hold any financial assets that would be included in this category.

Assets and liabilities measured at fair value are based on one or more of three valuation techniques noted in FASB ASC 820 as identified below. 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. This technique was utilized for all Level 1 investments
- (b) Cost approach Amount that would be required to replace the service capacity of an asset (replacement cost) This technique was utilized for all Level 2 investments except for the interest rate swaps
- (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 model) This technique was utilized for the interest rate swaps

Sharp's investments in partnerships, limited liability companies, and similarly structured entities amounting to approximately \$10,687,000 and \$8,134,000 as of September 30, 2013 and 2012, respectively, are accounted for using the equity method of accounting, which is not a fair value measurement

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

The following table provides the composition of certain investment assets as of September 30, 2013 Only assets and liabilities measured at fair value on a recurring basis are shown in the three-tier fair value hierarchy

	Sej	otember 30, 2013	_	uoted Prices In Active Markets for Identical Assets (Level 1) (In Thos	(Significant Other Observable Inputs (Level 2)	Significant nobservable Inputs (Level 3)
Short-term investments U S Treasury obligations Corporate bonds U S government agencies Commercial paper Interest receivable	\$	12,515 29,088 5,546 12,037 334	\$	12,515 - - -	\$	29,088 5,546 12,037 334	\$ - - - -
interest receivable	\$	59,520	\$	12,515	\$	47,005	\$
Assets limited as to use Designated for property Cash and cash equivalents Equities U.S. Treasury obligations Corporate bonds U.S. government agencies	\$	4,644 526,114 227,202 221,461 124,540	\$	4,644 526,114 227,202	\$	- - 221,461 124,540	\$ - - - -
Mortgage-backed securities and collateralized mortgage obligations Commercial paper Asset-backed securities Interest receivable	<u> </u>	47,988 18,899 750 3,508 1,175,106	\$	- - - - 757,960	\$	47,988 18,899 750 3,508	\$ - - - - -

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	Sep	tember 30, 2013	_	uoted Prices In Active Markets for Identical Assets (Level 1)	(Significant Other Observable Inputs (Level 2)		Significant nobservable Inputs (Level 3)
A . 1 . 1				(In Tho	usa	inds)		
Assets limited as to use (continued) Under bond indentures								
Cash and cash equivalents	\$	1,229	©	1,229	P		\$	
U S Treasury obligations	J	3,141	Þ	3,141	Ф	_	J	_
Corporate bonds		961		3,141		961		_
U S government agencies		11,147		_		11,147		_
Interest receivable		57		_		57		_
interest receivable	\$	16,535	\$	4,370	\$	12,165	\$	
		,		,				
Other restricted investments								
Cash and cash equivalents	\$	1,383	\$	1,383	\$	_	\$	_
Equities		23,179		23,179		_		_
US Treasury obligations		3,723		3,723		_		_
Fixed income funds		4,933		4,368		565		_
Corporate bonds		5,531		_		5,531		_
US government agencies		1,886		_		1,886		_
Mortgage-backed securities and collateralized mortgage								
obligations		2,270		_		2,270		_
Commodities		144		_		144		_
Interest receivable		93				93		
	\$	43,142	\$	32,653	\$	10,489	\$	_
VI 1 10								
Under self-insurance programs	Φ.	2 002	₽	2 002	d.		æ	
Cash and cash equivalents	\$	3,003	\$	3,003	3	_	\$	_
Equities U S Treasury obligations		1,889 2,165		1,889 2,165		_		_
Corporate bonds		2,103		2,103		2,648		_
U S government agencies		1,355		_		1,355		_
Mortgage-backed securities and collateralized mortgage								
obligations Commercial paper		429 380		_		429 380		_
Commerciai papei	\$		\$	7 057	\$		\$	
	<u> </u>	11,869	<u> </u>	7,057	<u> </u>	4,812	3	

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	-	ember 30, 2013	uoted Prices In Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)	Significant nobservable Inputs (Level 3)
			(In Thoi	isa	nds)	
Interest rate swap liabilities	\$	133	\$ _	\$	133	\$
	\$	133	\$ _	\$	133	\$

The following table provides the composition of certain investment assets as of September 30, 2012 Only assets and liabilities measured at fair value on a recurring basis are shown in the three-tier fair value hierarchy

	Sej	otember 30, 2012	_	uoted Prices In Active Markets for Identical Assets (Level 1)	;	Significant Other Observable Inputs (Level 2)	Significant nobservable Inputs (Level 3)
				(In Tho	เรต	nds)	
Short-term investments							
Negotiable certificates of deposit	\$	3,000	\$	3,000	\$	_	\$ _
U S Treasury obligations		14,716		14,716		_	_
Corporate bonds		34,027		_		34,027	_
US government agencies		15,912		_		15,912	_
Commercial paper		15,669		_		15,669	_
Interest receivable		514		_		514	
	\$	83,838	\$	17,716	\$	66,122	\$ _

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	Sej	otember 30, 2012		uoted Prices In Active Markets for Identical Assets (Level 1)	(Significant Other Observable Inputs (Level 2)	Un	ignificant observable Inputs (Level 3)
				(In Tho	usa.	nds)		
Assets limited as to use								
Designated for property	ď	(50(ф	(50(ď		dr.	
Cash and cash equivalents	\$	6,586	\$	6,586	\$	_	\$	_
Equities		383.789		383,789		_		_
U S Treasury obligations		141.740		141,740		207,314		_
Corporate bonds		207.314 91.524		_		91,524		_
U S government agencies Mortgage-backed securities and collateralized mortgage		91,324		_		91,324		_
obligations		33,593		_		33,593		_
Commercial paper		12,382		_		12,382		_
Interest receivable		3,484		_		3,484		
	\$	880,412	\$	532,115	\$	348,297	\$	
Under bond indentures								
Cash and cash equivalents	\$	3,326	\$	3,326	\$	_	\$	_
U S Treasury obligations		3,248		3,248		_		_
Corporate bonds		9,476		_		9,476		_
US government agencies		13,557		_		13,557		_
Mortgage-backed securities and collateralized mortgage								
obligations		554		_		554		_
Interest receivable		169				169		
	\$	30,330	\$	6,574	\$	23,756	\$	

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	Sep	tember 30, 2012		uoted Prices In Active Markets for Identical Assets (Level 1)	(Significant Other Observable Inputs (Level 2)	Un	ignificant observable Inputs (Level 3)
				(In Tho	usa	nds)		
Assets limited as to use (continued) Other restricted investments	ds		d		d		da	
Cash and cash equivalents	\$	1.675	\$	1.675	\$	_	\$	_
Equities		18,903		18,903		_		_
U S Treasury obligations Fixed income funds		4.719 7.635		4.719 7.036		599		_
Corporate bonds		5,172		7,030		5,172		_
U S government agencies		1,898		_		1,898		_
Mortgage-backed securities and collateralized mortgage		1,090		_		1,090		_
obligations		2,200		_		2,200		_
Commodities		120		120		_		_
Interest receivable		87		_		87		
	\$	42,409	\$	32,453	\$	9,956	\$	
Under self-insurance programs								
Cash and cash equivalents	\$	2,653	\$	2,653	\$	_	\$	_
U S Treasury obligations		1,693		1,693		_		_
Corporate bonds		3,357		_		3,357		_
US government agencies		3,403		_		3,403		_
Commercial paper		305				305		
	\$	11,411	\$	4,346	\$	7,065	\$	
Interest rate swap liabilities	<u>\$</u>	3,214	\$	_	\$	3,214	\$	
	\$	3,214	\$	_	\$	3,214	\$	_

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue

Patient Service Revenues

Sharp has agreements with third-party payors that provide for payments to Sharp at amounts different from its established rates

The Medicare program reimburses Sharp at prospectively determined rates for the major portion of inpatient and outpatient services rendered to patients, primarily on the basis of Medicare Severity Diagnosis Related Groups (MS-DRGs) and Ambulatory Payment Classification Groups (APCs), respectively Nonacute inpatient services, defined capital costs, and certain outpatient costs are paid based on a cost reimbursement methodology When paid under cost reimbursement, Sharp is reimbursed at the interim rate with final settlement determined after submission of annual cost reports and audits by the fiscal intermediaries

The Medi-Cal program reimburses Sharp primarily on prospectively determined rates for inpatient and outpatient services Effective July 1, 2013, the Medi-Cal program began reimbursing Sharp on the basis of All Patient Refined Diagnosis Related Groups (APR-DRGs) for inpatient services

Revenue from the Medicare and Medi-Cal programs accounted for approximately 31% and 19%, respectively, of Sharp's gross patient charges for the year ended September 30, 2013, and 31% and 18%, respectively, of Sharp's gross patient charges for the year ended September 30, 2012

Laws and regulations governing Medicare and Medi-Cal programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

Net patient service revenue includes changes in estimate, which increased revenue by \$5,388,000 in 2013 and \$10,073,000 in 2012 and includes the impact of settlements of prior years' reimbursement from Medicare, Medi-Cal, and Champus programs

Sharp also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to Sharp under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

Sharp grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net receivables from significant payors was as follows

	Septen	iber 30
	2013	2012
Medicare	15%	12%
Medi-Cal	14%	12%
Private Pay and other	20%	23%

Provider Tax Revenue

California legislation established a program that imposes a Quality Assurance Fee (QA Fee) on certain general acute care hospitals in order to make supplemental and grant payments (Supplemental Payments) to hospitals up to the aggregate upper payment limit for various periods There have been three such programs since inception The first two programs were the 21-month program (21-Month Program) covering the period April 1, 2009 to December 31, 2010, and the six-month program (Six-Month Program) covering the period January 1, 2011 to June 30, 2011 (the Original Programs) The third program is the 30-month program (30-Month Program) covering the period from July 1, 2011 to December 31, 2013

The programs are designed to make supplemental inpatient and outpatient Medi-Cal payments to private hospitals, including additional payments for certain facilities that provide high acuity care, sub-acute and trauma services to the Medi-Cal population This hospital QA Fee program provides a mechanism for increasing payments to hospitals that serve Medi-Cal patients, with no impact on the state's General Fund (GF) Some of these payments will be made directly by the state, while others will be made by the Medi-Cal managed care plans, which will receive increased rates from the state in amounts equal to the Supplemental Payments Outside of this legislation, the California Hospital Association (CHA) has created a private program, operated by the California Health Foundation and Trust (CHFT), which was established to alleviate disparities potentially resulting from the implementation of the Programs

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

The Original Programs required full federal approval by the Centers for Medicare and Medicaid Services (CMS) in order for them to be fully enacted If final federal approval was not ultimately obtained, provisions in the underlying legislation allowed for the QA Fee, previously assessed, and Supplemental Payments, previously received, to be returned and recouped, respectively As such, revenue and expense recognition was not allowed until full CMS approval was obtained Full CMS approvals for the 21-Month Program and Six-Month Program were obtained in December 2010 and December 2011, respectively

During the year ended September 30, 2012, Sharp recognized Supplemental Payments for the 21-Month Program and Six-Month Program in the amount of \$77,000 and \$47,124,000, respectively, as Provider Tax Revenue In addition, during the year ended September 30, 2012, Sharp recognized payments to the California Department of Health Care Services (DHCS) for the QA Fee in the amount of \$26,938,000 and pledge payments to the CHFT in the amount of \$943,000 as Provider Tax expense related to the Six-Month Program During the year ended September 30, 2013, Sharp recognized remaining Supplemental Payments on the Six-Month Program of \$3,000 as Provider Tax revenue

The 30-Month Program was signed into law by the Governor of California in September 2011 In June 2012, the legislation governing the 30-Month Program was amended to allow for the fee-for-service portion of the 30-Month Program to be administered separately from the managed care portion CMS approved the fee-for-service portion of the 30-Month Program in June 2012 and approved the first twenty four months of the managed care portion of the 30-Month Program in June 2013 Approval of the final six months of the managed care portion is still pending

Sharp recognized payments to DHCS for the QA Fee in the amount of \$65,912,000 in 2013 and \$70,708,000 in 2012 related to the fee-for-service portion of the 30-Month Program Additionally, Sharp recognized pledge amounts to CHFT of \$1,995,000 in 2013 and \$2,494,000 in 2012 as Provider Tax expense related to the fee-for-service portion of the 30-Month Program Sharp recognized Supplemental Payment revenue of \$94,528,000 in 2013 and \$106,172,000 in 2012 as Provider Tax revenue related to the fee-for-service portion of the 30-Month Program

Sharp recognized payments to DHCS for the QA Fee in the amount of \$37,214,000 and pledge amounts to CHFT of \$966,000 as Provider Tax expense related to the July 1, 2011 through June 30, 2013, managed care portion of the 30-Month Program during the year ended September 30, 2013 Sharp recognized Supplemental Payment revenue of \$50,798,000 as Provider Tax revenue related to the July 1, 2011 through June 30, 2013, managed care portion of the 30-Month Program during the year ended September 30, 2013

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

Sharp recorded \$10,000,000 in accounts payable and accrued liabilities for the 30-Month Program QA Fee and pledge payments owed for the portion of the 30-Month Program through September 30, 2013 that was not paid as of September 30, 2013, in the combined balance sheet as of September 30, 2013 Additionally, Sharp recorded \$46,018,000 in accounts receivable for the 30-Month Program Supplemental Payment revenue due for the portion of the 30-Month Program through September 30, 2013 that was not received as of September 30, 2013, in the combined balance sheet as of September 30, 2013

Electronic Health Records Incentive Payments

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medi-Cal and Medicare incentive payment program beginning in 2012 for eligible providers that adopt and demonstrate meaningful use of certified EHR technology as defined by the regulations Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medi-Cal incentive payments are available to providers that adopt, implement or upgrade certified EHR technology Providers must continue to demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid and Medicare incentive payments and to avoid potential penalties

Sharp accounts for Medi-Cal and Medicare EHR incentive payments as a gain contingency For the years ended September 30, 2013 and 2012, Medicare incentives of \$7,392,000 and \$8,985,000, respectively, were recognized in other revenues upon demonstration of compliance with the meaningful use criteria over the entire applicable compliance period and the end of the 12-month cost report period that will be used to determine the final incentive payment Sharp also recognized Medi-Cal incentives of \$5,900,000 and \$6,342,000 for the years ended September 30, 2013 and 2012, respectively, in other revenues, upon demonstration of compliance with the criteria Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit Additionally, Sharp's compliance with meaningful use criteria is subject to audit by the federal government

Notes to Combined Financial Statements (continued)

4. Investment Income

Investment income for assets limited as to use, short-term investments, and cash equivalents are comprised of the following

	Yea	ır Ended	Sept	ember 30
		2013		2012
		(In The	ousar	nds)
Interest income	\$	24,269	\$	20,793
Unrealized gains, net		44,690		58,374
Realized gains, net		11,448		3,672
	\$	80,407	\$	82,839

5. Property and Equipment

Property and equipment consists of the following

	September 30
	2013 2012
	(In Thousands)
Land and improvements	\$ 57,906 \$ 57,687
Buildings and improvements	1,166,753 1,032,930
Equipment and furniture	849,95 7 816,734
Construction-in-progress	105,212 128,981
	2,179,828 2,036,332
Less accumulated depreciation and amortization	(1,188,244) (1,095,536)
	\$ 991,584 \$ 940,796

Notes to Combined Financial Statements (continued)

5. Property and Equipment (continued)

Depreciation and amortization expense for the years ended September 30, 2013 and 2012, amounted to approximately \$98,560,000 and \$91,530,000, respectively Included in these amounts is amortization for buildings and equipment under capital lease obligations Sharp has approximately \$64,690,000 at September 30, 2013 and 2012, of buildings and equipment under capital lease, at cost Sharp has outstanding commitments to complete construction-in-progress totaling approximately \$30,304,000 at September 30, 2013

On May 29, 1991, Sharp leased the Grossmont Hospital (the Hospital) existing campus land, buildings, and equipment from the Grossmont Healthcare District (the District) The lease provides for a 30-year term ending May 29, 2021, at \$1 per year Unless extended, the buildings, improvements, and equipment acquired by the Hospital since the inception of the lease will revert to the District at the end of the lease term

The Hospital and the District initiated, in 2006, a project for the construction of three shelled floors in the Emergency and Critical Care Center, central plant upgrades, infrastructure improvements, and facility renovations (the Project) The Project is being funded using the proceeds of general obligation (GO) bonds In July 2007 and February 2011, \$85,500,000 and \$136,860,000, respectively, in GO bonds were issued by the District The next offering of the GO bonds is expected in 2014 Sharp considers the District to be a related party based upon these relationships between Sharp and the District

The Hospital is not required to make any payments to the District with respect to the contribution to the Project of assets constructed using the GO bond proceeds. Therefore, the GO bonds have not been included in the combined financial statements as a liability of Sharp. The portion of the Project funded with the GO bonds is being recognized as a transfer of net assets from the District as the Project is completed. In fiscal 2013 and 2012, the Hospital recorded \$31,174,000 and \$15,539,000, respectively, of construction in progress and a related transfer of net assets for the portion of the Project completed during the year with proceeds of the GO bonds

Notes to Combined Financial Statements (continued)

6. Long-Term Debt

Long-term debt consists of the following

	Septem	ber	· 30
	2013		2012
	(In Thou	sar	ids)
Series 2009B Revenue Bonds (Series 2009B Bonds) collateralized by revenues of the Obligated Group Principal due in annual amounts ranging from \$1,640,000 in 2022 to \$24,900,000 in 2039 Interest payable semiannually at rates ranging from 6 00% to 6 38% The borrowing amount is net of the unamortized original issue discount of \$2,306,000 at September 30, 2013 The bonds include issuer call features totaling \$30,025,000 and \$109,975,000 in 2014 and 2019, respectively	\$ 137,694	\$	137,591
Series 2009C and Series D Variable Rate Revenue Bonds (Series 2009C and D Bonds), collateralized by a three-year direct-pay letter of credit reimbursement agreement between Obligated Group and a bank Principal is due in annual amounts ranging from \$145,000 in 2022 to \$11,805,000 in 2035 Letter of Credit is renewable in 2016 Interest is payable monthly at a variable rate (0 10% at September 30, 2013)	99,880		99,880
Series 2011A Revenue Bonds (Series 2011A Bonds) collateralized by revenues of the Obligated Group Principal due in annual amounts ranging from \$2,985,000 in 2014 to \$8,180,000 in 2030 Interest payable annually at rates ranging from 3 50% to 6 00% The borrowing amount is net of the unamortized original issue premium of \$347,000 at September 30, 2013 The bonds include issuer call features	79.057		79 090
totaling \$54,490,000 in 2021	78,05 7		78,089

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

	Septembe	er 30
	2013	2012
	(In Thouse	ands)
Series 2012A Revenue Bonds (Series 2012A Bonds) collateralized by revenues of the Obligated Group Principal due in annual amounts ranging from \$5,080,000 in 2019 to \$5,055,000 in 2028 Interest payable annually at rates ranging from 4 0% to 5 0% The borrowing amount is net of the unamortized original issue premium of \$4,503,000 at September 30, 2013 The bonds include issuer call features totaling \$30,735,000 in 2023	\$ 47,438 \$	47,861
Series 2009A Variable Rate Revenue Bonds (Series 2009A Bonds) collateralized by a direct-pay letter of credit reimbursement agreement between Obligated Group and a bank Principal due in annual amounts ranging from \$3,485,000 in 2014 to \$5,360,000 in 2024 Letter of Credit is renewable in 2016 Interest is payable monthly at a variable rate (0 10% at September 30, 2013)	44,260	47,625
Series 2010A Variable Rate Revenue Bonds (Series 2010A Bonds) collateralized by revenues of the Obligated Group Principal due in quarterly amounts ranging from \$190,000 to \$450,000 through 2035 Interest payable quarterly at a variable rate (0 87% at September 30, 2013)	27,550	28,325
Series 2003C Revenue Bonds collateralized by revenues of the Obligated Group Principal due in annual amounts ranging from \$445,000 in 2014 to \$16,265,000 in 2021 Interest payable annually at rates ranging from 5 13% to 5 38% through 2021 The borrowing amount is net of the unamortized original issue discount of \$49,000 at September 30, 2013	24,846	25,334

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

		September 30 2013 2012		
		(In Thousa		
Reverse Repurchase Agreement collateralized by U S Treasury securities Principal due in April 2015 Interest payable quarterly at a variable rate (0 70% at September 30, 2013)	\$	15,500 \$	15,500	
Series 1988A Insured Hospital Revenue Bonds collateralized by revenues of the Obligated Group Principal due in annual amounts ranging from \$1,500,000 in 2014 to \$1,900,000 in 2018 Interest payable every 35 days at a variable rate (0 10% at September 30, 2013)		8,400	9,800	
Construction loan agreement Interest ranging from 90% to 1 26% payable quarterly Principal due in quarterly installments beginning in 2018 to final maturity in 2041		39,315	39,315	
Medical office building mortgage collateralized by the building Interest and principal paid in monthly amounts at a rate of 5 39% through 2014 when a final principal payment of \$7,735,000 is due		7,834	8,024	
Capital lease obligations at imputed rates of interest ranging from 5 46% to 7 27%, collateralized by leased building or equipment		59,508	61,134	
Other debt including the fair value of interest rate swaps		6,841	4,481	
Total		597,123	602,959	
Less current portion		(19,458)	(8,223)	
	<u>\$</u>	577,665 \$	594,736	

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

In 2012, Sharp issued Series 2012A Bonds in the amount of \$46,665,000 that had a net original issue premium of \$5,225,000. The proceeds were utilized to refinance the 1998 COP Bonds in the amount of \$51,890,000.

In 2012, SGH entered into a Co-Generation and Energy Equipment Purchase Agreement (Co-Generation Agreement) with the District Under the Co-Generation agreement, the District is financing an \$18,000,000 loan through a separate lease agreement with a bank for the purchase and installation of a co-generation unit and replacement energy equipment at SGH. The loan is repayable in monthly installments of principal and interest over nine years. The interest rate is 2 09% and the monthly installments are \$182,977. The Co-Generation agreement requires SGH to pay the bank directly an amount equal to the principal and interest amount the District is obligated to pay on the loan. Upon payment of all amounts due, the co-generation and energy equipment will be transferred to SGH as part of leasehold improvements pursuant to the May 29, 1991 lease (see Note 5).

As of September 30, 2013, the co-generation unit and energy equipment is still under construction at SGH All lease payments paid by SGH on behalf of the District are recorded as prepaid rent and included in prepaid expenses and other on the combined balance sheet Construction in progress and notes payable is recorded as the project incurs costs At completion of the project, the Co-Generation agreement will be treated as a capital lease

Under the terms of the 2003C and 2009B Revenue Bonds, Sharp is required to maintain certain deposits with a trustee Such deposits are included with assets limited as to use Sharp's loan agreements include, among other things, certain financial covenants, limitations on additional indebtedness, and limitations on sales/leaseback transactions Sharp was in compliance with such covenants and limitations at September 30, 2013 and 2012

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

Scheduled principal payments on long-term debt and payments on capital lease obligations for years ending September 30 are as follows (in thousands)

	L.	ong-Term Debt	Capital Lease Obligations
2014	\$	17,574	\$ 1,885
2015		26,713	2,117
2016		11,440	2,404
2017		11,965	2,713
2018		12,819	3,046
Thereafter		448,441	38,329

Scheduled interest payments Sharp is obligated to make on capital lease obligations referenced in the table noted above total approximately \$28,696,000 at September 30, 2013

A summary of interest cost on borrowed funds follows

	Yea	Year Ended September 30			
		2013		2012	
	(In Thousands)				
Interest cost					
Capitalized	\$	1,270	\$	2,126	
Charged to operations		23,250		24,336	
	\$	24,520	\$	26,462	

Interest Rate Swaps

During 2003, Sharp entered into a floating-to-fixed interest rate swap on the Series 2003A and B Bonds which were refunded in 2009. The swap agreement hedges an initial notional amount of \$109,650,000 at a fixed payer rate of 3 01% for the entire swap term which expires on August 1, 2024, and will receive 59% of one-month London Interbank Offered Rate (LIBOR) plus 0 14%, for the remaining term of the swap. Settlements are made weekly. Cash paid on the interest rate swap was \$1,941,000 in 2013 and \$2,039,000 in 2012, which increased Sharp's overall cost of borrowing and was included in interest expense. The change in fair value of the swap increased nonoperating income by \$2,941,000 in 2013 and decreased nonoperating income by \$505,000 in 2012.

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

During 2004, Sharp entered into a fixed-spread basis swap with a bank. The swap arrangement hedges an initial notional amount of \$80,000,000 at a fixed payer rate of one-month Bond Market Association (BMA) for the entire swap term which expires on February 3, 2024, and will receive 67% of one-month LIBOR plus 0 55%. Settlements are made quarterly. Cash received on the interest rate swap was \$489,000 in 2013 and \$488,000 in 2012, which reduced Sharp's overall cost of borrowing and was offset against interest expense. The change in fair value of the swap decreased nonoperating income by \$1,009,000 in 2013 and increased nonoperating income by \$1,799,000 in 2012.

During 2006, Sharp entered into a fixed-spread yield curve swap with a bank. The swap arrangement hedges an initial notional amount of \$80,000,000 and entails Sharp paying Citibank 67% of one-month LIBOR and receiving 67% of ten-year LIBOR less a market determined fixed spread. Under the terms of the agreement, Sharp may terminate the swap at any time. Cash received on the interest rate swap was \$647,000 in 2013 and \$630,000 in 2012, which reduced Sharp's overall cost of borrowing and was offset against interest expense. The change in fair value of the swap increased nonoperating income by \$1,149,000 in 2013 and \$364,000 in 2012.

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

	September 30				
		2013		2012	
	(In Thousands)				
Purchase of equipment	\$	14,718	\$	14,088	
Hospital programs		12,506		10,743	
Hospital departments		11,569		11,455	
Health education		5,346		6,260	
Research		4,590		4,185	
Indigent care		393		437	
Total	\$	49,122	\$	47,168	

Permanently restricted net assets of \$6,043,000 and \$5,562,000 at September 30, 2013 and 2012, respectively, represent investments to be held in perpetuity, the income from which is expendable to support health care services

Notes to Combined Financial Statements (continued)

8. Endowments

Sharp's endowments consist of 47 separate endowment funds included in assets limited as to use established for a variety of purposes. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors of Sharp's affiliated foundations to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, 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 California also adopted one of the "optional" provisions of the act, creating a rebuttable presumption of imprudence for spending more than 7% of the value of an endowment fund in one year (based on a three-year rolling average) The Board has interpreted UPMIFA 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 this interpretation, Sharp classifies as 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 Sharp in a manner consistent with the standard of prudence prescribed by UPMIFA In accordance with UPMIFA, Sharp considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds (1) the duration and preservation of the fund, (2) the purposes of Sharp and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of Sharp, and (7) the investment policies of Sharp

Notes to Combined Financial Statements (continued)

8. Endowments (continued)

The endowment net asset composition as of September 30, 2013, by fund type was as follows

	iporarily stricted		manently estricted	Total
		(In T	Thousands)	
Board-designated endowment funds	\$ 2,296	\$	- \$	2,296
Donor-restricted endowment funds	 4,946		6,043	10,989
Total funds	\$ 7,242	\$	6,043 \$	13,285

The endowment net asset composition as of September 30, 2012, by fund type was as follows

	Tem	porarily	Per	manently		
	Res	stricted	Re	estricted		Total
			(In 7	housands))	
Board-designated endowment funds	\$	2,198	\$	_	\$	2,198
Donor-restricted endowment funds		4,039		5,562		9,601
Total funds	\$	6,237	\$	5,562	\$	11,799

Sharp has adopted investment and spending policies for endowment assets that attempt to provide a stream of funding to programs supported by its endowment while balancing the risk of investment loss with long-term preservation of purchasing power Endowment assets include those assets of donor-restricted funds that Sharp must hold in perpetuity or for a donor-specified period as well as board-designated funds

Sharp targets a diversified asset allocation that places greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints Sharp's spending policy is to annually appropriate for distribution no more than 4% per year of each endowment fund's average fair value (based on a two-year rolling average)

Notes to Combined Financial Statements (continued)

8. Endowments (continued)

	Temporarily Permanently				
	Re	stricted	R	estricted	Total
			(In I	Thousands)	
Endowment net assets, October 1, 2011 Investment return	\$	5,104	\$	5,404 \$	10,508
Investment income		173		_	173
Net appreciation (realized and unrealized)		1,268		_	1,268
Total investment return		1,441		_	1,441
Contributions		(64)		158	94
Appropriation of endowment assets for expenditure		(244)		_	(244)
Endowment net assets, September 30, 2012 Investment return		6,237		5,562	11,799
Investment income		824		_	824
Net appreciation (realized and unrealized)		283		_	283
Total investment return		1,107		_	1,107
Contributions		8		481	489
Appropriation of endowment assets for					
expenditure		(110)		_	(110)
Endowment net assets, September 30, 2013	\$	7,242	\$	6,043 \$	13,285

9. Functional Expenses

Sharp provides general health care services to residents within its geographic locations Expenses related to providing these services are as follows

	Year Ended September 30			
	2013			2012
	(In Thousands)			
Hospital patient services	\$	1,835,281	\$	1,741,138
Clinic patient services		418,118		387,072
General and administrative		223,090		214,326
Purchased services under capitated agreements		127,875		126,323
	\$	2,604,364	\$	2,468,859

Notes to Combined Financial Statements (continued)

10. Pension Plans

Sharp sponsors a voluntary retirement plan (the Plan), which consists of a defined benefit cash balance plan and a defined contribution plan Under the defined contribution element of the Plan, Sharp made matching contributions of \$16,219,000 in 2013 and \$14,767,000 in 2012

The following sets forth the funded status of the Sharp's defined benefit pension plans at September 30

		2013	2012
	(In Thousands)		
Change in benefit obligation			
Benefit obligation at beginning of year	\$	291,433 \$	243,382
Service cost		14,895	11,679
Interest cost		12,557	11,963
Actuarial (gain) loss		(9,905)	35,609
Benefits paid		(13,828)	(11,200)
Benefit obligation at end of year		295,152	291,433
Change in plan assets			
Fair value of plan assets at beginning of year		228,580	173,564
Actual return on plan assets		15,830	39,217
Plan participants, contributions		6,473	5,964
Employer contributions		16,114	21,035
Benefits paid		(13,828)	(11,200)
Fair value of plan assets at end of year		253,169	228,580
Funded status	\$	(41,983) \$	(62,853)

The net liability, recognized in the balance sheet in long-term liabilities, was \$41,983,000 and \$62,853,000 at September 30, 2013 and 2012, respectively

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

Included in unrestricted net assets at September 30 are the following amounts that have not yet been recognized in net periodic pension cost

	 2013		2012
	(In The	วบรณ	nds)
Prior service cost	\$ 1,917	\$	3,121
Net actuarial loss	 63,721		87,173
	\$ 65,638	\$	90,294

Additional information for the plan

		September 30			
		2013		2012	
	(In Thousands)				
Projected benefit obligation Accumulated benefit obligation Fair value of plan assets	\$	295,152 277,738 253,169	\$	291,433 272,306 228,580	

Net periodic pension cost includes the following components for the years ended September 30

		2013	2012	
	(In Thousands)			
Service cost	\$	14,895 \$	11,679	
Interest cost		12,557	11,963	
Expected return on plan assets		(16,125)	(12,751)	
Recognized net actuarial loss		7,369	8,710	
Amortization of prior service cost		1,204	1,215	
Net periodic pension cost	\$	19,900 \$	20,816	

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

Weighted-average assumptions used to determine benefit obligations were

	Septem	ber 30
	2013	2012
D'		4.220/
Discount rate	5.11%	4 33%
Rate of compensation increase	3.50%	3 50%

Weighted-average assumptions used to determine net periodic pension cost were

	Septem	ber 30
	2013	2012
Discount rate	4.33%	4 92%
Expected return on plan assets	7.00%	7 25%
Rate of compensation increase	3.50%	3 50%

The expected rate of return on plan assets is updated annually, taking into consideration the plan's asset allocation, historical returns on the types of assets held in the pension trust, and the current economic environment

The estimated net actuarial loss, prior service cost, and transition obligation for the defined benefit pension plans that will be amortized from net assets into net periodic pension cost during the 2014 fiscal year are \$4,105,000, \$1,204,000, and \$0, respectively

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

Plan Assets

The Plan's assets are invested in an institutional trust company commingled employee benefit plan trust (Commingled Plan Trust) The Plan's asset allocation utilizes a long range asset allocation strategy. The target asset allocation gradually shifts as the funded ratio increases from an initial mix of 65% equity securities and 35% fixed income when the Plan's funded ratio is less than 80% to an ultimate target of 40% equity securities and 60% fixed income when the Plan's funded ratio reaches 100%. As of September 30, 2013 and 2012, based on the Plan's funded ratio, the Plan's allocation of investments in the Commingled Plan Trust were as follows.

	2013	2012
Asset category		
Equity securities	50%	62%
Fixed income	50	38
Total	100%	100%

Plan assets are managed according to an investment policy adopted by Sharp's Retirement Committee Professional investment managers are retained to manage plan assets. The primary objective of the Plan is to generate a consistent total investment return sufficient to pay present and future Plan benefits to retirees. The investment policy includes an asset allocation that includes equities and fixed income instruments. The target mix represents a long-term asset allocation strategy for the Plan Although the Retirement Committee will seek to maintain the target mix over the long term, short-term deviations may occur due to market impact and cash flow. The timing and degree of rebalancing of the actual portfolio will be determined by the Retirement Committee.

Financial assets measured at fair value are grouped in three levels, based on the markets in which the assets are traded and the reliability of the assumptions used to estimate fair value. These levels and associated valuation methodologies are described in Note 2. All of the Plan's investments in the Commingled Plan Trust are in the Level 2 fair value group at September 30, 2013 and 2012.

Contributions

Sharp expects to contribute \$8,100,000 to the Plan in 2014

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

2014	\$ 20,470,000
2015	19,468,000
2016	19,303,000
2017	20,931,000
2018	20,943,000
2019 - 2023	109,875,000

11. Long-Term Liabilities

Long-term liabilities consist of the following

	Septer	nbei	r 3 0				
	2013		2012				
	 (In Thousands)						
Defined benefit pension plan unfunded liability	\$ 41,983	\$	62,853				
Workers' compensation	35,298		34,541				
Deferred liabilities	20,012		18,033				
Other	 8,538		8,221				
	\$ 105,831	\$	123,648				

12. Commitments and Contingencies

Leases

Sharp leases various equipment and facilities under operating leases expiring at various dates through 2032 Total rental expense in 2013 and 2012 for all operating leases was \$31,795,000 and \$31,620,000, respectively

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

The following is a schedule by year of future minimum lease payments (in thousands) under operating leases as of September 30, 2013, that have initial or remaining lease terms in excess of one year

2014	\$ 24,767
2015	24,711
2016	21,023
2017	16,284
2018	14,399
Thereafter	 112,765
	\$ 213,949

Legal Matters

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations are subject to ongoing government review and interpretations, and include matters such as licensure, accreditation, and reimbursement for patient services. Compliance with these laws and regulations is required for participation in government health care programs. Government activity continues to increase with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties as well as significant repayment of previously billed and collected revenues for patient services. Sharp believes it is in compliance with current laws and regulations.

In the normal course of business, Sharp is involved in legal proceedings Sharp accrues a liability for such matters when it is probable that a liability has been incurred and the amount can be reasonably estimated. The accrual for a litigation loss contingency might include, for example, estimates of potential damages, outside legal fees, interest penalties, and other directly related costs expected to be incurred.

Labor Matters

Not-for-profit health care providers and their employees are under the jurisdiction of the National Labor Relations Board As of September 30, 2013, approximately 28% of Sharp employees are represented by unions Such unionized employees are represented by Sharp

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

Professional Nurses Network, United Nurses of California, National Union of Hospital and Health Care Employees, American Federation of State, County and Municipal Employees, AFL-CIO The collective bargaining agreement with the union expires in 2014

Professional Liability and Stop-Loss Insurance

CQI SPC is a wholly owned captive insurance company which insures a portion of the medical malpractice (professional liability) claims of certain affiliates of Sharp Malpractice losses are accrued based on estimates of the ultimate costs for both reported claims and claims incurred but not reported Sharp's liability is limited to \$3,000,000 per individual claim and \$17,625,000 in the aggregate each year Sharp has obtained excess loss insurance covering claims above these amounts up to \$40,000,000

General and professional liability costs have been accrued based upon an actuarial determination Accrued malpractice losses have been discounted at 3 0% at September 30, 2013 and 2012

Claims, including alleged malpractice, have been asserted against Sharp and are currently in various stages of litigation Additional claims may be asserted against Sharp arising from services provided to patients through September 30, 2013. In management's opinion, however, the estimated liability accrued at September 30, 2013, is adequate to provide for potential losses resulting from pending or threatened litigation. It is management's opinion that the ultimate disposition of such litigation will not have a material adverse effect on the combined financial position, results of operations, or cash flows of Sharp

Sharp Health Plan

SHP is required to meet certain financial responsibility regulations of the California Department of Managed Healthcare (DMHC) Pursuant to these regulations, SHP maintains a reserve totaling \$300,000 on deposit with various financial institutions. In addition, SHP is required to maintain two times the normal requirement of tangible net equity, as defined in regulations of the DMHC At September 30, 2013 and 2012, SHP was required to maintain tangible net equity totaling \$10,525,000 and \$13,590,000, respectively SHP's tangible net equity was \$47,214,000 at September 30, 2013, and \$39,962,000 at September 30, 2012. Management believes they are in compliance with these requirements at September 30, 2013 and 2012.

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

Unemployment Claims and Workers' Compensation

Sharp has elected to self-insure for unemployment claims through various group plans Prior to January 1, 1996, Sharp was also self-insured for workers' compensation claims Since 1996, Sharp has purchased high deductible insurance policies and has been responsible for workers' compensation claims up to amounts covered by these insurance policies (Sharp was responsible for individual claims up to \$1,000,000 in 2013 and 2012) For workers' compensation, Sharp accrues for the unpaid portion of claims that have been reported and estimates of claims that have been incurred but not reported, based on an actuarial study Accrued workers' compensation losses have been discounted at 1 25% and 1 5% at September 30, 2013 and 2012, respectively Workers' compensation liabilities of \$44,710,000 and \$44,436,000 at September 30, 2013 and 2012, respectively, are included in other current liabilities and long-term liabilities in the combined balance sheets

Seismic Standards (Unaudited)

All of Sharp's major hospital buildings are in compliance with the earthquake retrofit requirements under a State of California law through 2030

Credit Facilities

Sharp has a \$50,000,000 line of credit with a bank, which expires on September 1, 2016, of which \$17,600,000 was available at September 30, 2013 and 2012 As part of the workers' compensation insurance agreement, letters of credit have been provided as collateral The total letters of credit used as collateral totaled \$32,400,000 as of September 30, 2013 and 2012 These letters of credit are each considered a decrease in the available \$50,000,000 line of credit with the bank There are no amounts outstanding as of September 30, 2013 and 2012

Sharp has a bank liquidity facility to provide credit enhancement and liquidity support for the \$60,000,000 of Series 2009A Bonds The bank liquidity facility was executed in February 2009 by a bank letter of credit that expires in May 2016 The letter of credit used as collateral totaled \$44,769,000 at September 30, 2013

Sharp has a bank liquidity facility to provide credit enhancement and liquidity support for the \$99,880,000 of Series 2009C and D Bonds The bank liquidity facility was executed in September 2009 by a bank letter of credit that expires in September 2016 The total letters of credit used as collateral totaled \$101,391,000 at September 30, 2013

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

SHP has a bank credit facility that provides for the issuance of up to an aggregate of \$550,000 at September 30, 2013 and \$700,000 at September 30, 2012, under letters of credit Such letters of credit are under irrevocable standby letters of credit At September 30, 2013 and 2012, none of these letters have been drawn upon

13. Fair Value of Financial Instruments

The following methods and assumptions were used by Sharp in estimating fair value of its financial instruments

Cash and cash equivalents: The carrying amount reported in the balance sheet for cash and cash equivalents approximates fair value

Short-term investments and assets limited as to use: Fair values, which are the amounts reported in the balance sheet, are based on quoted market prices

Estimated settlements receivable from (payable to) government programs, net: The carrying amount reported in the balance sheet for estimated third-party payor settlements approximates its fair value

Prepaid expenses and other: The carrying amount reported in the balance sheet for prepaid expenses and other approximates its fair value

Accounts payable and accrued expenses: The carrying amount reported in the balance sheet for accounts payable and accrued expenses approximates its fair value

Accrued compensation and benefits: The carrying amount reported in the balance sheet for accrued compensation and benefits approximates its fair value

Long-term debt: Fair values are computed using an estimated pricing analysis based on the individual bond terms

Notes to Combined Financial Statements (continued)

13. Fair Value of Financial Instruments (continued)

The carrying amounts and fair values of Sharp's financial instruments are as follows (in thousands)

	September 30, 2013			0, 2013	September 30, 2012				
		Carrying Value		Fair Value		Carrying Value		Fair Value	
Cash and cash equivalents	\$	175,334	\$	175,334	\$	174,127	\$	174,127	
Short-term investments		59,520		59,520		83,838		83,838	
Estimated settlements receivable									
from government programs, net		5,058		5,058		11,958		11,958	
Prepaid expenses and other		42,579		42,579		40,066		40,066	
Assets limited as to use		1,246,562		1,246,562		964,562		964,562	
Accounts payable and accrued									
liabilities		184,474		184,474		229,836		229,836	
Accrued compensation and benefits		139,129		139,129		127,973		127,973	
Current and long-term debt		597,123		621,016		602,959		645,288	

14. Subsequent Events

In preparing these combined financial statements, management has evaluated and disclosed all material subsequent events up to December 17, 2013, which is the date that the combined financial statements were issued

Supplementary Information

Combining Balance Sheet

(In Thousands)

As of September 30, 2013

	Sharp HealthC are	Sharp Memorial Hospital	Sharp C hula V ista Medical C enter	Grossmont Hospital Corporation	Sharp C oronado Hospital and HealthC are C enter	Sharp Health Plan	C ontinuous Quality Insurance	Sharp HealthC are Foundation	Grossmont Hospital Foundation	C ombined Totals	Combining Elinunations	Totals
Assets												
Current assets												
Cash and eash equivalents	\$ 139 001	\$ 1 081	\$ 1 900	\$ 8894	\$ 900	\$ 10.157	\$ 408	\$ 1140	\$ 2 781	\$ 175,334	\$ - \$	175 334
Short-term investments	30 450	-	=	13 00	-	5 085	-	1 000	_	59 520	=	59 520
Accounts receivable net	20 831	137 443	40 110	~o ol l	0 0 0	3 782	-	2 822	403	297 678	(1.808)	295.870
Estimated settlements receivable from												
government programs net	=	(781)	(1.146)	7 532	(547)	=	=	=	=	5 058	=	5 058
Intercompany receivables	=	1 041 479	110 88~	3~4	9 892	-	13	=	85	1 162 730	(1.162.730)	-
Inventories	- 2-0	14 820	5 362	10 -0-	1 884	-	-	-	-	40 04 <i>o</i>	-	40 040
Prepaid expenses and other	34 835	3 054	1 008	5 012	305	3~1	5	33	4	45 017	(3.038)	42 579
Total current assets	241 402	1 10-000	1051	122 197	22 110	28 305	420	5 910	3 273	1 785 980	(1 107 570)	018 410
Assets limited as to use												
Designated for property	902 598	-	-	230 044	-	35 864	-	-	_	1 175 106	-	1 175 100
Under bond indentures	ω_{OO}	14 157	1 084	025	-	-	-	_	_	1o 535	-	16 535
Other restricted investments	_	-	-	_	_	389	_	31 ~~0	10 983	43 142	-	43 142
Under self-insurance programs	_	-	-	_	_	-	11.809	_	_	11 8oo	-	11.800
Total assets limited as to use	903 267	14 157	1 084	237 209	-	3o 253	11 800	31 ~~0	10 983	1 240 052	-	1 240 052
Property and equipment net	251 901	40o 838	08 924	248 072	14 502	1 040	=	178	=	001 584	=	001 584
Unamortized financing costs	1 984	3 182	726	443	_	_	_	_	_	o 335	_	o 335
Other assets	28 003	28	2 405	1 058	1 080	140	13 894	48 %2	3 -01	101 o11	(27 849)	73 702
Beneficial interest in foundations	45 045	-	_	17 392	_	-	_	_	_	63 037	(03.037)	-
Total assets	\$ 1,473,252	\$ 1,021,301	\$ 238,376	\$ 627,031	\$ 38,352	\$ 05.837	\$ 20,189	\$ 80,820	\$ 18.04	\$ 4,195,205	\$ (1,258,462) \$	2 936 743

Combining Balance Sheet (continued)

(In Thousands)

As of September 30, 2013

					Sharp							
	Sharp HealthC are	Sharp Memorial Hospital	Sharp C hula V ista Medical C enter	Grossmont Hospital Corporation	C oronado Hospital and HealthC are C enter	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthC are Foundation	Grossmont Hospital Foundation	C ombined Totals	Combining Eliminations	Totals
Liabilities and net assets												
Current liabilities												
Accounts payable and accrued liabilities	\$ 110 040 \$	23 358	\$ 8 950	\$ 15,920	\$ 1.825	\$ 10.140	\$ 01	\$ 35	\$ 4	\$ 18o 245	\$ (1 **1) \$	184 474
Intercompany payable	1 132 180	-	-	-	-	582	-	20 012	_	1 102 080	(1 102 080)	-
Accrued compensation and benefits	42 236	43 050	16 210	30 492	4 470	1 631	-	432	80	139 216	(87)	139 129
Current portion of long-term debt	2 3~0	0.450	9 021	1 002	-	-	-	-	_	10 458	-	10 458
Accrued interest	400	2 305	420	90	-	_	-	-	_	3 290	_	3 290
Total current habilities	1 297 210	-58	34 00~	48 110	o 301	18 359	ol	30 379	84	1 510 805	(1 164 538)	340 357
Long-term habilities	70 832	14 532	4 41 -	10 511	1 133	205	12 043	10 705	572	134 100	(28 209)	105 831
Reserves for professional and general liabilities	2 201	-	-	-	-	-	13 905	-	_	10 100	-	10 100
Long-term debt	124 354	348 41o	57 545	47 350	_	-	-	-	_	5== 005	-	5== 005
Total habilities	1 494 003	438 720	00 500	111 0-1	- 434	18 024	20 000	41.174	050	2 238 700	(1.192.807)	1 045 050
Net assets												
Unrestricted	(63 720)	1 182 575	141 80~	400 502	32 080	47 213	180	4 2	1 833	1 843 347	(~~28)	1 835 019
Temporarily restricted	3~400	-	-	14 484	(1.762)	-	-	30 400	14 484	101 000	(51.884)	49 122
Permanently restricted	1 000	-	_	1 0~4	_	_	-	1 000	1 0~4	12 086	(6.043)	o 043
Total net assets	(21 351)	1 182 575	141 80~	512 000	30 018	47 213	180	45 040	1-301	1 050 430	(05 055)	1 890 784
Total liabilities and net assets	\$ 1.473.252 \$	1 021 301	\$ 238.376	\$ o2~031	\$ 38.352	\$ 05.837	\$ 20 18°	\$ 80 820	\$ 18 04 ⁻	\$ 4195.205	\$ (1.258.462) \$	2 936 743

Combining Statement of Operations (In Thousands)

Year Ended September 30, 2013

Sharp

		Sharp	Sharp Chula	a Grossmont	C oronado Hospital and		Continuous	Sharp	Grossmont			
	Sharp HealthCare	Memorial Hospital	Vista Medical Center	Hospital Corporation	HealthC are C enter	Sharp Health Plan	Quality Insurance	HealthC are Foundation	Hospital Foundation	Combined Totals	Combining Elinunations	Totals
Revenues												
Patient service revenue	\$ 131.353 \$	950 709	\$ 271 433	\$ 581 000	\$ 09 302	\$ -	\$ -	\$ -	\$ -	\$ 2 004 520	\$ (339.717) \$	1 004 809
Provider tax revenue	_	52 ~0~	36 171	49 355	- 03o	_	_	_	_	145 329	_	145 329
Provision for doubtful accounts	(4 314)	(10.5~9)	(3.327)	(9 410)	(484)	_	-	-	-	(28 114)	-	(28 114)
Net patient service	12-030	002.80-	304 2**	021 014	-2 014	-	-	-	-	2 121 741	(339 -1-)	1 782 024
Premuum	1 405	_	_	-	_	320 392	_	_	_	1 091 887	(138 093)	953 194
Other	230 255	13 209	8 241	12 147	3.8~9	1 049	- 508	_	-	2°o 288	(181 703)	04 585
Total revenues	1 128 789	1 000 100	312 518	033 701	-0 -03	321 441	- 508	=	=	3 480 010	(000 113)	2 829 803
Expenses												
Salaries and wages	201 884	342 100	125 190	230 087	35 154	40	-	_	-	1 008 827	-	1 008 827
Employee benefits	00 - 20	80 724	29 143	50 910	8 521	1 783	-	_	-	246 810	-	246 810
Medical tees	228 000	11 889	4 524	8 055	01~	201 351	-	_	-	545 402	(157 836)	387 500
Purchased services	110 402	o2 18 ⁻	25 528	40 580	0 023	8 85"	10-	_	=	263 404	(4 103)	259 301
Supplies	43 362	141 538	39 338	83 523	10 o13	291	-	_	=	318 005	(~)	318 058
Provider tax	-	39 078	24 00-	39 532	2 780	-	-	_	-	100 087	-	100 087
Maintenance utilities and rentals	00 403	28 002	- 000	10 050	3 153	940	_	_	-	11o º4o	(3.572)	113 374
Depreciation and amortization	30 147	42 192	12 841	22 9-1	3 145	1-0	0	_	=	120 781	(22 231)	98 550
Business Insurance	5 434	2.537	902	2 129	222	10-	7 205	_	_	18 020	(7.295)	11 331
Interest	5 403	15 100	3 410	1 788	-	1	-	_	-	25 702	(2.452)	23 250
Purchased services from affiliate	328 ⁻ 10	84 401	30 41 7	50 318	o 738	2 894	2-	_	-	500 571	(509 571)	_
Other	13 819	7 218	2 298	3 917	-80	2 514	55	_	-	30 o10	-	30 o10
Total expenses	1 100 485	857 752	305 057	578 300	78 355	31o ºo3	T 550	-	-	3 311 431	(707 007)	2 004 304
Income (loss) from operations	(37 090)	148 354	0.501	55 392	1 438	4 4~8	(42)	-	_	178 485	40 054	225 439
Other non-operating income (loss)	211	508	18	(958)	(53)	35	-	(100)	120	(225)	100	(05)
Investment income	57 525	34 o21	13 080	14 050	2 00	2 014	42	1 743	02~	127 521	(47 114)	80 40~
Excess (deficit) of revenues over expenses	20 040	183 483	19 005	00 000	3 002	- 12-	-	1 03~	-1-	305 781	-	305 781
Net assets transferred from related party	=		-	31.174	-	-	-	-	-	31 174	=.	31 174
Net assets released from restrictions used for												
purchase of property-plant and equipment	1 028	2 448	1 02~	1 05~	-	-	-	-	-	5 500	-	5 500
Pension related changes other than net periodic pension cost	0 053	8 912	2 480	5 820	058	124	=	=	=	24 002	=	24 002
Other changes in net assets	1 03~	_		258	859	-			(00~)	2 08~	(1 719)	308
Increase (decrease) in unrestricted net assets	\$ 20,358 \$	194,843	\$ 23,178	\$ 107,408	\$ 5,500	\$ 7,251	\$ -	\$ 1,037	\$ 80	\$ 300,204	\$ (1,719) \$	307,545

Combining Statement of Changes in Net Assets (In Thousands)

Year Ended September 30, 2013

Sharp

Unrestricted net assets
Excess (deficit) of revenues over expenses
Net assets transferred from related party
Net assets released from restrictions used for
purchase of property-plant and equipment
Pension related changes other than net
periodic pension cost
Other changes in net assets
Increase (decrease) in unrestricted net assets
Temporarily restricted net assets
Contributions
Investment income
Change in net unrealized gains (losses)
on other than trading securities
Net assets released from restrictions
Other
Increase (decrease) in temporarily restricted
net assets
Permanently restricted net assets
Contributions
Other
Increase (decrease) in permanently restricted
net assets
Increase (decrease) in net assets
Net assets beginning of the year
Net assets, end of the year

Sharp ealthC are	Sharp Memorial Hospital	Sharp C hula Vista Medical C enter		C oronado Hospital and HealthC are C enter	Sharp Health Plan	C ontinuous Quality Insurance	Sharp HealthC are Foundation	Grossmont Hospital Foundation	C ombined Totals	Combining Elimmations	Totals
\$ 20 040 -	\$ 183 483 -	\$ 10005	\$ 00 000 31 1 ⁻⁴	\$ 3 002	\$ 7127 -	\$ - -	\$ 1 o3 ⁻	\$ 747 S	305 781 31 174	\$ - \$ -	305 781 31 174
1 028	2 448	1 027	1 057	-	-	=	-	-	5 500	-	5 500
o o53 1 o3 ⁻	8 912			o58 850	124	-	-	- (00 ⁻)	24 oo2 2 08	- (1 ⁻ 19)	24 oo2 308
29 358	194 843			5 500	7 251			80	309 204	(1 719)	367 545
-	-		-	-	-	-	5 000	3 041	8 ~40	=	8 ~40
-	-	-	_	-	-	-	1 005	258	1 323	-	1 323
-	-	-	_	-	-	-	450 (~ 033)	100 (1 o54)	550 (9.587)	-	550 (0.587)
 (1 310)	_		3 012	251	-	_		00	2 020	(1 701)	010
(1 310)	-	_	3 012	251	-	-	(1 310)	3 012	3 055	(1 701)	1 054
_	-		-	-	-	-	480	1	481	-	481
 480	-		_	_	_	_	_	_	480	(480)	-
480	-		-	-	-	-	480	1	901	(480)	481
28 528	194 843			5 700	7 251	-	80~	3 003	3~3 880	(3 900)	309 980
 (49.879)	987 732			25 158	39 902	180	44 839	14 298	1 582 559	(61 755)	1 520 804
\$ (21 351)	\$ 1 182 575	\$ 141.807	\$ 512.000	\$ 30 918	\$ 47 213	\$ 180	\$ 45 040	\$ 17391 5	1 050 430	\$ (05 055) \$	1 800 784

Combining Balance Sheet – Obligated Group

(In Thousands)

As of September 30, 2013

	49	Sharp	Sharp Chula	Grossmont	6. 1. 1	<i>c</i>	
	Sharp HealthCare	Memorial Hospital	Vista Medical Center	Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Assets		-		•			
Current assets							
Cash and eash equivalents	\$ 139,001	\$ 1.081	\$ 1.960	\$ 8,894	\$ 150.936	- \$	150,936
Short-term investments	39,459	-	-	13,067	52,526	_	52,526
Accounts receivable, net	20,831	137,443	46,116	76,611	281,001	(1.003)	279,998
Estimated settlements receivable from							
government programs, net	_	(781)	(1.146)	7,532	5,605	_	5,605
Intercompany receivables	(1.131.895)	1.041.479	110,887	_	20,471	447	20,918
Inventories	7.276	14,820	5,362	10,707	38,165	_	38,165
Prepaid expenses and other	34,835	3,054	1,998	5,012	44,899	_	44,899
Total current assets	(890,493)	1.197.096	165,177	121,823	593,603	(556)	593,047
Assets limited as to use							
Designated for property	902,598	_	_	236,644	1,139,242	_	1,139,242
Under bond indentures	669	14,157	1.084	625	16,535	_	16,535
Other restricted investments	_	_	_	_	_	_	_
Under self-insurance programs	_	_	_	_	_	_	_
Total assets limited as to use	903,267	14,157	1.084	237,269	1,155,777	_	1,155,777
Property and equipment, net	251,961	406,838	68.924	248,072	975,795	_	975,795
Unamortized financing costs	1.984	3.182	726	443	6,335	_	6,335
Other assets	28,993	28	2,465	1,658	33,144	(4)	33,140
Beneficial interest in foundations	45,645	_	_	17.392	63,037	_	63,037
Total assets	\$ 341,357	\$ 1,621,301	\$ 238,376	\$ 626,657	\$ 2,827,691	\$ (560) \$	2,827,131

Combining Balance Sheet – Obligated Group (continued)

(In Thousands)

As of September 30, 2013

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Liabilities and net assets	-						
Current liabilities							
Accounts payable and accrued liabilities	\$ 120,237	\$ 23.358	\$ 8.950	\$ 15.920	\$ 168,465	\$ (1.003) \$	167.462
Intercompany payable	_	_	_	(374)	(374)	447	73
Accrued compensation and benefits	42,236	43.659	16.210	30,492	132,597	_	132,597
Current portion of long-term debt	2,379	6.456	9.021	1,602	19,458	_	19,458
Accrued interest	469	2,305	426	96	3.296	_	3.296
Total current liabilities	165,321	75,778	34.607	47.736	323,442	(556)	322.886
Long-term liabilities	70,832	14.532	4.417	19.511	109.292	(4)	109.288
Reserves for professional and general liabilities	2.201	=	=	=	2.201	=	2.201
Long-term debt	124.354	348,416	57,545	47,350	577.665	=	577.665
Total liabilities	362,708	438,726	96.569	114.597	1.012.600	(560)	1.012.040
Net assets							
Unrestricted	(63,720)	1.182.575	141.807	496,502	1,757,164	=	1.757.164
Temporarily restricted	37,400	=	=	14,484	51.884	=	51.884
Permanently restricted	4.969	-	=	1.074	6.043	-	6.043
Total net assets	(21,351)	1,182,575	141.807	512,060	1.815.091	_	1,815,091
Total liabilities and net assets	\$ 341,357	\$ 1,621,301	\$ 238,376	\$ 626,657	\$ 2,827,691	\$ (560) \$	2,827,131

Combining Statement of Operations – Obligated Group

(In Thousands)

Year Ended September 30, 2013

	Sharp HealthCare	Sharp Memorial Hospital	Sharp C'hula Vista Medical C'enter	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Revenues		•		•			
Patient service revenue	\$ 131,353	\$ 950,709	\$ 271,433	\$ 581,669	\$ 1,935,164	\$ (326,387) \$	1,608,777
Provider tax revenue	_	52,767	36,171	49,355	138,293	_	138,293
Provision for doubtful accounts	(4.314)	(10,579)	(3.327)	(9.410)	(27.630)	_	(27,630)
Net patient service	127,039	992.897	304.277	621,614	2,045,827	(326,387)	1,719,440
Premium	771,495	_	_	_	771,495	_	771,495
Other	230,255	13,209	8.241	12,147	263,852	(164,693)	99,159
Total revenues	1.128.789	1.006.106	312,518	633,761	3.081.174	(491.080)	2.590,094
Expenses							
Salaries and wages	261.884	342,166	125,190	236.687	965.927	_	965,927
Employee benefits	69.729	80,724	29,143	56,910	236,506	-	236,506
Medical fees	228.066	11.889	4.524	8.955	253,434	(11.235)	242.199
Purchased services	110,462	62.187	25,528	49,580	247,757	(3.120)	244,637
Supplies	43.362	141.538	39.338	83,523	307,761	(7)	307,754
Provider tax	_	39,078	24.697	39,532	103,307	-	103,307
Maintenance, utilities and rentals	60,463	28.662	7.669	16.059	112.853	(3.027)	109,826
Depreciation and amortization	39.147	42.192	12.841	22.971	117,151	(21.143)	96,008
Business Insurance	5,434	2.537	902	2.129	11.002	_	11.002
Interest	5,403	15,100	3,410	1.788	25,701	(2.427)	23.274
Purchased services from affiliate	328.716	84,461	30,417	56.318	499.912	(494.623)	5.289
Other	13.819	7.218	2.298	3.917	27.252	-	27.252
Total expenses	1.166.485	857.752	305,957	578,369	2.908,563	(535,582)	2.372.981
Income (loss) from operations	(37.696)	148,354	6.561	55,392	172.611	44.502	217,113
Other non-operating income (loss)	211	508	18	(958)	(221)	_	(221)
Investment income	57.525	34,621	13,086	14.656	119,888	(44.502)	75,386
Excess of revenues over expenses	20,040	183,483	19,665	69,090	292.278	_	292,278
Net assets transferred from related party	-	-	_	31.174	31,174	_	31.174
Net assets released from restrictions used for							
purchase of property, plant and equipment	1.028	2.448	1.027	1.057	5,560	-	5,560
Pension-related changes other than net periodic pension cost	6,653	8,912	2,486	5,829	23,880	_	23,880
Other changes in net assets	1.637		_	258	1.895		1,895
Increase in unrestricted net assets	\$ 29,358	\$ 194,843	\$ 23,178	\$ 107,408 \$	\$ 354,787	\$ - \$	354,787

Combining Statement of Changes in Net Assets – Obligated Group (In Thousands)

Year Ended September 30, 2013

	_ н	Sharp ealthCare	Sharp Memorial Hospital		harp C'hula sta Medical C'enter	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Unrestricted net assets									
Excess of revenues over expenses	\$	20,040	\$ 183,483	3 \$	19,665	\$ 69,090	\$ 292.278	\$ -	\$ 292,278
Net assets transferred from related-party		_	-	-	_	31,174	31,174	_	31,174
Net assets released from restrictions used for									
purchase of property, plant and equipment		1.028	2.44	3	1.027	1.057	5,560	_	5,560
Pension-related changes other than net									
periodic pension cost		6,653	8.91	2	2.486	5.829	23,880	_	23,880
Other changes in net assets		1.637		-	_	258	1.895	_	1.895
Increase in unrestricted net assets		29,358	194,843	3	23,178	107.408	354,787	_	354,787
Temporarily restricted net assets									
Other changes in net assets		(1.310)	-	-	_	3,012	1,702	_	1,702
Increase in temporarily restricted net assets		(1,310)	-	-	=	3.012	1,702	-	1,702
Permanently restricted net assets									
Other changes in net assets		480	-	-	_	_	480		480
Increase in permanently restricted net assets		480	-	=	-	=	480	=	480
Increase in net assets		28,528	194.84	3	23.178	110,420	356.969	-	356.969
Net assets (deficit), beginning of the year		(49,879)	987,732	2	118.629	401.640	1,458,122	_	1,458,122
Net assets (deficit), end of the year	\$	(21,351)	\$ 1,182,57	5 \$	141,807	\$ 512,060	\$ 1,815,091	\$ -	\$ 1,815,091

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