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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GROSSMONT HOSPITAL FOUNDATION

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
SAN DIEGO, CA 921231489

D Employer identification number
33-0124488

E Telephone number
(858)499-5150

G Gross receipts $ 20,828,139

F Name and address of principal officer
ELIZABETH MORGANTE
8695 SPECTRUM CENTER BLVD
SAN DIEGO,CA 921231489

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

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

H(c) Group exemption number ▶

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

J Website: ▶ HTTPS //GIVE SHARP COM-GROSSMONT-FOUNDATION

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

L Year of formation 1985

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
GROSSMONT HOSPITAL FOUNDATION IS A NON-PROFIT, PHILANTHROPIC ORGANIZATION THAT WAS ESTABLISHED IN 1985 TO ENHANCE THE CURRENT AND FUTURE HEALTH CARE NEEDS OF EAST COUNTY AND SAN DIEGO COMMUNITIES GROSSMONT HOSPITAL FOUNDATION FUNDS PATIENT CARE SERVICES, HOSPICE, HEALTH EDUCATION, CLINICAL RESEARCH AND MAJOR CAPITAL PROJECTS AFFILIATED WITH SHARP GROSSMONT HOSPITAL

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	11
6	Total number of volunteers (estimate if necessary)	**6**	259
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,498,084	4,297,104
	9 Program service revenue (Part VIII, line 2g)	1,043,861	1,133,437
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	719,447	2,334,544
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,345	80,571
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,274,737	7,845,656
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,574,983	3,042,456
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	890,824	925,118
	16a Professional fundraising fees (Part IX, column (A), line 11e)	250	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶777,184		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	248,003	266,732
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,714,060	4,234,306
	19 Revenue less expenses Subtract line 18 from line 12	2,560,677	3,611,350

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	21,201,563	22,623,404
	21 Total liabilities (Part X, line 26)	756,114	724,432
	22 Net assets or fund balances Subtract line 21 from line 20	20,445,449	21,898,972

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2016-08-08 Date

▶ ELIZABETH MORGANTE VP PHILANTHROPY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00649485

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 4370 LA JOLLA VILLAGE DR SUITE 500
SAN DIEGO, CA 92122 — Phone no (858) 535-7200

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,141,934 including grants of $ 3,042,456) (Revenue $ 1,133,437)

PROVIDE SUPPORT TO GROSSMONT HOSPITAL CORPORATION

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

SEE SCHEDULE O FOR COMMUNITY BENEFITS REPORT

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 3,141,934

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see 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*	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*	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 V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	41		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	3		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	22		
	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	**1b**	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	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				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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, address, and telephone number of the person who possesses the organization's books and records ▶ STACI DICKERSON

8695 SPECTRUM CENTER BLVD
SAN DIEGO, CA 92123 (858) 499-5150

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 any hours for related organizations below dotted line)	(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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								0	480,138	57,799

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a 1,996				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,124,708				
	d	Related organizations . . .	1d 4,882				
	e	Government grants (contributions)	1e 84,228				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,081,290				
	g	Noncash contributions included in lines 1a-1f $	484,381				
	h	**Total.** Add lines 1a-1f . . . . . ▶		4,297,104			
Program Service Revenue			Business Code				
	2a	FUNDRAISING ACTIVITIES	900099	1,087,805	1,087,805		
	b	HEALTHCARE EDUCATION	900099	45,632	45,632		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,133,437			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		385,382			385,382
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	14,488,238 / 2,060				
	b	Less cost or other basis and sales expenses	12,538,461 / 2,675				
	c	Gain or (loss)	1,949,777 / -615				
	d	Net gain or (loss) . . . . . ▶		1,949,162			1,949,162
	8a	Gross income from fundraising events (not including $ 1,124,708 of contributions reported on line 1c) See Part IV, line 18 . . a	478,194				
	b	Less direct expenses . . . b	437,564				
	c	Net income or (loss) from fundraising events . . ▶		40,630			40,630
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	23,345				
	b	Less direct expenses . . . b	3,783				
	c	Net income or (loss) from gaming activities . . ▶		19,562			19,562
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	20,379			20,379
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		20,379			
	12	**Total revenue.** See Instructions . . . . . ▶		7,845,656	1,133,437	0	2,415,115

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 or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,912,139	2,912,139		
2 Grants and other assistance to domestic individuals See Part IV, line 22	130,317	130,317		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	212,056	19,085	44,532	148,439
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	542,676	48,841	113,962	379,873
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,352	3,992	9,314	31,046
9 Other employee benefits	77,891	7,010	16,357	54,524
10 Payroll taxes	48,143	4,333	10,110	33,700
11 Fees for services (non-employees)				
a Management				
b Legal	4,961		1,488	3,473
c Accounting				
d Lobbying	18	2	4	12
e Professional fundraising services See Part IV, line 17				
f Investment management fees	81,585		81,585	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,689	1,772	4,135	13,782
12 Advertising and promotion				
13 Office expenses	101,590	9,143	21,334	71,113
14 Information technology	9,268	834	1,946	6,488
15 Royalties				
16 Occupancy				
17 Travel	11,332	1,020	2,380	7,932
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	970	87	204	679
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD, DUES & MISC	37,319	3,359	7,837	26,123
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,234,306	3,141,934	315,188	777,184
26 **Joint costs.** Complete this line only if the organization 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

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	4,135,490	2	11,179,531
	3	Pledges and grants receivable, net	3,294,024	3	2,969,457
	4	Accounts receivable, net		4	
	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 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,818	9	4,042
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	11,288,359	11	6,143,272
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,479,872	15	2,327,102
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	21,201,563	16	22,623,404
Liabilities	17	Accounts payable and accrued expenses	79,739	17	95,356
	18	Grants payable		18	
	19	Deferred revenue	597,756	19	563,824
	20	Tax-exempt bond liabilities		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 L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	78,619	25	65,252
	26	**Total liabilities.** Add lines 17 through 25	756,114	26	724,432
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,264,397	27	5,730,880
	28	Temporarily restricted net assets	15,085,649	28	15,071,689
	29	Permanently restricted net assets	1,095,403	29	1,096,403
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	20,445,449	33	21,898,972
	34	Total liabilities and net assets/fund balances	21,201,563	34	22,623,404

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,845,656
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,234,306
3	Revenue less expenses Subtract line 2 from line 1	3	3,611,350
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,445,449
5	Net unrealized gains (losses) on investments	5	-1,998,074
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-158,753
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,898,972

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW ALONGI MD	1 00	X						0	0	0
DIRECTOR	0 00									
(1) DEE AMMON	2 00	X		X				0	0	0
SECRETARY	0 00									
(2) NOORI BARKA	2 00	X						0	0	0
DIRECTOR	0 00									
(3) JOYCE BUTLER	2 00	X						0	0	0
DIRECTOR	0 00									
(4) GARY CLASEN	2 00	X						0	0	0
DIRECTOR	0 00									
(5) CONNIE CONARD	2 00	X						0	0	0
DIRECTOR	2 00									
(6) CONNIE CRAIN	1 00	X						0	0	0
DIRECTOR	0 00									
(7) HARRY ELLISON MD	1 00	X						0	0	0
DIRECTOR	0 00									
(8) SCOTT EVANS	2 00	X						0	0	0
CEO-SHARP GROSSMONT HOSPITAL	50 00									
(9) FREDDY GARMO JD	1 00	X						0	0	0
DIRECTOR	0 00									
(10) ANN GOLDBERG	5 00	X		X				0	0	0
CHAIR	0 00									
(11) AL JOHNSTONE	2 00	X						0	0	0
DIRECTOR	0 00									
(12) MARC KOBERNICK MD	0 50	X						0	2,494	0
DIRECTOR	5 00									
(13) KEN LUND	2 00	X		X				0	0	0
VICE CHAIR	0 00									
(14) ROBERT MALKUS MD	2 00	X						0	0	0
DIRECTOR	0 00									
(15) ALEX MATUK	2 00	X						0	0	0
DIRECTOR	0 00									
(16) DANIEL MILLIKEN	1 00	X						0	0	0
DIRECTOR	0 00									
(17) ERIC ORR	2 00	X						0	0	0
DIRECTOR	0 00									
(18) FRED ROBINSON	2 00	X						0	0	0
DIRECTOR	0 00									
(19) HUDA SALEM	2 00	X						0	0	0
DIRECTOR	0 00									
(20) LEWIS SILVERBERG	1 00	X		X				0	0	0
TREASURER	0 00									
(21) JOHN SNYDER	2 00	X						0	0	0
DIRECTOR	0 00									
(22) PHILIP SZOLD MD	1 00	X						0	0	0
DIRECTOR	0 00									
(23) ELIZABETH MORGANTE	30 00			X				0	249,149	33,918
VP PHILANTHROPY	10 00									
(24) NORMAN TIMMINS	20 00					X		0	117,920	12,792
PLANNED GVNG/MJR GIFTS OFFICER	20 00									

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) WILLIAM J NAVRIDES ..... MGR DEVELOPMENT - GH	40 00 ..... 0 00					X		0	110,575	11,089

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,840,944	4,195,690	3,931,864	4,498,084	4,297,104	19,763,686
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	2,840,944	4,195,690	3,931,864	4,498,084	4,297,104	19,763,686
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,239,664
6 **Public support.** Subtract line 5 from line 4						16,524,022

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,840,944	4,195,690	3,931,864	4,498,084	4,297,104	19,763,686
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	300,748	304,309	317,896	342,420	385,382	1,650,755
9 Net income from unrelated business activities, whether or not the business is regularly carried on	23,465	54,529	17,138	35,370	60,192	190,694
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	-67	-16,602	38,562	-22,025	20,379	20,247
11 **Total support** Add lines 7 through 10						21,625,382

12	Gross receipts from related activities, etc (see instructions)	12	5,223,313

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	76 410 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	78 630 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		18
j	Total Add lines 1c through 1i			18
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

1	Dues, assessments and similar amounts from members	1	
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	GROSSMONT HOSPITAL FOUNDATION (GHF) PAYS ANNUAL DUES TO THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY (AHP) AHP HAS DETERMINED THAT A PORTION OF THEIR DUES ARE USED FOR LOBBYING PURPOSES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 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.

1a 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

b 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) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? ☐ Yes ☐ No

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	4,948,052	3,952,926	3,791,203	3,277,151	3,421,590
b	Contributions	25,917	695,673	1,000	1,000	-31,966
c	Net investment earnings, gains, and losses	-87,824	307,715	160,723	513,052	-112,858
d	Grants or scholarships					
e	Other expenditures for facilities and programs	126,414	8,262			-385
f	Administrative expenses					
g	End of year balance	4,759,731	4,948,052	3,952,926	3,791,203	3,277,151

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 69 000 %
- b Permanent endowment ▶ 31 000 %
- c Temporarily restricted endowment ▶ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEFERRED PLANNED GIFTS	1,697,055
(2) LONG-TERM RECEIVABLE FROM SHARP HEALTHCARE FOUNDATION	533,762
(3) BENEFICIARY TO LIFE INSURANCE POLICY	4,390
(4) INTERCOMPANY RECEIVABLE	91,895
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,327,102

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED PLANNED GIFT LIABILITIES	65,252
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	65,252

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,502,518
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,998,074		
b	Donated services and use of facilities	2b	133,269		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	440,348		
e	Add lines **2a** through **2d**			2e	-1,424,457
3	Subtract line **2e** from line **1**			3	4,926,975
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,585		
b	Other (Describe in Part XIII)	4b	2,837,096		
c	Add lines **4a** and **4b**			4c	2,918,681
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	7,845,656

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,036,035
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	133,269		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	441,348		
e	Add lines **2a** through **2d**			2e	574,617
3	Subtract line **2e** from line **1**			3	1,461,418
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,585		
b	Other (Describe in Part XIII)	4b	2,691,303		
c	Add lines **4a** and **4b**			4c	2,772,888
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,234,306

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	GROSSMONT HOSPITAL FOUNDATION HOLDS 23 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
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, 2015 AND 2014, NO SUCH ASSETS OR LIABILITIES WERE RECORDED
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSES FOR FUNDRAISING EVENTS & GAMING ACTIVITIES 441,348 UNCOLLECTIBLE PLEDGES -1,000
PART XI, LINE 4B - OTHER ADJUSTMENTS	BANK FEES NETTED WITH BANK INCOME ON AUDIT 23,331 TEMPORARILY RESTRICTED REVENUE 2,813,380 PERMANENTLY RESTRICTED REVENUE 1,000 LOSS ON SALE OF ASSETS -615
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSES FOR FUNDRAISING EVENTS & GAMING ACTIVITIES 441,348
PART XII, LINE 4B - OTHER ADJUSTMENTS	BANK FEES NETTED WITH BANK INCOME ON AUDIT 23,331 TEMPORARILY RESTRICTED EXPENSES 2,668,587 LOSS ON SALE OF ASSETS -615

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF (event type)	(b) Event #2 GALA (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	595,020	452,456	555,426	1,602,902
	2 Less Contributions	410,465	308,844	405,399	1,124,708
	3 Gross income (line 1 minus line 2)	184,555	143,612	150,027	478,194
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	86,653	33,419	65,544	185,616
	6 Rent/facility costs	24,162		2,450	26,612
	7 Food and beverages	40,385	71,410	91,946	203,741
	8 Entertainment		9,000	6,350	15,350
	9 Other direct expenses	6,245			6,245
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(437,564)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				40,630

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			23,345	23,345
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			3,783	3,783
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 83.000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				3,783
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				19,562

9 Enter the state(s) in which the organization conducts gaming activities CA

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

b If "No," explain

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

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

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

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	28 000 %
b	An outside facility	13b	72 000 %

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

Name ▶ SUSAN STEWART

Address ▶ 8695 SPECTRUM CENTER BLVD
SAN DIEGO,CA 921231489

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ SUSAN STEWART

Gaming manager compensation ▶ $ 387

Description of services provided ▶ RECORD KEEPING, REGULATORY REPORTING, OVERSEEING GAMING EVENT, ETC

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☑ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 21,011

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DRIVE LA MESA,CA 91942	33-0449527	501(C)3	1,841,157	8,157	FMV	PILLOWS, MEDICAL BOOKS, AND EQUIPMENT	PROGRAM SERVICE SUPPORT
(2) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO,CA 921231489	95-6077327	501(C)3	1,057,160	5,410	FMV	BUILDING MATERIALS	PROGRAM SERVICE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) UNFUNDED PATIENT CARE	14	130,317			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION RAISES FUNDS ON BEHALF OF AND PROVIDES ASSISTANCE TO GROSSMONT HOSPITAL CORPORATION AND THE SHARP HEALTHCARE HOSPICE PROGRAM THE FUNDS RAISED MAY BE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR MAY BE UNRESTRICTED GROSSMONT HOSPITAL CORPORATION AND THE SHARP HEALTHCARE HOSPICE PROGRAM SUBMIT REQUESTS FOR SUPPORT BASED ON THE AVAILABILITY OF THESE SPECIFICALLY DESIGNATED FUNDS THE ORGANIZATION MAY ALSO UTILIZE UNRESTRICTED FUNDS TO PROVIDE ADDITIONAL SUPPORT IN THESE INSTANCES, A COMMITTEE COMPRISED OF ORGANIZATION MANAGEMENT AND BOARD MEMBERS REVIEWS PROPOSALS AND REQUESTS FOR FUNDING AND DETERMINES WHICH PROJECTS TO FUND IN ALL CASES, THE HOSPITAL AND HOSPICE PROGRAM SUBMIT DOCUMENTATION VERIFYING COMPLETION AND PAYMENT OF THE PROJECT AND ARE SUBSEQUENTLY REIMBURSED BY THE ORGANIZATION ADDITIONALLY, THE MANAGEMENT TEAM EVALUATES REQUESTS FOR CONTRIBUTIONS FROM OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THEY ALIGN WITH THE ORGANIZATION'S MISSION GROSSMONT HOSPITAL FOUNDATION PROVIDES ASSISTANCE TO INDIVIDUALS THROUGH THE HOSPICE PROGRAM WITH INADEQUATE COVERAGE SOCIAL WORKERS EVALUATE A PATIENTS NEED FOR FINANCIAL ASSITANCE, AND AFTER ALL POTENTIAL FUNDING HAS BEEN EXAHUASTED, THE SOCIAL WORKER WILL SUBMIT A REQUEST FOR FUNDING FROM THE FOUNDATION ON A PER PATIENT BASIS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If 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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELIZABETH MORGANTE, VP PHILANTHROPY	(i)	0	0	0	0	0	0	0
	(ii)	203,320	44,830	999	16,019	17,899	283,067	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE COMPENSATION AND BENEFITS DEPARTMENT OF SHARP HEALTHCARE, THE PARENT ORGANIZATION, ESTABLISHES THE COMPENSATION RANGES FOR THE VICE PRESIDENT OF PHILANTHROPY THE COMPENSATION AND BENEFITS DEPARTMENT ENGAGES INDEPENDENT COMPENSATION CONSULTANTS AND THE VICE PRESIDENT OF PHILANTHROPY'S COMPENSATION IS DETERMINED BY THE SENIOR VICE PRESIDENT

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	9	1,535	DONOR VALUATION
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		57,579	DONOR VALUATION
6 Cars and other vehicles	X	1	2,675	SALE PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	32,586	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	12	5,871	DONOR VALUATION
19 Food inventory	X	19	5,896	DONOR VALUATION
20 Drugs and medical supplies	X	1	5,500	DONOR VALUATION
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GIFT ANNUITY LIFE ESTATE)	X	1	321,741	PRESENT VALUE
26 Other ► (FUEL AND OTHER CONSUMABLES)	X	20	30,388	DONOR VALUATION
27 Other ► (GIFT CERTIFICATES)	X	29	16,672	DONOR VALUATION
28 Other ► (BUILDING MATERIALS)	X	1	3,938	DONOR VALUATION

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	2	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** 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.

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATED GIFTS OR GIFT PACKAGES
PART I, LINE 32B	VEHICLES (EXCEPT THOSE DONATED FOR ORGANIZATIONAL USE) ARE SOLD AT AUCTION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223009276

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE PURPOSE OF THIS CORPORATION IS TO PROVIDE ASSISTANCE AND SUPPORT TO GROSSMONT HOSPITAL CORPORATION IN THE DEVELOPMENT OF HIGH QUALITY, ACCESSIBLE AND AFFORDABLE INPATIENT AND OUTPATIENT SERVICES

Return Reference	Explanation
FORM 990, PART V, LINE 2A	GROSSMONT HOSPITAL FOUNDATION EMPLOYEES' SALARIES AND WAGES ARE PAID UNDER GROSSMONT HOSPITAL CORPORATION'S TAX ID NUMBER (EIN 33-0449527), AND AS SUCH ARE ALSO REPORTED ON GROSSMONT HOSPITAL CORPORATION'S FORM 990

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	GROSSMONT HOSPITAL CORPORATION (FEIN 33-0449527) HAS THE RIGHT TO ELECT DIRECTORS TO GROSSMONT HOSPITAL FOUNDATION'S GOVERNING BODY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	GROSSMONT HOSPITAL CORPORATION (FEIN 33-0449527) APPROVES CHANGES TO GROSSMONT HOSPITAL FOUNDATION'S BYLAWS AND APPROVES THE ELECTION OF GROSSMONT HOSPITAL FOUNDATION BOARD MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FINAL FORM 990 IS PLACED ON THE ORGANIZATION'S INTRANET, PRIOR TO THE FILING DATE, WHERE IT IS VIEWABLE FOR COMMENT FROM ALL MEMBERS OF THE GOVERNING BODY THE REVIEW PROCESS INCLUDES MULTIPLE LEVELS OF REVIEW INCLUDING KEY CORPORATE AND ENTITY FINANCE DEPARTMENT PERSONNEL COMPRISED OF THE DIRECTOR OF TAX & ACCOUNTING, VICE PRESIDENT OF FINANCE, SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, AND ENTITY EXECUTIVE DIRECTOR ADDITIONALLY, THE ORGANIZATION CONTRACTS WITH ERNST & YOUNG, AN INDEPENDENT ACCOUNTING FIRM, FOR REVIEW OF THE FORM 990

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	GROSSMONT HOSPITAL FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE GROSSMONT HOSPITAL FOUNDATION GOVERNING BOARD GROSSMONT HOSPITAL FOUNDATION 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 OBTAIN FROM SHARP WOULD PUT THEM IN A CONSISTENT CONFLICT WITH THEIR TWO ROLES, THE CONFLICT COULD CALL FOR THE INDIVIDUAL'S REMOVAL FROM THE BOARD THE BYLAWS FOR THE ORGANIZATION PROVIDE FOR THE ABILITY TO REMOVE DIRECTORS IN ACCORDANCE WITH SECTION 5222 OF THE CALIFORNIA CORPORATIONS CODE THIS CAN GENERALLY BE DONE ON A "FOR CAUSE OR A "NO CAUSE" BASIS BY THE ACTION OF THE MEMBER

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PERSONNEL COMMITTEE OF SHARP HEALTHCARE RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO REVIEW THE TOTAL COMPENSATION PAID TO EXECUTIVE MANAGEMENT (CEO/PRESIDENT, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS) AND COMPARES IT TO THE TOTAL COMPENSATION PAID TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS PRESENTED TO THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS BY THE INDEPENDENT CONSULTANT THE PERSONNEL COMMITTEE IS COMPRISED OF BOARD MEMBERS WHO ARE NOT PHYSICIANS AND WHO ARE NOT COMPENSATED IN ANY WAY BY THE ORGANIZATION THE PERSONNEL COMMITTEE APPROVES THE TOTAL COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND REVIEWS AND APPROVES THE COMPENSATION AND COMPENSATION SALARY RANGES FOR THE REMAINDER OF THE EXECUTIVE TEAM THE PERSONNEL COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE RETAINS MINUTES OF ITS MEETINGS THE COMPENSATION AND BENEFITS DEPARTMENT ENGAGES A THIRD PARTY INDEPENDENT CONSULTANT TO CONDUCT A COMPENSATION STUDY COVERING OFFICERS AND KEY EMPLOYEES THE INDEPENDENT THIRD PARTY COMPARES BASE SALARIES TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS REVIEWED BY THE COMPENSATION AND BENEFITS DEPARTMENT AND IS PRESENTED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS AND THE APPROPRIATE SENIOR VICE PRESIDENT FOR REVIEW AND APPROVAL THE COMPENSATION STUDY WAS LAST CONDUCTED IN NOVEMBER/DECEMBER 2014

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	POLICIES ARE CONSIDERED PROPRIETARY INFORMATION, HOWEVER IN SHARP HEALTHCARE'S PUBLICLY AVAILABLE CODE OF CONDUCT, SHARP OUTLINES ITS CONFLICT OF INTEREST POLICIES IN A USER FRIENDLY MANNER THE ANNUAL AUDITED FINANCIAL STATEMENTS OF THE CONSOLIDATED GROUP ARE PUBLISHED ON THE DACBOND COM WEBSITE (WWW DACBOND COM), ARE ATTACHED TO THE FORM 990 FILED FOR EACH OF THE SHARP HOSPITALS, AND ARE AVAILABLE UPON REQUEST THE ANNUAL AUDITED FINANCIAL STATEMENTS INCLUDE COMBINING SCHEDULES WHICH DISCLOSE THE FINANCIAL RESULTS (BALANCE SHEET, STATEMENT OF OPERATIONS, STATEMENT OF CHANGES IN NET ASSETS) FOR EACH ENTITY OF THE CONSOLIDATED GROUP QUARTERLY FINANCIAL STATEMENTS OF SHARP'S OBLIGATED GROUP ARE PUBLISHED ON THE DACBOND COM WEBSITE (WWW DACBOND COM)

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNCOLLECTIBLE PLEDGES -1,000

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

Return Reference	Explanation	
	FORM 990, PART III, LINE 4B	SHARP HEALTHCARE COMMUNITY BENEFIT PLAN AND REPORT FISCAL YEAR 2015 SECTION 1 - AN OVERVIE W OF SHARP HEALTHCARE SHARP HEALTHCARE (SHARP OR SHC) IS AN INTEGRATED, REGIONAL HEALTH CA RE DELIVERY SYSTEM BASED IN SAN DIEGO, CALIF THE SHARP SYSTEM INCLUDES FOUR ACUTE CARE HO SPITALS, THREE SPECIALTY HOSPITALS, TWO AFFILIATED MEDICAL GROUPS, 22 MEDICAL CENTERS, FIV E URGENT CARE CENTERS, THREE SKILLED NURSING FACILITIES, TWO INPATIENT REHABILITATION CENT ERS, 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 OFFERS A FULL CONTINUUM OF CARE, INCLUDING EMERGENCY CARE, HOME CARE, HOSPICE CARE, INPATIENT CARE, LONG-TERM CARE, MENTAL HEALTH CARE, OUTPATIENT CARE, PRIMARY AND SPECIALT Y CARE, REHABILITATION AND URGENT CARE SHARP ALSO HAS A KNOX-KEENE-LICENSED CARE SERVICE PLAN, SHARP HEALTH PLAN (SHP) SERVING A POPULATION OF APPROXIMATELY 3 2 MILLION IN SAN DI EGO COUNTY (SDC), AS OF SEPTEMBER 30, 2015, SHARP IS LICENSED TO OPERATE 2,088 BEDS AND HA S APPROXIMATELY 2,600 SHARP-AFFILIATED PHY SICIANS AND MORE THAN 17,000 EMPLOYEES FOUR ACU TE CARE HOSPITALS SHARP CHULA VISTA MEDICAL CENTER (343 LICENSED BEDS) THE LARGEST PROVID ER OF HEALTH CARE SERVICES IN SAN DIEGO COUNTY'S RAPIDLY EXPANDING SOUTH BAY, SHARP CHULA VISTA MEDICAL CENTER (SCVMC) OPERATES THE SOUTH BAY'S BUSIEST EMERGENCY DEPARTMENT (ED) AN D IS THE CLOSEST HOSPITAL TO THE BUSIEST INTERNATIONAL BORDER IN THE WORLD SCVMC IS HOME TO THE REGION'S MOST COMPREHENSIVE HEART PROGRAM, SERVICES FOR ORTHOPEDIC CARE, CANCER TRE ATMENT, WOMEN AND INFANTS, AND THE ONLY BLOODLESS MEDICINE AND SURGERY CENTER IN SDC SHAR P CORONADO HOSPITAL AND HEALTHCARE CENTER (181 LICENSED BEDS) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC) PROVIDES SERVICES THAT INCLUDE ACUTE, SUB-ACUTE AND LONG-TERM CA RE, REHABILITATION THERAPIES, JOINT REPLACEMENT SURGERY, AND HOSPICE AND EMERGENCY SERVICE S SHARP GROSSMONT HOSPITAL (528 LICENSED BEDS) SHARP GROSSMONT HOSPITAL (SGH) IS THE LARG EST PROVIDER OF HEALTH CARE SERVICES IN SAN DIEGO'S EAST COUNTY AND HAS ONE OF THE BUSIEST EDS IN SDC SGH IS KNOWN FOR OUTSTANDING PROGRAMS IN HEART CARE, ORTHOPEDICS, REHABILITAT ION, ROBOTIC SURGERY, STROKE CARE AND WOMEN'S HEALTH SHARP MEMORIAL HOSPITAL (656 LICENSE D BEDS) A REGIONAL TERTIARY CARE LEADER, SHARP MEMORIAL HOSPITAL (SMH) PROVIDES SPECIALIZE D CARE IN TRAUMA, ONCOLOGY, ORTHOPEDICS, ORGAN TRANSPLANTATION, CARDIOLOGY AND REHABILITAT ION SMH HOUSES SAN DIEGO'S LARGEST EMERGENCY AND TRAUMA CENTER THREE SPECIALTY CARE HOSP ITALS SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (206 LICENSED BEDS) A FREESTANDING W OMEN'S HOSPITAL SPECIALIZING IN OBSTETRICS, GYNECOLOGY, GYNECOLOGIC ONCOLOGY AND NEONATAL INTENSIVE CARE, SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (SMBHWN) DELIVERS MORE BABI ES THAN ANY OTHER PRIVATE HOSPITAL IN CALIFORNIA SHARP MESA VISTA HOSPITAL (158 LICENSED BEDS) THE LARGEST PRIVATE FREESTANDING PSY CHIATRIC HOSPITAL IN CALIFORNIA, SHARP MESA VIST A HOSPITAL (SMV) IS A PREMIER PROVIDER OF BEHAVIORAL HEALTH SERVICES SHARP MCDONALD CENTE R (16 LICENSED BEDS) SHARP MCDONALD CENTER (SMC) IS SAN DIEGO COUNTY'S ONLY LICENSED CHEMI CAL DEPENDENCY RECOVERY HOSPITAL COLLECTIVELY, THE OPERATIONS OF SMH, SMBHWN, SMV AND SMC ARE REPORTED UNDER THE NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATION OF SMH AND ARE REFERRED TO HEREIN AS THE SHARP METROPOLITAN MEDICAL CAMPUS (SMMC) THE OPERATIONS OF SHARP REES-ST EALY MEDICAL CENTERS (SRS) ARE INCLUDED WITHIN THE NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATI ON OF SHARP, THE PARENT ORGANIZATION THE OPERATIONS OF SGH ARE REPORTED UNDER THE NOT-FOR -PROFIT PUBLIC BENEFIT CORPORATION OF GROSSMONT HOSPITAL CORPORATION THE OPERATIONS OF SH ARP HOSPICECARE ARE REPORTED WITHIN SGH MISSION STATEMENT IT IS SHARP'S MISSION TO IMPROV E 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 S' EXPECTATIONS AND ARE PROVIDED IN A CARING, CONVENIENT, COST-EFFECTIVE AND ACCESSIBLE MA NNER VISION SHARP'S VISION IS TO BECOME THE BEST HEALTH SYSTEM IN THE UNIVERSE SHARP WIL L ATTAIN THIS POSITION BY TRANSFORMING THE HEALTH CARE EXPERIENCE THROUGH A CULTURE OF CAR ING, QUALITY, SAFETY, SERVICE, INNOVATION AND EXCELLENCE SHARP WILL BE RECOGNIZED BY EMPL OYEES, PHY SICIANS, PATIENTS, VOLUNTEERS AND THE COMMUNITY AS THE BEST PLACE TO WORK, THE B EST PLACE TO PRACTICE MEDICINE AND THE BEST PLACE TO RECEIVE CARE SHARP WILL BE KNOWN AS AN EXCELLENT COMMUNITY CITIZEN, EMBODY ING AN ORGANIZATION OF PEOPLE WORKING TOGETHER TO DO THE RIGHT THING EVERY DAY TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE IT SERVES VALUES * INTEGRITY - TRUSTWORTHY, RESPECTFUL, SINCERE, AUTHENTIC, COMMITTED TO ORGANIZATIONAL MI SSION AND VALUES * CARING - COMPASSIONATE, COMMUNICATIVE, SERVICE ORIENTED, DEDICATED TO T EAMWORK AND COLLABORATION, SERVES OTHERS ABOVE SEL

Return Reference	Explanation	
	FORM 990, PART III, LINE 4B	F, CELEBRATES WINS, EMBRACES DIVERSITY * SAFETY - RELIABLE, COMPETENT, INQUIRING, UNWAVERI NG, RESILIENT, TRANSPARENT, SOUND DECISION MAKING * INNOVATION - CREATIVE, DRIVES FOR CONT INUOUS IMPROVEMENT, INITIATES BREAKTHROUGHS, DEVELOPS SELF, WILLING TO ACCEPT NEW IDEAS AN D CHANGE * EXCELLENCE - QUALITY FOCUSED, COMPELLED BY OPERATIONAL AND SERVICE EXCELLENCE, COST EFFECTIVE, ACCOUNTABLE CULTURE THE SHARP EXPERIENCE FOR MORE THAN 15 YEARS, SHARP HA S BEEN ON A JOURNEY TO TRANSFORM THE HEALTH CARE EXPERIENCE FOR PATIENTS AND THEIR FAMILIE S, PHYSICIANS AND STAFF THROUGH A SWEEPING ORGANIZATION-WIDE PERFORMANCE-AND-EXPERIENCE-I MPROVEMENT INITIATIVE CALLED THE SHARP EXPERIENCE, THE ENTIRE SHARP TEAM HAS RECOMMITTED T O PURPOSEFUL, 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 M AKE 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 EQ UATION THE PEOPLE THROUGH THIS EXTRAORDINARY INITIATIVE, SHARP IS TRANSFORMING THE HEALT H 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 QUALIT Y HEALTH CARE AND BUILDING A CULTURE OF TEAMWORK, RECOGNITION, CELEBRATION, AND PROFESSION AL AND PERSONAL GROWTH THIS COMMITMENT TO SERVING PATIENTS AND SUPPORTING ONE ANOTHER WIL L MAKE SHARP "THE BEST HEALTH SYSTEM IN THE UNIVERSE." * THE BEST PLACE TO PRACTICE MEDICI NE CREATING AN ENVIRONMENT IN WHICH PHYSICIANS ENJOY POSITIVE, COLLABORATIVE RELATIONSHIP S WITH NURSES AND OTHER CAREGIVERS, EXPERIENCE UNSURPASSED SERVICE AS VALUED CUSTOMERS, HA VE ACCESS TO STATE-OF-THE-ART EQUIPMENT AND CUTTING-EDGE TECHNOLOGY, AND ENJOY THE CAMARAD ERIE OF THE HIGHEST-CALIBER MEDICAL STAFF AT SAN DIEGO'S HEALTH CARE LEADER * THE BEST PL ACE TO RECEIVE CARE PROVIDING A NEW STANDARD OF SERVICE IN THE HEALTH CARE INDUSTRY, MUCH LIKE THAT OF A FIVE-STAR HOTEL, EMPLOYING SERVICE-ORIENTED INDIVIDUALS WHO SEE IT AS THEI R PRIVILEGE TO EXCEED THE EXPECTATIONS OF EVERY PATIENT - TREATING THEM WITH THE UTMOST CA RE, COMPASSION AND RESPECT, AND CREATING HEALING ENVIRONMENTS THAT ARE PLEASANT, SOOTHING, SAFE, IMMACULATE, AND EASY TO ACCESS AND NAVIGATE THROUGH THIS TRANSFORMATION, SHARP WIL L CONTINUE TO LIVE ITS MISSION TO CARE FOR ALL PEOPLE, WITH SPECIAL CONCERN FOR THE UNDERS ERVED AND SAN DIEGO'S DIVERSE POPULATION THIS IS SOMETHING SHARP HAS BEEN DOING FOR MORE THAN HALF A CENTURY PILLARS OF EXCELLENCE IN SUPPORT OF SHARP'S ORGANIZATIONAL COMMITMENT TO TRANSFORM THE HEALTH CARE EXPERIENCE, SHARP'S PILLARS OF EXCELLENCE SERVE AS A GUIDE F OR ITS TEAM MEMBERS, PROVIDING FRAMEWORK AND ALIGNMENT FOR EVERYTHING SHARP DOES IN 2014, SHARP HEALTHCARE MADE AN IMPORTANT DECISION REGARDING THESE PILLARS AS PART OF ITS CONTIN UED JOURNEY TOWARD EXCELLENCE EACH YEAR, SHARP INCORPORATES CYCLES OF LEARNING INTO ITS S TRATEGIC PLANNING PROCESS IN 2014, SHARP'S EXECUTIVE STEERING AND BOARD OF DIRECTORS ENHA NCED SHARP'S SAFETY FOCUS, FURTHER DRIVING THE ORGANIZATION'S EMPHASIS ON ITS CULTURE OF S AFETY AND INCORPORATING THE COMMITMENT TO BECOME A HIGH RELIABILITY ORGANIZATION (HRO) IN ALL ASPECTS OF THE ORGANIZATION AT THE CORE OF HROS ARE FIVE KEY CONCEPTS O SENSITIVITY TO OPERATIONS O A RELUCTANCE TO SIMPLIFY O PREOCCUPATION WITH FAILURE O DEFERENCE TO EXPER TISE O RESILIENCE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	APPLYING HIGH-RELIABILITY CONCEPTS IN AN ORGANIZATION BEGINS WHEN LEADERS AT ALL LEVELS ST ART THINKING ABOUT HOW THE CARE THEY PROVIDE COULD BECOME BETTER IT BEGINS WITH A CULTURE OF SAFETY WITH THIS LEARNING, SHARP IS A SEVEN-PILLAR ORGANIZATION QUALITY, SAFETY, SER VICE, PEOPLE, FINANCE, GROWTH AND COMMUNITY THE FOUNDATIONAL ELEMENTS OF SHARP'S STRATEGI C PLAN HAVE BEEN ENHANCED TO EMPHASIZE SHARP'S DESIRE TO DO NO HARM THIS STRATEGIC PLAN C ONTINUES SHARP'S TRANSFORMATION OF THE HEALTH CARE EXPERIENCE, FOCUSING ON SAFE, HIGH-QUAL ITY AND EFFICIENT CARE PROVIDED IN A CARING, CONVENIENT, COST-EFFECTIVE AND ACCESSIBLE MAN NER THE SEVEN PILLARS LISTED BELOW ARE A VISIBLE TESTAMENT TO SHARP'S COMMITMENT TO BECOM E THE BEST HEALTH CARE SYSTEM IN THE UNIVERSE BY ACHIEVING EXCELLENCE IN THESE AREAS *QUA LITY - DEMONSTRATE AND IMPROVE CLINICAL EXCELLENCE TO SET INDUSTRY STANDARDS AND EXCEED CU STOMER EXPECTATIONS *SAFETY - KEEP PATIENTS, EMPLOYEES AND PHYSICIANS SAFE AND FREE FROM HARM *SERVICE - CREATE EXCEPTIONAL EXPERIENCES AT EVERY TOUCH POINT FOR CUSTOMERS, PHYSIC IANS AND PARTNERS BY DEMONSTRATING SERVICE EXCELLENCE *PEOPLE - CREATE A VALUES-DRIVEN CU LTURE THAT ATTRACTS, RETAINS AND PROMOTES THE BEST AND BRIGHTEST PEOPLE, WHO ARE COMMITTED TO SHARP'S MISSION AND VISION *FINANCE - ACHIEVE FINANCIAL RESULTS TO ENSURE SHARP'S ABI LITY TO PROVIDE QUALITY HEALTH CARE SERVICES, NEW TECHNOLOGY AND INVESTMENT IN THE ORGANIZ ATION *GROWTH - ACHIEVE CONSISTENT NET REVENUE GROWTH TO ENHANCE MARKET DOMINANCE, SUSTAI N INFRASTRUCTURE IMPROVEMENTS AND SUPPORT INNOVATIVE DEVELOPMENT *COMMUNITY - BE AN EXEMP LARY COMMUNITY CITIZEN BY IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY AND SUPPORT ING THE STEWARDSHIP OF OUR ENVIRONMENT AWARDS SHARP HAS RECEIVED THE FOLLOWING RECOGNITIO N SHARP IS A RECIPIENT OF THE 2007 MALCOLM BALDRIGE NATIONAL QUALITY AWARD, THE NATION'S HIGHEST PRESIDENTIAL HONOR FOR QUALITY AND ORGANIZATIONAL PERFORMANCE EXCELLENCE SHARP WA S THE FIRST HEALTH CARE SYSTEM IN CALIFORNIA AND EIGHTH IN THE NATION TO RECEIVE THIS RECO GNITION SHARP WAS RECOGNIZED AS ONE OF THE 2013 AND 2014 WORLD'S MOST ETHICAL (WME) COMPA NIES BY THE ETHISPHERE INSTITUTE, THE LEADING BUSINESS ETHICS THINK TANK WME COMPANIES AR E THOSE THAT TRULY EMBRACE ETHICAL BUSINESS PRACTICES AND DEMONSTRATE INDUSTRY LEADERSHIP, FORCING PEERS TO FOLLOW SUIT OR FALL BEHIND SHARP IS THE ONLY HEALTH CARE COMPANY IN SAN DIEGO RECOGNIZED IN BOTH YEARS SHARP WAS NAMED THE NO 1 "BEST INTEGRATED HEALTH CARE NE TWORK" IN CALIFORNIA AND NO 12 NATIONALLY BY MODERN HEALTHCARE MAGAZINE IN 2012 THE RANK INGS ARE PART OF THE "TOP 100 MOST HIGHLY INTEGRATED HEALTHCARE NETWORKS," A SURVEY CONDUC TED BY HEALTH CARE DATA ANALYST IMS HEALTH THIS WAS THE 14TH CONSECUTIVE YEAR THAT SHARP PLACED AMONG THE TOP IN THE STATE SHARP WAS NAMED "BEST HOSPITAL GROUP" BY U-T SAN DIEGO READERS PARTICIPATING IN THE PAPER'S 2015 "BEST OF SAN DIEGO" READERS POLL IN 2015, SMBHW N WAS NAMED "BEST HOSPITAL," WHILE SGH AND SMH WERE RANKED SECOND AND THIRD "BEST HOSPITAL S " SHARP COMMUNITY MEDICAL GROUP (SCMG) AND SHARP REES-STEALY MEDICAL GROUP (SRSM) WERE R ANKED FIRST AND SECOND, RESPECTIVELY, IN 2015 AS SAN DIEGO'S "BEST MEDICAL GROUP " SGH AND SMH HAVE BOTH RECEIVED MAGNET DESIGNATION FOR NURSING EXCELLENCE BY THE AMERICAN NURSES C REDENTIALING CENTER (ANCC) THE MAGNET RECOGNITION PROGRAM IS THE HIGHEST LEVEL OF HONOR B ESTOWED BY THE ANCC AND IS ACCEPTED NATIONALLY AS THE GOLD STANDARD IN NURSING EXCELLENCE SMH WAS REDESIGNATED IN MARCH 2013 SHARP WAS NAMED ONE OF THE NATION'S "MOST WIRED" HEAL TH CARE SYSTEMS FROM 1999 TO 2009, AND AGAIN FROM 2012 TO 2015 BY HOSPITALS & HEALTH NETWO RKS MAGAZINE'S ANNUAL MOST WIRED SURVEY AND BENCHMARK STUDY "MOST WIRED" HOSPITALS ARE CO MMITTED TO USING TECHNOLOGY TO ENHANCE QUALITY OF CARE FOR BOTH PATIENTS AND STAFF IN 201 4, SCVMC AND ITS ON-SITE BIRCH PATRICK CONVALESCENT CENTER BECAME THE FIRST CO-LOCATED HOS PITAL AND SKILLED NURSING FACILITY IN THE NATION TO BE DESIGNATED AS A PLANETREE PATIENT-C ENTERED ORGANIZATION SCVMC JOINED BOTH SMH AND SCHHC IN PLANETREE DISTINCTION IN 2012, S MH WAS DESIGNATED AS A PLANETREE PATIENT-CENTERED HOSPITAL, AND IS THE LARGEST HOSPITAL-ON LY DESIGNATED FACILITY IN THE U S IN 2014, SMH ACHIEVED PLANETREE DESIGNATION WITH DISTIN CTION AND WAS REDESIGNATED AS A PLANETREE PATIENT-CENTERED HOSPITAL IN 2015 SCHHC WAS ORI GINALLY DESIGNATED IN 2007 AND IS THE ONLY HOSPITAL IN THE STATE TO BE RE-DESIGNATED TWICE , OCCURRING IN BOTH 2010 AND 2013 ADDITIONALLY, SCHHC WAS NAMED A PLANETREE HOSPITAL WITH DISTINCTION FOR ITS LEADERSHIP AND INNOVATION IN PATIENT-CENTERED CARE PLANETREE IS A CO ALITION OF MORE THAN 100 HOSPITALS WORLDWIDE THAT IS COMMITTED TO IMPROVING MEDICAL CARE F ROM THE PATIENT'S PERSPECTIVE IN 2013, BOTH SCHHC AND SCVMC RECEIVED ENERGY STAR (ES) DES IGNATION FROM THE U S ENVIRONMENTAL PROTECTION AGENCY (EPA) FOR OUTSTANDING ENERGY EFFICI ENCY BUILDINGS THAT ARE AWARDED USE AN AVERAGE OF

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	40 PERCENT LESS ENERGY THAN OTHER BUILDINGS AND RELEASE 35 PERCENT LESS CARBON DIOXIDE IN TO THE ATMOSPHERE. SCHHC FIRST EARNED THE ES CERTIFICATION IN 2007 AND THEN AGAIN EACH YEA R FROM 2010 THROUGH 2013, WHILE SCVMC RECEIVED ES CERTIFICATION IN 2009, 2010, 2011, 2013 AND 2015 SAN DIEGO GAS & ELECTRIC (SDG&E) RECOGNIZED SHARP FOR OUTSTANDING RESULTS IN ENE RGY EFFICIENCY AND CONSERVATION. SHARP WAS NAMED SAN DIEGO'S "HEALTHCARE 2014 ENERGY CHAMP ION" FOR ITS SUCCESSES IN ENERGY CONSERVATION. IN 2013, SHARP WAS NAMED A "RECYCLER OF THE YEAR" AT THE CITY OF SAN DIEGO'S ANNUAL WASTE REDUCTION AND RECYCLING AWARDS FOR A SUCCES SFUL AND EXTENSIVE RECYCLING PROGRAM. SMH AND SMBHWN WERE HONORED FOR THEIR COMPREHENSIVE WASTE REDUCTION PROGRAMS. SHARP WAS NAMED THE CRYSTAL WINNER OF THE 2011 WORKPLACE EXCELLE NCE AWARDS FROM THE SAN DIEGO SOCIETY FOR HUMAN RESOURCE MANAGEMENT. THIS DESIGNATION RECO GNIZES SHARP'S HUMAN RESOURCES DEPARTMENT AS AN INNOVATIVE AND VALUABLE ASSET TO OVERALL C OMPANY PERFORMANCE. FROM 2013 TO 2015, THE PRESS GANEY ORGANIZATION RECOGNIZED MULTIPLE SH C ENTITIES WITH GUARDIAN OF EXCELLENCE AWARDS. BASED ON ONE YEAR OF DATA, THIS DESIGNATION RECOGNIZES RECIPIENTS FOR HAVING REACHED THE 95TH PERCENTILE FOR PATIENT SATISFACTION, EM PLOYEE ENGAGEMENT, PHYSICIAN ENGAGEMENT SURVEYS OR CLINICAL QUALITY. AWARDS FOR SHC ENTITI ES INCLUDED SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH OUTPATIENT PAVILION (OPP), SMV, SHC, SHARP HOSPICECARE, SRS, SCMG AND SHARP HOME HEALTH FOR EMPLOYEE ENGAGEMENT, SMBHWN AND THE SHAR P SENIOR HEALTH CENTERS AT SMH FOR PATIENT SATISFACTION, AND SCHHC, SMBHWN AND SMV FOR PHY SICIAN ENGAGEMENT. IN 2013, THE PRESS GANEY ORGANIZATION RECOGNIZED MULTIPLE SHC ENTITIES FOR ACHIEVEMENT OF THE BEACON OF EXCELLENCE AWARDS. THIS DESIGNATION RECOGNIZES THOSE WHO MAINTAIN CONSISTENT HIGH LEVELS OF EXCELLENCE IN PATIENT SATISFACTION (BASED ON A THREE-YE AR PERIOD), EMPLOYEE ENGAGEMENT, OR PHYSICIAN ENGAGEMENT (THE LATTER TWO BASED ON THE TWO MOST RECENT SURVEY PERIODS). AWARDED ENTITIES INCLUDED SHC FOR EMPLOYEE ENGAGEMENT, SMH FO R PATIENT SATISFACTION, AND SCHHC AND SMV FOR PHYSICIAN ENGAGEMENT. SHP WAS RANKED A TOP 1 00 U S HEALTH PLAN AND A TOP THREE CALIFORNIA HEALTH PLAN BASED ON THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE'S (NCQA) PRIVATE HEALTH INSURANCE RANKINGS 2014-2015, WHICH RATED H EALTH INSURANCE PLANS BASED ON CLINICAL QUALITY, MEMBER SATISFACTION AND NCQA ACCREDITATIO N SURVEY RESULTS. SHP ALSO RECEIVED THE HIGHEST LEVEL "EXCELLENT" ACCREDITATION STATUS FRO M THE NCQA FOR THE THIRD YEAR IN A ROW (2013-2015). THE NCQA AWARDS ACCREDITATION STATUS B ASED ON COMPLIANCE WITH RIGOROUS REQUIREMENTS AND PERFORMANCE ON HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) AND CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTE MS (CAHPS) MEASURES. SHP WAS ALSO RATED HIGHEST IN CALIFORNIA AMONG REPORTING CALIFORNIA H EALTH PLANS FOR RATING OF THE HEALTH PLAN, RATING OF HEALTH CARE, RATING OF PERSONAL DOCTO R, AND RATING OF HEALTH PROMOTION AND EDUCATION IN NCQA'S 2015 QUALITY COMPASS/CAHPS SURVE Y, WHICH PROVIDES STATE, REGIONAL AND NATIONAL BENCHMARKS AS WELL AS INDIVIDUAL PLAN PERFO RMANCE.

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	IN 2015, SHARP WAS RANKED FOURTH IN THE LARGE EMPLOYERS CATEGORY AS ONE OF THE "BEST PLACE S TO WORK" FOR INFORMATION TECHNOLOGY (IT) PROFESSIONALS BY THE INTERNATIONAL DATA GROUP'S (IDG) COMPUTERWORLD SURVEY THE LIST IS COMPILED BY THE FOLLOWING CRITERIA BENEFITS, TRA INING, RETENTION, CAREER DEVELOPMENT, AVERAGE SALARY INCREASES, EMPLOYEE SURVEYS, WORKPLAC E MORALE AND MORE IN 2015, SGH AND SMBHWN RECEIVED A 2015 WOMEN'S CHOICE AWARD - A SYMBOL OF EXCELLENCE IN CUSTOMER EXPERIENCE AWARDED BY THE COLLECTIVE OF WOMEN SGH WAS RECOGNIZ ED AS ONE OF AMERICA'S BEST HOSPITALS FOR CANCER CARE AND SMBHWN WAS RECOGNIZED AS ONE OF AMERICA'S BEST HOSPITALS FOR OBSTETRICS FOR THE THIRD YEAR IN A ROW, AND THE FOURTH TIME IN FIVE YEARS, SHARP HEALTHCARE WON THE TOP SPOT IN THE MEGA EMPLOYER CATEGORY IN THE RIDE SHARE 2015 CHALLENGE THE MONTH-LONG CHALLENGE ENCOURAGED THE REPLACEMENT OF SOLO DRIVERS WITH SUSTAINABLE CARPOOL, VANPOOL, BIKE, WALK, OR TRANSIT COMMUTES POWERED BY SAN DIEGO A SSOCIATION OF GOVERNMENTS (SANDAG) AND IN COOPERATION WITH THE 511 TRANSPORTATION INFORMAT ION SERVICE, ICOMMUTE IS THE TRANSPORTATION DEMAND MANAGEMENT PROGRAM FOR THE SAN DIEGO RE GION AND ENCOURAGES USE OF TRANSPORTATION ALTERNATIVES TO HELP REDUCE TRAFFIC CONGESTION A ND GREENHOUSE GAS EMISSIONS PATIENT ACCESS TO CARE PROGRAMS UNINSURED PATIENTS WITH NO AB ILITY TO PAY AND INSURED PATIENTS WITH INADEQUATE COVERAGE RECEIVE FINANCIAL ASSISTANCE FO R MEDICALLY NECESSARY SERVICES THROUGH SHARP'S FINANCIAL ASSISTANCE PROGRAM SHARP DOES NO T REFUSE ANY PATIENT REQUIRING EMERGENCY MEDICAL CARE SHARP PROVIDES SERVICES TO HELP EVE RY UNFUNDED PATIENT RECEIVED IN THE ED FIND OPPORTUNITIES FOR HEALTH COVERAGE THROUGH POIN TCARE - A TEAM OF HEALTH COVERAGE EXPERTS WHOSE MAIN PRODUCT IS A QUICK, WEB-BASED SCREENI NG, ENROLLMENT AND REPORTING TECHNOLOGY DESIGNED TO PROVIDE COMMUNITY MEMBERS WITH HEALTH COVERAGE AND FINANCIAL ASSISTANCE OPTIONS AT SHARP, PATIENTS USE A SIMPLE ONLINE QUESTION NAIRE THROUGH POINTCARE 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 AND SUPPORTIVE DISCUSSION ABOUT HEALTH CARE COVERAGE WITH THE P ATIENT, EMPOWERING THEM WITH OPTIONS FROM THE INCEPTION OF THE PROGRAM IN FY 2010 THROUGH SEPTEMBER 2015, SHARP HELPED GUIDE APPROXIMATELY 85,910 SELF-PAY PATIENTS THROUGH THE MAZ E OF GOVERNMENT HEALTH COVERAGE PROGRAMS WHILE MAINTAINING THE PATIENT'S DIGNITY THROUGHOU T THE PROCESS BEGINNING IN 2014 SHARP HOSPITALS IMPLEMENTED AN ON-SITE PROCESS FOR REAL-T IME MEDI-CAL ELIGIBILITY DETERMINATIONS (PRESUMPTIVE ELIGIBILITY) SHARP WAS THE FIRST HOS PITAL SYSTEM IN SAN DIEGO COUNTY TO PROVIDE THESE SERVICES, AND SECURED THIS BENEFIT FOR 2 ,198 UNFUNDED PATIENTS IN THE ED DURING FY 2015 IN SUPPORT OF COVERED CALIFORNIA'S ANNUAL OPEN ENROLLMENT PERIOD, 14 MEMBERS OF SHARP'S REGISTRATION STAFF HAVE BECOME CERTIFIED AP PLICATION COUNSELORS IN ORDER TO BETTER ASSIST BOTH PATIENTS AND THE GENERAL COMMUNITY WIT H NAVIGATING THE COVERED CALIFORNIA WEBSITE (COVEREDCA COM) AND PLAN ENROLLMENT IN ADDITI ON, THREE SHARP HOSPITALS - SCVMC, SGH AND SMH - QUALIFY AS COVERED ENTITIES FOR THE 340B DRUG PRICING PROGRAM ADMINISTERED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION HOS PITAL PARTICIPATION IN THE 340B DRUG PRICING PROGRAM PERMITS THE PURCHASE OF OUTPATIENT DR UGS AT REDUCED PRICES THE SAVINGS FROM THIS PROGRAM ARE USED TO OFFSET PATIENT CARE COSTS FOR SHARP'S MOST VULNERABLE PATIENT POPULATIONS, AS WELL AS TO ASSIST PATIENT ACCESS TO M EDICATIONS THROUGH THE PATIENT ASSISTANCE TEAM THE PATIENT ASSISTANCE TEAM WORKS HARD TO HELP THOSE IN NEED OF ASSISTANCE GAIN ACCESS TO FREE OR LOW-COST MEDICATIONS PATIENTS ARE IDENTIFIED THROUGH USAGE REPORTS, OR REFERRED THROUGH CASE MANAGEMENT, SOCIAL WORK, NURSI NG, PHYSICIANS OR EVEN OTHER PATIENTS IF ELIGIBLE, UNINSURED PATIENTS ARE OFFERED ASSISTA NCE, WHICH CAN HELP DECREASE READMISSIONS RESULTING FROM LACK OF MEDICATION ACCESS THE TE AM MEMBERS RESEARCH ALL OPTIONS AVAILABLE, INCLUDING PROGRAMS OFFERED BY DRUG MANUFACTURER S, GRANT-BASED PROGRAMS OFFERED BY FOUNDATIONS, COPAY ASSISTANCE AND OTHER LOW-COST ALTERN ATIVES SHARP ALSO CONTINUES TO OFFER CLEARBALANCE - A SPECIALIZED LOAN PROGRAM FOR PATIEN TS FACING HIGH MEDICAL BILLS THROUGH THIS COLLABORATION WITH SAN DIEGO-BASED CSI FINANCIA L SERVICES, BOTH INSURED AND UNINSURED PATIENTS HAVE THE OPPORTUNITY TO SECURE SMALL BANK LOANS IN ORDER TO PAY OFF THEIR MEDICAL BILLS IN LOW MONTHLY INSTALLMENTS, PREVENTING UNPA ID ACCOUNTS FROM GOING TO COLLECTIONS THROUGH THIS PROGRAM, SHARP PROVIDES A MORE AFFORDA BLE ALTERNATIVE FOR PATIENTS STRUGGLING TO RESOLVE THEIR HOSPITAL BILLS IN ADDITION, SHAR P PROVIDES POST-ACUTE CARE FACILITATION FOR HIGH-RISK PATIENTS, INCLUDING THE HOMELESS AND PATIENTS LACKING A SAFE HOME ENVIRONMENT PATIENTS MAY RECEIVE SERVICES SUCH AS ASSISTANC E WITH TRANSPORTATION AND PLACEMENT, CONNECTIONS T

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	O COMMUNITY RESOURCES, AND FINANCIAL SUPPORT FOR MEDICAL EQUIPMENT AND MEDICATIONS SCHHC, SGH AND SMH WORK IN COLLABORATION WITH THE SAN DIEGO RESCUE MISSION (SDRM) TO IDENTIFY PA TIENTS WHO MAY BENEFIT FROM A REFERRAL TO THE RESCUE MISSION'S RECUPERATIVE CARE UNIT, WHE RE PATIENTS NOT ONLY RECEIVE FOLLOW-UP MEDICAL CARE THROUGH SHARP IN A SAFE ENVIRONMENT, B UT ALSO RECEIVE PSYCHIATRIC CARE, SUBSTANCE ABUSE COUNSELING AND GUIDANCE TO HELP GET THEM OFF THE STREET THESE REFERRALS MAY INCLUDE CHRONICALLY HOMELESS PATIENTS OR PATIENTS WHO HAVE EXHAUSTED OTHER COMMUNITY HOUSING RESOURCES COMMUNITY HEALTH SCREENINGS SHARP'S DED ICATION TO IMPROVING COMMUNITY HEALTH EXTENDS BEYOND THE WALLS OF ITS HEALTH CARE FACILITI ES, AND SHARP CONTINUES TO DEMONSTRATE THIS COMMITMENT THROUGH ITS COMMUNITY-WIDE HEALTH S CREENING PROGRAM COMPLIMENTARY HEALTH SCREENINGS ARE PROVIDED ACROSS SDC TO INFORM COMMUN ITY MEMBERS ABOUT THEIR CURRENT HEALTH STATUS AND HELP DETERMINE THEIR RISK FOR COMMON DIS EASES INCLUDING DIABETES, HEART DISEASE AND OTHER HEALTH CONDITIONS SCREENINGS INCLUDE BO DY MASS INDEX (BMI), BLOOD SUGAR, CHOLESTEROL, BLOOD PRESSURE AND AN ATTESTATION OF TOBACC O USE FROM OCTOBER 1, 2014 TO SEPTEMBER 30, 2015, A CROSS-DISCIPLINARY TEAM OF SHARP HEAL THCARE PROFESSIONALS ORGANIZED, PROMOTED AND HOSTED NEARLY 75 COMMUNITY HEALTH SCREENING E VENTS THROUGHOUT THE COUNTY - SCREENING MORE THAN 5,200 SAN DIEGANS PARTICIPANTS WERE NOT ASKED TO PROVIDE PERSONAL INFORMATION, NOR WERE THEY REQUIRED TO SHOW PROOF OF INSURANCE OR HAVE ANY RELATIONSHIP WITH SHARP TO BE ELIGIBLE FOR THE SCREENING ALL PARTICIPANTS REC EIVED THEIR RESULTS AND AN INFORMATIONAL BROCHURE THAT OUTLINED STRATEGIES TO IMPROVE HEAL TH AND WELL-BEING PARTICIPANTS WERE THEN ENCOURAGED TO SHARE THE RESULTS WITH THEIR PRIMA RY CARE PHYSICIAN TO DETERMINE AN APPROPRIATE, CUSTOMIZED FOLLOW-UP PLAN UNINSURED COMMUN ITY MEMBERS AND THOSE IN NEED OF ADDITIONAL SERVICES RECEIVED INFORMATION ABOUT AVAILABLE RESOURCES THROUGH 2-1-1 SAN DIEGO SINCE ITS INCEPTION, THE COMMUNITY SCREENING EFFORT HAS CONDUCTED EVENTS AT MORE THAN 40 LOCATIONS ACROSS SAN DIEGO, INCLUDING COMMUNITIES WITH L IMITED ACCESS TO HEALTH CARE PROGRAMS AND RESOURCES IN ADDITION, IN APRIL AND MAY, SHARP OFFERED SCREENINGS AT THE HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) EIGHTH ANNUAL IN TERNSHIP SYMPOSIUM AND DURING PARENT/TEACHER EVENTS, SERVING MORE THAN 70 ATTENDEES IN FY 2015, SHARP TEAM MEMBERS DEVOTED NEARLY 113,000 HOURS ACTIVELY SCREENING COMMUNITY MEMBER S, INCLUDING TIME SPENT ON ADMINISTRATIVE SUPPORT AND LOGISTICS THIRTY-TWO TEAM MEMBERS P ROVIDED SCREENINGS AND 11 TEAM MEMBERS SERVED AS CONCIERGE PERSONNEL IN ADDITION, SPANISH-SPEAKING TEAM MEMBERS WERE AVAILABLE TO PROVIDE PARTICIPANTS WITH HEALTH INFORMATION IN S PANISH IN RESPONSE TO THE COMMUNITY SCREENINGS, SHARP RECEIVED COUNTLESS EMAILS AND LETTE RS EXPRESSING HEARTFELT GRATITUDE FROM COMMUNITY MEMBERS, MANY OF WHOM WERE INSPIRED TO TA KE CONTROL OF THEIR HEALTH AFTER THEIR SCREENING THROUGH THESE EFFORTS, SHARP'S COMMUNITY HEALTH SCREENINGS BROUGHT HELPFUL AND, AT TIMES, LIFE-CHANGING HEALTH INFORMATION TO THE PEOPLE OF SAN DIEGO - TRULY EXEMPLIFY ING SHARP'S COMMITMENT TO THE HEALTH OF ITS COMMUNITY

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	HEALTH PROFESSIONS TRAINING INTERNSHIPS STUDENTS AND RECENT HEALTH CARE GRADUATES ARE A VA LUABLE ASSET TO THE COMMUNITY SHARP DEMONSTRATES A DEEP INVESTMENT IN THESE POTENTIAL AND NEWEST MEMBERS OF THE HEALTH CARE WORKFORCE THROUGH INTERNSHIPS, FINANCIAL AID AND CAREER PIPELINE PROGRAMS IN FY 2015, MORE THAN 4,600 STUDENT INTERNS DEDICATED NEARLY 680,000 H OURS WITHIN THE SHARP SYSTEM STUDENTS BELONGED TO A VARIETY OF DISCIPLINES INCLUDING NURS ING, ALLIED HEALTH AND PROFESSIONAL EDUCATIONAL PROGRAMS SHARP PROVIDED EDUCATION AND TRA INING PROGRAMS FOR NURSING STUDENTS (E G , CRITICAL CARE, MEDICAL/SURGICAL, BEHAVIORAL HEA LTH, WOMEN'S SERVICES AND WOUND CARE) AND ALLIED HEALTH PROFESSIONS SUCH AS REHABILITATION THERAPIES (SPEECH, PHYSICAL, OCCUPATIONAL AND RECREATIONAL THERAPY), PHARMACY, RESPIRATOR Y THERAPY, IMAGING, CARDIOVASCULAR, DIETETICS, LAB, RADIATION THERAPY, SURGICAL TECHNOLOGY , PARAMEDIC, SOCIAL WORK, PSYCHOLOGY, BUSINESS, HEALTH INFORMATION MANAGEMENT AND PUBLIC H EALTH STUDENTS CAME FROM LOCAL COMMUNITY COLLEGES SUCH AS GROSSMONT COLLEGE, SAN DIEGO CI TY COLLEGE, SAN DIEGO MESA COLLEGE (MC) AND SOUTHWESTERN COLLEGE (SWC), LOCAL AND NATIONAL UNIVERSITY CAMPUSES SUCH AS POINT LOMA NAZARENE UNIVERSITY (PLNU), SAN DIEGO STATE UNIVER SITY (SDSU), UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD), AND UNIVERSITY OF SAN DIEGO (USD) , AND VOCATIONAL SCHOOLS SUCH AS KAPLAN COLLEGE TABLE 1 PRESENTS THE NUMBER OF STUDENTS A ND STUDENT HOURS AT EACH OF THE SHARP ENTITIES IN FY 2015 TABLE 1 SHARP HEALTHCARE INTER NSHIPS - FY 2015 SHARP CHULA VISTA MEDICAL CENTER NURSING 842 STUDENTS 60,662 GROUP HOURS 20,398 PRECEPTED HOURS ANCILLARY 172 STUDENTS 37,627 HOURS TOTAL 1,014 STUDENTS 118,687 HO URS SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER NURSING 590 STUDENTS 92,510 GROUP HOURS 3,024 PRECEPTED HOURS ANCILLARY 77 STUDENTS 21,127 HOURS TOTAL 667 STUDENTS 116,661 HOURS SHARP GROSSMONT HOSPITAL NURSING 732 STUDENTS 62,492 GROUP HOURS 16,643 PRECEPTED HOURS AN CILLARY 238 STUDENTS 54,200 HOURS TOTAL 970 STUDENTS 133,335 HOURS SHARP MARY BIRCH HOSPIT AL FOR WOMEN & NEWBORNS NURSING 207 STUDENTS 15,204 GROUP HOURS 5,184 PRECEPTED HOURS ANCI LLARY 15 STUDENTS 4,486 HOURS TOTAL 222 STUDENTS 24,874 HOURS SHARP MEMORIAL HOSPITAL NURS ING 404 STUDENTS 29,451 GROUP HOURS 18,902 PRECEPTED HOURS ANCILLARY 310 STUDENTS 73,998 H OURS TOTAL 714 STUDENTS 122,351 HOURS SHARP MESA VISTA HOSPITAL NURSING 318 STUDENTS 22,64 2 GROUP HOURS 3,524 PRECEPTED HOURS ANCILLARY 38 STUDENTS 23,106 HOURS TOTAL 356 STUDENTS 49,272 HOURS SHARP HOSPICECARE NURSING 74 STUDENTS 674 PRECEPTED HOURS TOTAL 74 STUDENTS 6 74 HOURS SHARP HEALTHCARE NURSING 387 STUDENTS 60,843 PRECEPTED HOURS ANCILLARY 223 STUDEN TS 52,947 HOURS TOTAL 610 STUDENTS 113,790 HOURS TOTAL NURSING 3,554 STUDENTS 282,961 GROU P HOURS 129,192 PRECEPTED HOURS ANCILLARY 1,073 STUDENTS 267,491 HOURS TOTAL 4,627 STUDENT S 679,644 HOURS HEALTH SCIENCES HIGH AND MIDDLE COLLEGE SHARP IS AN INDUSTRY PARTNER WITH CHARTER SCHOOL HSHMC TO PROVIDE STUDENTS BROAD EXPOSURE TO HEALTH CARE CAREERS THROUGH TH IS PARTNERSHIP, HSHMC STUDENTS CONNECT WITH SHARP TEAM MEMBERS THROUGH JOB SHADOWING TO EX PLORE REAL-WORLD APPLICATION OF THEIR SCHOOL-BASED KNOWLEDGE AND SKILLS THIS COLLABORATIO N PREPARES HIGH SCHOOL STUDENTS TO ENTER HEALTH, SCIENCE AND MEDICAL TECHNOLOGY CAREERS IN THE FOLLOWING FIVE CAREER PATHWAYS BIOTECHNOLOGY RESEARCH AND DEVELOPMENT, DIAGNOSTIC SE RVICES, HEALTH INFORMATICS, SUPPORT SERVICES AND THERAPEUTIC SERVICES HSHMC STUDENTS EARN HIGH SCHOOL DIPLOMAS, COMPLETE COLLEGE ENTRANCE REQUIREMENTS AND HAVE OPPORTUNITIES TO EA RN COMMUNITY COLLEGE CREDITS, DEGREES OR VOCATIONAL CERTIFICATES THE HSHMC PROGRAM BEGAN IN 2007 WITH STUDENTS ON THE CAMPUSES OF SGH AND SMH, AND EXPANDED TO INCLUDE SMV AND SMBH WN IN 2009, SCHHC IN 2010, AND SCVMC IN 2011 STUDENTS ALSO DEVOTE TIME TO VARIOUS SRS SIT ES STUDENTS BEGIN THEIR EXPERIENCE WITH A SYSTEMWIDE ORIENTATION TO SHARP AND THEIR UPCOM ING JOB-SHADOWING ACTIVITIES, WHICH CONSIST OF TWO LEVELS OF TRAINING LEVEL I OF THE HSHM C PROGRAM IS THE ENTRY LEVEL FOR ALL STUDENTS AND IS CONDUCTED OVER AN EIGHT-WEEK PERIOD THROUGH LEVEL I, NINTH GRADE STUDENTS SHADOW PRIMARILY NON-NURSING AREAS OF THE HOSPITAL A S WELL AS COMPLETE ADDITIONAL COURSEWORK IN INFECTION CONTROL AND MENTAL HEALTH MATTERS AT MESA COLLEGE LEVEL II OF THE HSHMC PROGRAM IS DESIGNED FOR STUDENTS IN GRADES 10 THROUGH 12 AND INCLUDES ENHANCED PATIENT INTERACTION, COLLEGE-LEVEL CLINICAL ROTATION, AND HANDS- ON EXPERIENCE LEVEL II STUDENTS ARE PLACED IN A NEW ASSIGNMENT EACH SEMESTER FOR A VARIET Y OF PATIENT CARE EXPERIENCES, AS WELL AS TAKE ADDITIONAL HEALTH-RELATED COURSEWORK AT MES A COLLEGE, INCLUDING ANATOMY, PHYSIOLOGY, MEDICAL TERMINOLOGY, HEALTH 101, PSYCHOLOGY AND ABNORMAL PSYCHOLOGY NEARLY 500 HSHMC STUDENTS - INCLUDING 143 LEVEL I STUDENTS AND 347 LE VEL II STUDENTS - WERE SUPERVISED FOR APPROXIMATELY 55,000 HOURS ON SHARP CAMPUSES IN FY 2 015 STUDENTS ROTATED THROUGH INSTRUCTIONAL PODS I

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	N SPECIALTY AREAS, INCLUDING BUT NOT LIMITED TO NURSING, EMERGENCY SERVICES, OBSTETRICS AN D GYNECOLOGY (OB/GYN), OCCUPATIONAL THERAPY, PHYSICAL THERAPY, BEHAVIORAL HEALTH, PEDIATRI CS, MEDICAL/SURGICAL, IMAGING, REHABILITATION, LABORATORY SERVICES, PHARMACY, PATHOLOGY, R ADIOLOGY, ENDOSCOPY, ENGINEERING, PULMONARY SERVICES, CARDIAC SERVICES, AND OPERATIONS ST UDENTS NOT ONLY HAD THE OPPORTUNITY TO OBSERVE PATIENT CARE, BUT ALSO RECEIVED GUIDANCE FR OM SHARP STAFF ON CAREER LADDER DEVELOPMENT AS WELL AS JOB AND EDUCATION REQUIREMENTS IN MAY 2015, THE HSHMC PROGRAM GRADUATED ITS FIFTH FULL CLASS EACH YEAR, SHARP HEALTHCARE RE VIEWS AND EVALUATES THE COLLABORATION WITH HSHMC, INCLUDING OUTCOMES OF STUDENTS AND GRADU ATES, TO PROMOTE LONG-TERM SUSTAINABILITY ALTHOUGH MANY HSHMC STUDENTS FACE FINANCIAL HAR DSHIP - THE FREE AND REDUCED PRICE MEAL (FRPM) ELIGIBILITY RATE IS HIGHER THAN THE AVERAGE S FOR SDC AND CALIFORNIA - THE CHARTER SCHOOL EXCELS IN PREPARING STUDENTS FOR HIGH SCHOOL GRADUATION, COLLEGE ENTRANCE AND A FUTURE CAREER IN 2015, 93 PERCENT OF THE HSHMC GRADUA TING CLASS WENT ON TO ATTEND TWO- OR FOUR-YEAR COLLEGES, WHILE 85 PERCENT OF STUDENTS SAID THEY WANTED TO PURSUE CAREERS IN HEALTH CARE IN ADDITION, HSHMC HAS A 100 PERCENT GRADUA TION RATE, WHICH IS HIGHER THAN CALIFORNIA'S 80 8 PERCENT STATE AVERAGE AS WELL AS AN ACAD EMIC PERFORMANCE INDEX SCORE OF 828, WHICH EXCEEDS THE STATE'S GOAL OF 800 THE CALIFORNIA DEPARTMENT OF EDUCATION RECOGNIZES HSHMC AS A 2015 CALIFORNIA GOLD RIBBON SCHOOL FOR ITS OUTSTANDING EDUCATION PROGRAMS AND PRACTICES, AND A TITLE I ACADEMIC ACHIEVING SCHOOL FOR DEMONSTRATING SUCCESS IN SIGNIFICANTLY REDUCING THE GAP BETWEEN HIGH AND LOW-PERFORMING ST UDENTS HSHMC IS ALSO A 2014 U S NEWS & WORLD REPORT BEST HIGH SCHOOLS BRONZE AWARD WINNE R, AND NATIONAL SCHOOL SAFETY ADVOCACY COUNCIL AWARD WINNER LECTURES AND CONTINUING EDUCA TION SHARP CONTRIBUTES TO THE ACADEMIC ENVIRONMENT OF COLLEGES AND UNIVERSITIES THROUGHOUT SAN DIEGO IN FY 2015, SHARP STAFF PROVIDED HUNDREDS OF ACADEMIC HOURS IN LECTURES, COURS ES AND PRESENTATIONS ON NUMEROUS COLLEGE AND UNIVERSITY CAMPUSES THIS INCLUDED GUEST LECT URES ON PHARMACY PRACTICE AT UCSD AND USD, HEALTH INFORMATION TECHNOLOGY, NUTRITION AND PR OFESSIONAL DEVELOPMENT AT SDSU, THE LEGALITIES OF NURSING AND COMMUNITY NUTRITION AND EATI NG DISORDERS AT PLNU, ADVANCE CARE PLANNING AT AZUSA PACIFIC UNIVERSITY (APU), AND A VARIE TY OF HEALTH ADMINISTRATION LECTURES TO PUBLIC HEALTH GRADUATE STUDENTS AT SDSU SHARP'S C ONTINUING MEDICAL EDUCATION (CME) DEPARTMENT PROVIDES EVIDENCE-BASED AND CLINICALLY RELEVA NT PROFESSIONAL DEVELOPMENT OPPORTUNITIES TO HELP PRACTICING PHYSICIANS AND PHARMACISTS IM PROVE PATIENT SAFETY AND ENHANCE CLINICAL OUTCOMES IN FY 2015, SHARP'S CME TEAM INVESTED MORE THAN 1,800 HOURS TO NUMEROUS CME ACTIVITIES FOR SAN DIEGO HEALTH CARE PROVIDERS THIS INCLUDED CONFERENCES ON PRIMARY CARE, HEART FAILURE, LUNG CANCER, COLORECTAL CANCER, AND ADVANCES IN OB/GYN, AS WELL AS PRESENTATIONS ON STROKE, EBOLA, INFECTION PREVENTION, CLINI CAL DOCUMENTATION IMPROVEMENT AND HROS IN ADDITION, THE CME TEAM ORGANIZED A LIVE VIDEO C ONFERENCE FOR ORTHOPEDIC SURGEONS, RADIOLOGISTS, RESIDENTS AND FELLOWS IN WHICH EXPERT ORT HOPEDIC SURGEONS FROM SHARP HEATLHCARE, GERMANY, AUSTRIA AND SWITZERLAND PRESENTED ON THE EUROPEAN AND NORTH AMERICAN PERSPECTIVES ON HIP PRESERVATION RESEARCH SHARP HEALTHCARE CE NTER FOR RESEARCH INNOVATION IS CRITICAL TO THE FUTURE OF HEALTH CARE THE SHARP HEALTHCAR E CENTER FOR RESEARCH SUPPORTS INNOVATION THROUGH ITS COMMITMENT TO SAFE, HIGH QUALITY RES EARCH INITIATIVES THAT PROVIDE VALUABLE KNOWLEDGE TO THE SAN DIEGO HEALTH CARE COMMUNITY, AND POSITIVELY IMPACT PATIENTS AND COMMUNITY MEMBERS CURRENTLY, MORE THAN 350 ACTIVE PROT OCOLS ARE BEING CONDUCTED AT SHARP

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	THE CENTER FOR RESEARCH IS ALSO SEEKING ACCREDITATION BY THE ASSOCIATION FOR THE ACCREDITA TION OF HUMAN RESEARCH PROTECTION PROGRAMS (AAHRPP) FOR ACCREDITATION OF SHARP'S HRPP ACC REDITATION BY AAHRPP INDICATES THAT AN ORGANIZATION FOLLOWS RIGOROUS STANDARDS FOR ETHICS, QUALITY, AND PROTECTIONS FOR HUMAN RESEARCH, AND ACTS AS A PUBLIC AFFIRMATION OF THE ORGA NIZATION'S COMMITMENT TO PROTECTING RESEARCH PARTICIPANTS THE CENTER FOR RESEARCH ANTICIP ATES ACCREDITATION BY MARCH 2016 SHARP HUMAN RESEARCH PROTECTION PROGRAM AND INSTITUTIONA L REVIEW BOARD THE SHARP CENTER FOR RESEARCH'S HUMAN RESEARCH PROTECTION PROGRAM (HRPP) IS RESPONSIBLE FOR THE ETHICAL AND REGULATORY COMPLIANT OVERSIGHT OF RESEARCH BEING CONDUCTE D AT SHARP THERE ARE THREE COMPONENTS TO THE CENTER FOR RESEARCH'S HRPP THE ORGANIZATION , THE RESEARCHERS AND THE INSTITUTIONAL REVIEW BOARD (IRB) THE IRB IS THE LARGEST COMPONE NT OF THE HRPP AND SEEKS TO PROMOTE A CULTURE OF SAFETY AND RESPECT FOR THOSE PARTICIPATIN G IN RESEARCH FOR THE GREATER GOOD OF THE COMMUNITY ALL PROPOSED ENTITY RESEARCH STUDIES WITH HUMAN PARTICIPANTS ARE REQUIRED TO BE REVIEWED BY SHARP'S IRB IN ORDER TO PROTECT PAR TICIPANT SAFETY AND MAINTAIN RESPONSIBLE RESEARCH CONDUCT IN FY 2015, A DEDICATED IRB COM MITTEE OF 14 - INCLUDING PHYSICIANS, PSYCHOLOGISTS, RESEARCH NURSES AND PHARMACISTS - DEVO TED HUNDREDS OF HOURS TO THE REVIEW AND ANALYSIS OF BOTH ONGOING AND NEW RESEARCH STUDIES RESEARCH IS CONDUCTED ON ALL PHASES OF DRUG AND DEVICE DEVELOPMENT AND SPANS FROM RESEARC H WITH NEWBORNS TO OLDER ADULTS WITH ALZHEIMER'S DISEASE THIS INCLUDES CLINICAL TRIALS TH AT ADD TO SCIENTIFIC KNOWLEDGE AND ENABLE HEALTH CARE PROVIDERS TO LEARN WHETHER A NEW TRE ATMENT IS SAFE AND EFFECTIVE SHARP CONDUCTS CLINICAL TRIALS IN BEHAVIORAL HEALTH, NEONATA L, CARDIOVASCULAR, MECHANICAL CIRCULATORY SUPPORT, RENAL TRANSPLANT, ORTHOPEDICS, STROKE A ND ONCOLOGY, THE LATTER OF WHICH COMPRISES THE MAJORITY OF SHARP'S CLINICAL TRIALS THE CE NTER FOR RESEARCH'S HRPP ALSO PROVIDES EDUCATION AND SUPPORT BOTH FOR RESEARCHERS ACROSS S HARP AND THE BROADER SAN DIEGO HEALTH AND RESEARCH COMMUNITIES ON REQUIREMENTS REGARDING T HE PROTECTION OF HUMAN RESEARCH PARTICIPANTS AS PART OF ITS MISSION, THE CENTER FOR RESEA RCH HOSTS QUARTERLY MEETINGS ON RELEVANT EDUCATIONAL TOPICS TO THE RESEARCH COMMUNITY, INC LUDING PHYSICIANS, PSYCHOLOGISTS, RESEARCH NURSES, STUDY COORDINATORS AND STUDENTS THROUGH OUT SAN DIEGO RECENT PRESENTATIONS HAVE INCLUDED INVESTIGATOR QUALITY IMPROVEMENT ACTIVIT IES, UNDERSTANDING RESEARCH NONCOMPLIANCE, SERIOUS NONCOMPLIANCE AND CONTINUING NONCOMPLIA NCE, AND RISKS TO SUBJECTS - IT'S NOT JUST PHYSICAL SHARP OUTCOMES RESEARCH INSTITUTE THE SHARP OUTCOMES RESEARCH INSTITUTE (ORI) BEGAN IN 2010 AS A PILOT INITIATIVE FUNDED BY THE SHARP HEALTHCARE FOUNDATION THE ORI FACILITATES INTERDISCIPLINARY RESEARCH ON HEALTH CAR E PRACTICES IN ORDER TO IDENTIFY AND PROMOTE QUALITY PATIENT CARE ACROSS THE HEALTH CARE C OMMUNITY THE ORI COLLABORATES WITH SHARP TEAM MEMBERS BY FACILITATING THE DESIGN OF PATIE NT-CENTERED OUTCOMES RESEARCH PROJECTS, ASSISTING WITH DATABASE DEVELOPMENT AS WELL AS DAT A COLLECTION AND ANALYSIS, EXPLORING FUNDING MECHANISMS FOR RESEARCH PROJECTS, AND FACILIT ATING IRB APPLICATION SUBMISSIONS A PRIORITY FOR THE ORI IS TO SEEK GUIDANCE AND EXPERTIS E FROM THE LOCAL AND NATIONAL ACADEMIC COMMUNITY ON HOW TO EFFECTIVELY CONDUCT OUTCOMES RE SEARCH IN ORDER TO IMPROVE PATIENT AND COMMUNITY HEALTH THIS NETWORKING HAS RESULTED IN C OLLABORATIVE RESEARCH PARTNERSHIPS WITH INVESTIGATORS AT SDSU AND NATIONAL UNIVERSITY (NU) THE ORI HAS ALSO DEVELOPED EDUCATIONAL PRESENTATIONS FOR THE GREATER HEALTH CARE RESEARC H COMMUNITY THAT FOSTER AWARENESS OF THE IMPORTANCE OF RESEARCH FOR IMPROVING HEALTH OUTCO MES THIS INCLUDES PRESENTATIONS OF PEER-REVIEWED ABSTRACTS OF RESEARCH STUDY RESULTS AND TRAINING ON RESEARCH DESIGNS EVIDENCE-BASED PRACTICE INSTITUTE SHARP PARTICIPATES IN THE EVIDENCE-BASED PRACTICE INSTITUTE (EBPI), WHICH PREPARES TEAMS OF STAFF FELLOWS (INTER-PRO FESSIONAL STAFF) AND MENTORS TO CHANGE AND IMPROVE CLINICAL PRACTICE AND PATIENT CARE THI S EVOLUTION IN PRACTICE AND CARE OCCURS THROUGH IDENTIFYING A CARE PROBLEM, DEVELOPING A P LAN TO SOLVE IT AND THEN INCORPORATING THIS NEW KNOWLEDGE INTO PRACTICE THE EBPI IS PART OF THE CONSORTIUM FOR NURSING EXCELLENCE, SAN DIEGO, WHICH PROMOTES EVIDENCE-BASED PRACTIC E IN THE NURSING COMMUNITY THE CONSORTIUM IS A PARTNERSHIP BETWEEN SCVMC, SGH, SMBHWN, SM H, SCRIPPS HEALTH, PALOMAR HEALTH, RADY CHILDREN'S HOSPITAL - SAN DIEGO, UCSD HEALTH SYSTE M, U S DEPARTMENT OF VETERANS AFFAIRS (VA) SAN DIEGO HEALTHCARE SYSTEM, ELIZABETH HOSPICE , PLNU, SDSU, APU AND USD THE NAVAL MEDICAL CENTER SAN DIEGO (NMCSD) IS EXPECTED TO JOIN IN FY 2016 SHARP ACTIVELY SUPPORTS THE EBPI BY PROVIDING INSTRUCTORS AND MENTORS AS WELL AS ADMINISTRATIVE COORDINATION THE SAN DIEGO EBPI INCLUDES SIX FULL-DAY CLASS SESSIONS FE ATURING GROUP ACTIVITIES, SELF-DIRECTED LEARNING P

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	ROGRAMS OUTSIDE OF THE CLASSROOM AND STRUCTURED MENTORSHIP THROUGHOUT THE PROGRAM THE EBP I FELLOWS PARTNER WITH THEIR MENTORS AND PARTICIPATE IN A VARIETY OF LEARNING STRATEGIES MENTORS FACILITATE THE PROCESS OF CONDUCTING AN EVIDENCE-BASED PRACTICE CHANGE AND NAVIGAT ING THE HOSPITAL SYSTEM TO SUPPORT THE FELLOWS THROUGH THE PROCESS OF EVIDENCE-BASED PRACT ICE MENTORS ALSO ASSIST THE FELLOWS IN WORKING COLLABORATIVELY WITH OTHER KEY HOSPITAL LE ADERSHIP PERSONNEL IN FY 2015, THE EBPI CONSISTED OF A NINE-MONTH PROGRAM CULMINATING WIT H A COMMUNITY CONFERENCE AND GRADUATION CEREMONY IN NOVEMBER, WHERE THE PROJECT RESULTS OF ALL EBPI FELLOWS WERE SHARED THIRTY-FOUR FELLOWS GRADUATED FROM THE EBPI PROGRAM IN FY 2 015 AND COMPLETED PROJECTS THAT ADDRESSED THE FOLLOWING ISSUES IN CLINICAL PRACTICE AND PA TIENT CARE HEALTH LITERACY FOR PATIENTS, STRUCTURED DEBRIEFING FOR CRITICAL INCIDENTS IN THE INTENSIVE CARE SETTING, NURSE-DRIVEN PROTOCOL FOR URINARY CATHETER REMOVAL, CHARGE NUR SE ROUNDING IN THE ED, CUE-BASED FEEDINGS IN THE NEONATAL INTENSIVE CARE UNIT (NICU), AND NOISE REDUCTION IN THE PROGRESSIVE CARE SETTING VOLUNTEER SERVICE SHARP LENDS A HAND IN F Y 2015, SHARP CONTINUED ITS SYSTEMWIDE COMMUNITY SERVICE PROGRAM, SHARP LENDS A HAND (SLAH) IN OCTOBER, SHARP TEAM MEMBERS SUGGESTED PROJECT IDEAS THAT WOULD IMPROVE THE HEALTH AN D WELL-BEING OF SAN DIEGO IN A BROAD, POSITIVE WAY, RELY ON SHARP FOR VOLUNTEER LABOR ONLY , SUPPORT EXISTING NONPROFIT INITIATIVES, COMMUNITY ACTIVITIES OR OTHER PROGRAMS THAT SERV E SDC, AND BE COMPLETED BY SEPTEMBER 30, 2015 ELEVEN PROJECTS WERE SELECTED SAN DIEGO BL OOD BANK, HOLIDAY MAIL FOR HEROES, SAN DIEGO FOOD BANK (SDFB), SAN DIEGO HALF MARATHON, RU FFIN CANYON CLEAN-UP, THE AMERICAN DIABETES ASSOCIATION (ADA) TOUR DE CURE, STAND DOWN FOR HOMELESS VETERANS, LIFE ROLLS ON - THEY WILL SURF AGAIN, AND THE SAN DIEGO RIVER PARK FOU NDATION'S POINT LOMA NATIVE PLANT GARDEN, SAN DIEGO RIVER GARDEN, AND COASTAL HABITAT REST ORATION MORE THAN 1,700 SHARP EMPLOYEES, FAMILY MEMBERS AND FRIENDS VOLUNTEERED OVER 5,85 0 HOURS IN SUPPORT OF THESE PROJECTS IN NOVEMBER 2014, 14 SLAH VOLUNTEERS JOINED THE SAN DIEGO CHARGERS FOOTBALL TEAM FOR THEIR 36TH ANNUAL BLOOD DRIVE IN MISSION VALLEY THE EVEN T SUPPORTED THE SAN DIEGO BLOOD BANK DURING THE VITAL HOLIDAY SEASON WHEN PEOPLE TEND TO D ONATE LESS BLOOD SLAH VOLUNTEERS CONSISTED OF REGISTERED NURSES (RNS), LICENSED VOCATIONA L NURSES, CERTIFIED PHLEBOTOMISTS AND LIMITED PHLEBOTOMISTS WHO PROVIDED ASSISTANCE WITH B LOOD TYPING (DETERMINING WHAT TYPE OF BLOOD AN INDIVIDUAL HAS) DURING THE 2014 HOLIDAY SE ASON, 11 SLAH VOLUNTEERS JOINED THE AMERICAN RED CROSS' HOLIDAY MAIL FOR HEROES PROGRAM TO SUPPORT SERVICE MEMBERS AND VETERANS SEPARATED FROM THEIR FAMILIES DURING THE HOLIDAY SEA SON DUE TO DEPLOY MENTS AND HOSPITAL STAYS VOLUNTEERS WROTE CARDS OF APPRECIATION TO THE M EMBERS OF THE UNITED STATES ARMED FORCES AND THEIR FAMILIES, EXPRESSING THANKS FOR THE SAC RIFICES THEY MAKE TO PROTECT OUR FREEDOMS THE SAN DIEGO FOOD BANK (SDFB) FEEDS PEOPLE IN NEED THROUGHOUT SDC, ADVOCATES FOR THE HUNGRY, AND EDUCATES THE PUBLIC ABOUT HUNGER-RELATE D ISSUES ON 16 DAYS BETWEEN FEBRUARY AND SEPTEMBER 2015, 960 SLAH VOLUNTEERS INSPECTED, C LEANED AND SORTED DONATED FOOD, ASSEMBLED BOXES AND CLEANED THE SDFB WAREHOUSE FOR TWO DA YS IN MARCH, 100 SLAH VOLUNTEERS PROVIDED REGISTRATION, GEAR-CHECK, WATER STOP AND FINISH- LINE SUPPORT AT THE SAN DIEGO HALF MARATHON THIS PREMIER RACE RAISES MONEY FOR VULNERABLE COMMUNITIES INCLUDING THE SKINNY GENE PROJECT, A DIVISION OF THE J MOSS FOUNDATION THAT ADDRESSES THE ENVIRONMENT-BASED ISSUES THAT AFFECT A PERSON'S ABILITY TO PREVENT DIABETES WITH ALL NET PROCEEDS GOING TOWARDS SERVICE PROJECTS AND SELECT CHARITABLE CAUSES IN SAN DIEGO, THE RACE INSPIRES VOLUNTEERISM AS A WAY TO HELP STRUGGLING COMMUNITIES THROUGHOUT T HE CITY

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	ALSO IN MARCH, 40 SLAH VOLUNTEERS JOINED THE FRIENDS OF RUFFIN CANYON IN THE RUFFIN CANYON CLEAN-UP LOCATED IN SERRA MESA, THE RUFFIN CANYON OPEN-SPACE PRESERVE CONSISTS OF 84 ACR ES OF NATURAL OPEN SPACE, INCLUDING NATIVE PLANT-LIFE AND PRIMITIVE TRAILS THE FRIENDS OF RUFFIN CANYON FOSTERS COMMUNITY PARTICIPATION IN THE PROTECTION OF RUFFIN CANYON'S UNIQUE HABITAT VOLUNTEERS PICKED UP TRASH AND DEBRIS, PULLED WEEDS, INSTALLED NATIVE PLANTS AND HELPED MAINTAIN THE TRAIL TO SUPPORT THE NEARLY ONE MILLION SAN DIEGANS WITH DIABETES OR PREDIABETES, SLAH VOLUNTEERS PARTICIPATED IN THE TOUR DE CURE 2015, A FUNDRAISING CYCLING EVENT BENEFITTING THE AMERICAN DIABETES ASSOCIATION (ADA) FOR TWO DAYS IN APRIL, MORE TH AN 60 SLAH VOLUNTEERS ASSISTED WITH PRE-EVENT PACKET PICK-UP, AND DAY-OF EVENT REGISTRATIO N, T-SHIRT DISTRIBUTION AND MEDICAL CARE BY VOLUNTEERING THEIR TIME, SLAH PARTICIPANTS HE LPED TO ENSURE THAT MORE FUNDS GO TOWARD THE ADA'S MISSION TO PREVENT, CURE AND IMPROVE TH E LIVES OF ALL PEOPLE AFFECTED BY DIABETES ON NINE DAYS IN JUNE AND JULY, 360 VOLUNTEERS PARTICIPATED IN STAND DOWN FOR HOMELESS VETERANS, AN EVENT SPONSORED BY THE VETERANS VILLA GE OF SAN DIEGO TO PROVIDE COMMUNITY-BASED SOCIAL SERVICES TO VETERANS WITHOUT A PERMANENT RESIDENCE VOLUNTEERS GATHERED AT THE VETERAN'S VILLAGE WAREHOUSE IN EL CAJON AND AT SAN DIEGO HIGH SCHOOL WHERE THEY SORTED AND ORGANIZED CLOTHING DONATIONS AND OFFERED COMPANION SHIP TO MORE THAN 800 OF SAN DIEGO'S HOMELESS VETERANS IN ADDITION, SHARP MEDICAL DOCTORS AND NURSES OFFERED MEDICAL ASSISTANCE, WHILE SHARP PHARMACISTS AND LICENSED PHARMACY TECH NICIANS PROVIDED SUPPORT, COUNSELING AND DISPENSING OF MEDICATIONS THE LIFE ROLLS ON FOUN DATION IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR YOUNG PEOPLE AFFECTED BY SPINAL C ORD INJURY THROUGH ACTION SPORTS WITH SUPPORT FROM ADAPTIVE EQUIPMENT AND VOLUNTEERS, THE AWARD-WINNING SERIES OF BICOASTAL EVENTS EMPOWERS PARAPLEGICS AND QUADRIPLEGICS TO EXPERI ENCE MOBILITY THROUGH SURFING IN SEPTEMBER, NEARLY 90 VOLUNTEERS ASSISTED LIFE ROLLS ON - THEY WILL SURF AGAIN WITH EVENT SET-UP AND BREAKDOWN, REGISTRATION, EQUIPMENT DISTRIBUTIO N, LUNCH SERVICE AND HELPING SURFERS ON LAND AND IN SHALLOW WATER FOUNDED IN 2001, THE SA N DIEGO RIVER PARK FOUNDATION IS A GRASSROOTS NONPROFIT ORGANIZATION THAT WORKS TO PROTECT THE GREENBELT FROM THE MOUNTAINS TO THE OCEAN ALONG THE 52-MILE SAN DIEGO RIVER APPROXIM ATELY 40 SLAH VOLUNTEERS JOINED THE SAN DIEGO RIVER PARK FOUNDATION TO CARE FOR CALIFORNIA NATIVE PLANTS AND TREES AT THE POINT LOMA NATIVE PLANT GARDEN IN MARCH AND THE SAN DIEGO RIVER GARDEN IN MISSION VALLEY IN MAY ACTIVITIES INCLUDED TRAIL MAINTENANCE, WATERING, PR UNING AND OTHER LIGHT GARDENING PROJECTS IN JULY, SLAH VOLUNTEERS JOINED THE FOUNDATION O NCE AGAIN FOR THE COASTAL HABITAT RESTORATION EVENT IN OCEAN BEACH TO HELP SAVE AND RESTOR E ONE OF THE LAST REMAINING COASTAL DUNE AND WETLAND HABITATS IN SAN DIEGO TWENTY VOLUNTE ERS HELPED REMOVE INVASIVE PLANTS, WATERED AND CARED FOR RECENT PLANTINGS, AND PROVIDED TR AIL MAINTENANCE AND LITTER REMOVAL SHARP HUMANITARIAN SERVICE PROGRAM IN FY 2015, THE SHA RP HUMANITARIAN SERVICE PROGRAM FUNDED MORE THAN 50 SHARP EMPLOY EES IN SERVICE PROGRAMS TH AT PROVIDE HEALTH CARE OR OTHER SUPPORTIVE SERVICES TO UNDERSERVED OR ADVERSELY AFFECTED P OPULATIONS IN HAITI, GUATEMALA, PERU, SOUTHERN AFRICA AND OTHER VULNERABLE AREAS THROUGH THE PROGRAM, A SHARP PHARMACIST PARTICIPATED IN A TWO-WEEK MEDICAL MISSION TRIP TO THE IMP OVERISHED VILLAGES OF AYACUCHO, PERU, LOCATED IN THE CENTRAL ANDES MOUNTAINS SPONSORED BY THE PERUVIAN AMERICAN MEDICAL SOCIETY, THE MISSION TEAM CONSISTED OF APPROXIMATELY 50 PRO FESSIONALS - INCLUDING PHY SICIANS, A PHARMACIST, NURSES, TRANSLATORS, CASE WORKERS AND GEN ERAL VOLUNTEERS - WHO PROVIDED MEDICAL EXAMINATIONS AND MEDICATIONS FOR APPROXIMATELY 75 T O 100 PATIENTS EACH DAY IN MAY, A SHARP NURSE TRAVELED TO ZIMBABWE WITH OPERATION OF HOPE , A NONPROFIT VOLUNTEER SURGICAL TEAM THAT PROVIDES FREE SURGERIES TO CHILDREN IN DEVELOPI NG COUNTRIES WHO ARE BORN WITH OR SUFFERING FROM FACIAL DEFORMITIES FOR APPROXIMATELY TWO WEEKS, THE TEAM MEMBER WORKED ALONGSIDE SURGEONS, ANESTHESIOLOGISTS AND OTHER STAFF WHO S URGICALLY REPAIRED THE CLEFT LIPS AND PALATES OF APPROXIMATELY 75 PATIENTS THE TEAM ALSO RECEIVED ASSISTANCE FROM STAFF AT A ZIMBABWE HOSPITAL AND FROM THE LOCAL ROTARY CLUB IN A DDITION, THE TEAM EDUCATED COMMUNITY MEMBERS ABOUT CLEFT LIP AND PALATES ON A LOCAL RADIO STATION IN AN EFFORT TO REDUCE THE SOCIAL STIGMA ASSOCIATED WITH THE MALFORMATION IN APRI L, ANOTHER SHARP NURSE SERVED IN THE OPERATING ROOM (OR) ON AFRICA MERCY AS THE WORLD'S L ARGEST CIVILIAN HOSPITAL SHIP, AFRICA MERCY IS OPERATED BY MERCY SHIPS, A GLOBAL CHARITY T HAT BRINGS LIFESAVING SURGERIES, HOPE AND HEALING TO PEOPLE LIVING IN THE WORLD'S POOREST REGIONS DURING THEIR TWO-WEEK MISSION, THE TEAM MEMBER ASSISTED WITH MULTIPLE SURGICAL PR OCEDURES FOR APPROXIMATELY 60 CITIZENS OF MADAGASC

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	AR, INCLUDING THE REMOVAL OF LARGE TUMORS ON BACKS AND NECKS AS WELL AS HERNIA REPAIRS IN TERNATIONAL MEDICAL RELIEF (IMR) IS A NONPROFIT ORGANIZATION THAT TREATS UNDERSERVED PATIE NTS BY PROVIDING MEDICAL SERVICES, MEDICATION, SUPPLIES, TRAINING AND EDUCATION TO COMMUNI TIES ALL OVER THE GLOBE WITH HELP FROM MEDICAL VOLUNTEERS FOR 10 DAYS, A SHARP TEAM MEMBE R JOINED IMR TO HELP TREAT THOSE LACKING MEDICAL SERVICES IN THE REMOTE VILLAGES OF UGANDA ALONGSIDE OTHER FOREIGN STAFF - SUCH AS PHYSICIANS, NURSE PRACTITIONERS, NURSES, RESPIRA TORY THERAPISTS AND VARIOUS OTHER NONMEDICAL PROFESSIONALS - THE TEAM MEMBER PROVIDED HEAL TH ASSESSMENTS, MEDICATIONS, ANTIBIOTICS AND WELLNESS EXAMS TO THOUSANDS OF PEOPLE IN NEED HAITIAN PARENTS WITHOUT A JOB ARE OFTEN AT RISK OF SENDING THEIR CHILDREN TO AN ORPHANAG E BECAUSE THEY ARE UNABLE TO FEED THEM THE I'MME ORGANIZATION EMPOWERS AND SUSTAINS THE S TRUCTURE OF FAMILY TO THE ORPHANS OF THE WORLD THROUGH CARE, EDUCATION, PREVENTION AND STE WARDSHIP IN FY 2015, ONE SHARP TEAM MEMBER PARTICIPATED IN A TRIP TO HAITI WITH I'MME, WH ERE SHE PROVIDED ASSISTANCE TO AN ORPHANAGE AND A FEEDING PROGRAM THAT SERVES MEALS TO 150 CHILDREN AND YOUTH TWICE A WEEK, WHO WOULD OTHERWISE NEVER HAVE A HOT MEAL IN COLLABORAT ION WITH THE FOUNDER OF COMPASSION IT - A NONPROFIT ORGANIZATION AND SOCIAL MOVEMENT THAT INSPIRES COMPASSIONATE ACTIONS IN THE DAILY LIVES OF INDIVIDUALS AROUND THE WORLD - A SHAR P TEAM MEMBER TRAVELED TO BOTSWANA FOR A TWO-WEEK MISSION TRIP WORKING WITH THE BOTSWANA MINISTRY OF HEALTH, THE MINISTRY OF EDUCATION AND SKILLS DEVELOPMENT, VARIOUS NONGOVERNMEN T ORGANIZATIONS, AND BOTHO (AN ORGANIZATION THAT AIMS TO NURTURE COMPASSION), THEY PROVIDE D COMPASSION TRAINING TO MORE THAN 500 CITIZENS OF BOTSWANA AUDIENCE MEMBERS WERE FROM ED UCATION AND SOCIAL SERVICE SECTORS, INCLUDING PHYSICIANS, SOCIAL WORKERS, NURSES, TEACHERS , POLICE OFFICERS, ORPHANAGE CAREGIVERS AND STUDENTS WITH THE RISING PREVALENCE OF EMPATH Y FATIGUE AND BURNOUT AMONG SERVICE PROVIDERS, THE TRAINING SUPPORTS EMOTIONAL RESILIENCE, BROADENS PERSPECTIVES AND PROVIDES PRACTICAL APPLICATION DURING DIFFICULT OR STRESSFUL SI TUATIONS THE TRAINING WAS BASED ON COMPASSION CULTIVATION TRAINING (CCT) DEVELOPED BY THE CENTER FOR COMPASSION AND ALTRUISM RESEARCH AND EDUCATION (CCARE) AT THE STANFORD UNIVERS ITY SCHOOL OF MEDICINE AS WELL AS OTHER MINDFULNESS AND SELF-COMPASSION CURRICULA, AND WAS ALSO SUPPORTED BY A SHARP IRB STUDY FOLLOWING THE MISSION, ELECTRONIC SUPPORT WAS PROVID ED TO PARTICIPANTS FOR EIGHT WEEKS IN FEBRUARY, A SHARP TEAM MEMBER PARTICIPATED IN A 10- DAY TRIP TO SAN LUCAS TOLIMAN IN THE HIGHLANDS OF SOUTHWESTERN GUATEMALA TO BUILD AND RENO VATE HOMES FOR MAYAN FAMILIES THIS TRIP WAS ORGANIZED BY THE GLOBAL VILLAGE VOLUNTEER PRO GRAM THROUGH HABITAT FOR HUMANITY, A NONPROFIT CHRISTIAN HOUSING ORGANIZATION THAT BELIEVE S EVERYONE SHOULD HAVE A DECENT, SAFE AND AFFORDABLE PLACE TO LIVE THREE TEAMS OF SIX VOL UNTEERS ROTATED BETWEEN WORKING ON A RURAL HOUSE FOUNDATION FOR A MAYAN COUPLE AND BUILDIN G SMOKELESS STOVES AND LATRINES FOR EIGHT MAYAN FAMILIES (INCLUDING WATER FILTERS AND BASI C SANITATION SERVICES)

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	INTERFACE IS A VOLUNTEER GROUP OF PLASTIC AND OTHER RECONSTRUCTIVE SURGEONS, ANESTHESIOLOG ISTS, NURSES, PEDIATRICIANS, SPEECH THERAPISTS, PSYCHOSOCIAL WORKERS AND OTHER VOLUNTEERS WHO DEVOTE THEIR TIME AND EXPERTISE TO OFFER RECONSTRUCTIVE SURGERY TO CHILDREN IN MEXICO IN OCTOBER, A SHARP TEAM MEMBER JOINED INTERFACE TO PROVIDE RECONSTRUCTIVE SURGERY TO UND ERPRIVILEGED CHILDREN - AND SOME ADULTS - IN MEXICALI IN TWO DAYS, THE TEAM PROVIDED AN A VERAGE OF 75 SURGICAL PROCEDURES INCLUDING CLEFT LIP AND PALATE REPAIR, BURN RECONSTRUCTIO N, AND REPAIR TO EAR, HAND AND OTHER CONGENITAL OR ACQUIRED DEFORMITIES DURING A WEEK-LON G MEDICAL MISSION TRIP, A SHARP TEAM MEMBER PROVIDED CARE TO HUNDREDS OF IMPOVERISHED RESI DENTS OF CAO BANG, VIETNAM THE TRIP WAS ORGANIZED BY THE GOOD SAMARITAN MEDICAL AND DENTA L MINISTRY, A NONPROFIT ORGANIZATION THAT PROVIDES MEDICAL, DENTAL AND OPTOMETRIC CARE TO THE PEOPLE OF VIETNAM THROUGH ANNUAL SUMMER MISSIONS THE VILLAGERS WERE MALNOURISHED, SIC K AND EXTREMELY DEHYDRATED THE MEDICAL TEAM SET UP A CLINIC IN A LOCAL ELEMENTARY SCHOOL WHERE THEY DIAGNOSED AND TREATED AILMENTS, DREW LABS, PRESCRIBED AND PROVIDED MEDICINE, PU LLED TEETH AND PERFORMED SURGERIES WITH NO ACCESS TO CLEAN OR RUNNING WATER, SINKS, TOILE TS OR AIR CONDITIONING, THE TEAM WAS ABLE TO HELP THOSE IN NEED DESPITE HAVING LIMITED RES OURCES EACH YEAR, EXPERIENCE CAMP SERVES HUNDREDS OF YOUTH ACROSS THE COUNTRY THROUGH ONE -WEEK CAMPS FOR THOSE WHO HAVE EXPERIENCED THE DEATH OF A PARENT, SIBLING OR PRIMARY CAREG IVER THE PROGRAM HELPS BUILD CONFIDENCE, ENCOURAGES LAUGHTER, PROVIDES EMOTIONAL SUPPORT AND ALLOWS YOUTH TO NAVIGATE THEIR GRIEF THROUGH FRIENDSHIP, TEAMWORK, ATHLETICS AND THE C OMMON BOND OF LOSS IN FY 2015, A SHARP TEAM MEMBER SERVED AS A CLINICIAN WITH EXPERIENCE CAMP DURING WHICH THEY DEVELOPED PROGRAMS TO MEET THE EMOTIONAL NEEDS OF THE CAMP'S YOUTH AS WELL AS SUPPORTED OTHER VOLUNTEER CLINICIANS AND CABIN COUNSELORS COMMUNITY WALKS FOR THE PAST 20 YEARS, SHARP HAS PROUDLY SUPPORTED THE AMERICAN HEART ASSOCIATION (AHA) ANNUAL SAN DIEGO HEART & STROKE WALK IN SEPTEMBER 2015, MORE THAN 800 WALKERS REPRESENTED SHARP AT THE 2015 SAN DIEGO HEART & STROKE WALK HELD AT BALBOA PARK SHARP WAS THE NO 1 TEAM I N SAN DIEGO AND THE NO 2 TEAM IN THE AHA WESTERN REGION AFFILIATES, RAISING NEARLY $180,0 00 SHARP VOLUNTEERS VOLUNTEERS ARE A CRITICAL COMPONENT OF SHARP'S DEDICATION TO THE SAN DIEGO COMMUNITY SHARP PROVIDES MANY VOLUNTEER OPPORTUNITIES FOR INDIVIDUALS TO SERVE THE COMMUNITY, MEET NEW PEOPLE AND ASSIST IN A WIDE VARIETY OF PROGRAMS ACROSS THE SHARP SYSTE M VOLUNTEERS OF ALL AGES AND SKILL LEVEL DEVOTE THEIR TIME AND COMPASSION TO PATIENTS AS WELL AS TO THE GENERAL PUBLIC AND ARE AN ESSENTIAL ELEMENT TO MANY OF SHARP'S PROGRAMS, EV ENTS AND INITIATIVES SHARP VOLUNTEERS SPEND THEIR TIME WITHIN HOSPITALS, IN THE COMMUNITY , AND IN SUPPORT OF THE FOUNDATIONS ON AVERAGE, MORE THAN 1,920 INDIVIDUALS ACTIVELY VOLU NTEERED AT SHARP EACH MONTH IN FY 2015, CONTRIBUTING A TOTAL OF MORE THAN 270,000 HOURS OF SERVICE TO SHARP AND ITS INITIATIVES THROUGHOUT THE YEAR THIS INCLUDED MORE THAN 1,900 A UXILIARY MEMBERS AND THOUSANDS OF INDIVIDUAL VOLUNTEERS FROM THE SAN DIEGO COMMUNITY, INCL UDING VOLUNTEERS FOR SHARP'S VARIOUS FOUNDATIONS THESE COMMUNITY MEMBERS DEDICATED MORE T HAN 9,600 HOURS TO ACTIVITIES SUCH AS DELIVERING MEALS TO HOMEBOUND SENIORS AND ASSISTING WITH HEALTH FAIRS AND EVENTS TABLE 2 DETAILS THE AVERAGE NUMBER OF ACTIVE VOLUNTEERS PER MONTH AS WELL AS THE TOTAL NUMBER OF VOLUNTEER SERVICE HOURS PROVIDED TO EACH SHARP ENTITY , SPECIFICALLY FOR PATIENT AND COMMUNITY SUPPORT TABLE 2 SHARP VOLUNTEERS AND VOLUNTEER HOURS - FY 2015 SHARP CHULA VISTA MEDICAL CENTER 390 AVERAGE ACTIVE VOLUNTEERS PER MONTH 5 3,136 VOLUNTEER HOURS SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 78 AVERAGE ACTIVE VOLU NTEERS PER MONTH 8,226 VOLUNTEER HOURS SHARP GROSSMONT HOSPITAL 729 AVERAGE ACTIVE VOLUNTE ERS PER MONTH 111,342 VOLUNTEER HOURS SHARP HOSPICECARE 77 AVERAGE ACTIVE VOLUNTEERS PER M ONTH 6,634 VOLUNTEER HOURS SHARP METROPOLITAN MEDICAL CAMPUS 649 AVERAGE ACTIVE VOLUNTEERS PER MONTH 90,934 VOLUNTEER HOURS TOTAL 1,923 AVERAGE ACTIVE VOLUNTEERS PER MONTH 270,272 VOLUNTEER HOURS IN SUPPORT OF SHARP'S FOUNDATIONS - INCLUDING THE SHARP HEALTHCARE FOUNDAT ION, GROSSMONT HOSPITAL FOUNDATION AND CORONADO HOSPITAL FOUNDATION - VOLUNTEERS DEDICATED HOURS OF SUPPORT TO VARIOUS EVENTS, SUCH AS ANNUAL GOLF TOURNAMENTS AND GALAS IN ADDITIO N, SHARP OFFERS A SYSTEMWIDE JUNIOR VOLUNTEER PROGRAM FOR HIGH SCHOOL STUDENTS INTERESTED IN GIVING BACK TO THEIR COMMUNITIES AND EXPLORING FUTURE HEALTH CARE CAREERS PROGRAM REQU IREMENTS VARY, HOWEVER ALL REQUIRE HIGH GRADE POINT AVERAGES AND LONG-TERM COMMITMENTS OF AT LEAST 100 HOURS JUNIOR VOLUNTEERS SERVE IN A WIDE RANGE OF ROLES THROUGHOUT SHARP THE Y ENHANCE PATIENT-CENTERED CARE THROUGH HOSPITALITY, SUCH AS GREETING AND ESCORTING PATIEN TS AND FAMILIES, ANSWERING QUESTIONS, AND CREATING

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	A WELCOMING AND RELAXING ENVIRONMENT FOR GUESTS THROUGH VOLUNTEERING IN THE GIFT SHOPS A ND THRIFT STORE, THEY LEARN ABOUT MERCHANDISING, FUNDRAISING AND RETAIL SALES AND ON THE INPATIENT UNITS, THEY ARE EXPOSED TO CLINICAL EXPERIENCES THAT PROVIDE A GLIMPSE INTO FUTU RE CAREERS IN FY 2015, MORE THAN 480 HIGH SCHOOL STUDENTS CONTRIBUTED A TOTAL OF 58,100 H OURS TO THE JUNIOR VOLUNTEER PROGRAM THIS INCLUDED 85 JUNIORS WHO PROVIDED MORE THAN 6,50 0 HOURS OF SERVICE AT SMH AND SMBHWN, 144 JUNIORS WHO DEDICATED APPROXIMATELY 16,600 HOURS OF SERVICE AT SCVMC, AND NEARLY 257 JUNIORS WHO CONTRIBUTED NEARLY 35,000 HOURS OF SERVIC E AT SGH VOLUNTEERS ON SHARP'S VARIOUS ENTITY BOARDS PROVIDE PROGRAM OVERSIGHT, ADMINISTR ATION AND DECISION MAKING REGARDING FINANCIAL RESOURCES IN FY 2015, NEARLY 120 VOLUNTEERS CONTRIBUTED THEIR TIME TO SHARP'S BOARDS SHARP EMPLOYEES ALSO DONATE TIME AS VOLUNTEERS FOR THE SHARP ORGANIZATION, INCLUDING SERVICE ON THE CABRILLO CREDIT UNION SHARP DIVISION BOARD, THE SHARP AND CHILDREN'S MRI BOARD, THE UCSD MEDICAL CENTER/SHARP BONE MARROW TRANS PLANT PROGRAM BOARD, AND THE GROSSMONT IMAGING LLC BOARD THIS SECTION DESCRIBES THE ACHIE VEMENTS OF VARIOUS SHARP VOLUNTEER PROGRAMS IN FY 2015 SHARP HOSPICECARE VOLUNTEER PROGRA MS SHARP HOSPICECARE PROVIDED A VARIETY OF VOLUNTEER TRAINING OPPORTUNITIES IN FY 2015 HO SPICE VOLUNTEERS ARE OFTEN WORKING TOWARDS A CAREER IN THE MEDICAL FIELD, AND CAN GAIN VAL UABLE KNOWLEDGE AND EXPERIENCE THROUGH VOLUNTEERING VOLUNTEERS PROVIDE VALUABLE SERVICES TO THE HOSPICE ORGANIZATION AND THOSE THEY SERVE, INCLUDING COMPANIONSHIP TO THOSE NEAR TH E END-OF-LIFE, SUPPORT FOR FAMILIES AND CAREGIVERS AND HELP WITH COMMUNITY OUTREACH FIFTY -ONE NEW HOSPICE VOLUNTEERS WERE TRAINED IN FY 2015 VOLUNTEERS COMPLETE AN EXTENSIVE 32-H OUR TRAINING PROGRAM TO CONFIRM THEIR UNDERSTANDING OF AND COMMITMENT TO HOSPICE CARE PRIO R TO BEGINNING THEIR PATIENT AND ADMINISTRATIVE SUPPORT ACTIVITIES IN ADDITION, FIVE TEEN AGERS PARTICIPATED IN SHARP HOSPICECARE'S TEEN VOLUNTEER PROGRAM IN FY 2015, THROUGH WHICH THE TEENS ARE ASSIGNED SPECIAL PROJECTS IN THE OFFICE OR PATIENT ASSIGNMENTS AT SHARP HOS PICECARE'S LAKEVIEW AND PARKVIEW HOMES THE TEENS MAY PERFORM GROOMING AND HYGIENE TASKS O R PROVIDE SIMPLE ACTS OF KINDNESS, SUCH AS SITTING WITH PATIENTS, LISTENING TO THEIR STORI ES AND HOLDING THEIR HAND NINE NURSING STUDENTS FROM PLNU ALSO VOLUNTEERED AT SHARP HOSPI CECARE, OFFERING ASSISTANCE TO FAMILY CAREGIVERS IN PRIVATE HOMES SHARP HOSPICECARE PROVI DES THE 11TH HOUR PROGRAM TO ENSURE THAT NO PATIENT DIES ALONE THROUGH THE PROGRAM, A SHA RP HOSPICECARE VOLUNTEER ACCOMPANIES PATIENTS WHO ARE IN THEIR FINAL MOMENTS YET DO NOT HA VE A FAMILY MEMBER PRESENT THE VOLUNTEER OFFERS A COMFORTING PRESENCE BY HOLDING THE PATI ENT'S HAND, READING SOFTLY TO THEM AND SIMPLY BEING BY THEIR SIDE FAMILIES WHO ARE PRESEN T WITH THEIR DYING LOVED ONE MAY ALSO PREFER THE COMFORT OF A VOLUNTEER AS THEIR LOVED ONE PASSES AWAY TWENTY-TWO VOLUNTEERS WERE TRAINED THROUGH THE 11TH HOUR PROGRAM IN FY 2015 FURTHERING ITS VOLUNTEER EFFORTS IN FY 2015, SHARP HOSPICECARE TRAINED 11 VOLUNTEERS IN H EALING TOUCH - A GENTLE ENERGY THERAPY THAT USES THE HANDS TO HELP MANAGE PHYSICAL, EMOTIO NAL OR SPIRITUAL PAIN AFTER VOLUNTEERS ARE TRAINED IN HEALING TOUCH, THEY PROVIDE THE THE RAPY TO FAMILY CAREGIVERS ONCE A WEEK WHILE THEIR LOVED ONE IS RECEIVING HOSPICE CARE AS W ELL AS A VISIT FOLLOWING THE PATIENT'S DEATH

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	SHARP HOSPICECARE IS A PARTNER IN WE HONOR VETERANS (WHV) - A NATIONAL PROGRAM DEVELOPED B Y THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO) IN COLLABORATION WITH THE VA TO EMPOWER HOSPICE PROFESSIONALS TO MEET THE UNIQUE END-OF-LIFE NEEDS OF VETERANS AND T HEIR FAMILIES AS A WHV PARTNER, SHARP HOSPICECARE CAN ACHIEVE UP TO FOUR LEVELS OF COMMIT MENT IN SERVING VETERANS AS CURRENT LEVEL I PARTNERS, SHARP HOSPICECARE VOLUNTEERS RECEIV E AN ADDITIONAL EIGHT HOURS OF TRAINING THAT ENABLES THEM TO WORK WITH PATIENTS WITH MILIT ARY EXPERIENCE AS WELL AS PROVIDE WEEKLY SUPPORT, COMPANIONSHIP AND RELIEF FOR CAREGIVERS OF VETERANS ONCE TRAINED, THE VOLUNTEERS MAY ALSO OFFER A SPECIAL CEREMONY TO VETERANS RE CEIVING HOSPICE SERVICES AND THEIR FAMILY MEMBERS, IN WHICH THEY HONOR THEM WITH A WHV PIN AND A CERTIFICATION OF APPRECIATION FOR THEIR SERVICES IN FY 2015, VOLUNTEERS HELD 17 PI NNING CEREMONIES FOR VETERANS RECEIVING CARE AT SHARP HOSPICECARE SHARP HOSPICECARE OFFER S THE MEMORY BEAR PROGRAM TO SUPPORT COMMUNITY MEMBERS WHO HAVE LOST A LOVED ONE THROUGH THE PROGRAM, VOLUNTEERS CREATE TEDDY BEARS OUT OF THE GARMENTS FROM THOSE WHO HAVE PASSED ON THE BEARS SERVE AS SPECIAL KEEPSAKES AND PERMANENT REMINDERS OF THE GRIEVING FAMILY ME MBER'S LOVED ONE IN FY 2015, VOLUNTEERS DEVOTED NEARLY 3,600 HOURS TO HANDCRAFT APPROXIMA TELY 900 BEARS FOR NEARLY 350 FAMILIES SHARP HOSPICECARE OFFERS A MONTHLY SUPPORT GROUP T O ENHANCE VOLUNTEERS' EDUCATION AND TRAINING VOLUNTEERS ARE ALSO RECOGNIZED FOR THEIR VAL UABLE CONTRIBUTION DURING NATIONAL VOLUNTEER WEEK IN APRIL AND NATIONAL HOSPICE AND PALLIA TIVE CARE MONTH IN NOVEMBER SHARP METROPOLITAN MEDICAL CAMPUS (SMH, SMBHWN, SMV) VOLUNTEE R PROGRAMS SMH CREATED THE COMMUNITY CARE PARTNER (CCP) PROGRAM TO SERVE AND COMFORT PATIE NTS WITHOUT FAMILY OR FRIENDS TO SUPPORT THEM DURING THEIR HOSPITAL STAY THIS UNIQUE PROG RAM HAND-SELECTS AND TRAINS HOSPITAL VOLUNTEERS TO BECOME COMMUNITY CARE PARTNERS (CCPS) THE CCPS ACT AS COMPANIONS TO PROVIDE COMFORT AND HELP KEEP PATIENTS SAFE BY NOTIFY ING MED ICAL STAFF AS NEEDED - A TASK THAT IS USUALLY PERFORMED BY A FAMILY MEMBER OR FRIEND BUT O FTEN OVERLOOKED FOR PATIENTS WHO LACK A COMPANION THE CCPS PROVIDE PATIENTS WITH COMPANY AND SUPPORT, SHARE COMMON INTERESTS, SPEND TIME TOGETHER IN CONVERSATION, READ TO PATIENTS , WRITE LETTERS, TAKE WALKS AND PLAY GAMES SINCE FEBRUARY 2010, THE CUSHMAN WELLNESS CENT ER COMMUNITY HEALTH LIBRARY AND THE SMH VOLUNTEER DEPARTMENT HAVE OFFERED THE HEALTH INFOR MATION AMBASSADOR PROGRAM TO BRING THE LIBRARY'S SERVICES DIRECTLY TO PATIENTS AND THEIR F AMILIES, AND EMPOWER THEM TO BECOME INVOLVED IN THEIR OWN HEALTH CARE THE HEALTH INFORMAT ION AMBASSADORS ARE HOSPITAL VOLUNTEERS WHO RECEIVE ADDITIONAL TRAINING THROUGH THE COMMUN ITY HEALTH LIBRARY ONCE TRAINED, THE VOLUNTEERS VISIT PATIENTS AT SMH, THE SMH REHABILITA TION CENTER AND THE PERINATAL SPECIAL CARE UNIT AT SMBHWN, AND ASK IF THEY OR THEIR FAMILY MEMBERS WOULD LIKE TO RECEIVE ADDITIONAL RESOURCES ON THEIR DIAGNOSIS THE VOLUNTEERS BRI NG REQUESTS BACK TO THE CONSUMER HEALTH LIBRARIAN WHO THEN PRINTS CONSUMER-ORIENTED INFORM ATION FROM QUALITY WEBSITES THE VOLUNTEERS DELIVER THE HEALTH INFORMATION BACK TO THE PAT IENTS AS REQUESTED PATIENTS OR FAMILY MEMBERS WHO HAVE ALREADY CONDUCTED THEIR OWN RESEAR CH ARE OFFERED A WEBSITE BOOKMARK FROM WWW MEDLINEPLUS GOV IN ORDER TO GUIDE THEM TOWARDS USING TRUSTWORTHY WEBSITES IN THE FUTURE PATIENTS AND FAMILIES ARE WELCOME TO KEEP IN TOU CH WITH THE LIBRARY AFTER DISCHARGE TO ENSURE THEY HAVE ACCESS TO RELIABLE HEALTH INFORMAT ION AT HOME IN FY 2015, THE HEALTH INFORMATION AMBASSADORS VISITED MORE THAN 3,000 PATIEN T ROOMS AND FILLED APPROXIMATELY 780 INFORMATION REQUESTS AT SMMC, THE VOLUNTEER-RUN ARTS FOR HEALING PROGRAM USES ART THERAPY TO REDUCE FEELINGS OF FEAR, STRESS, PAIN AND ISOLATI ON AMONG PATIENTS FACING SIGNIFICANT MEDICAL CHALLENGES AND THEIR LOVED ONES ARTS FOR HEA LING BRINGS A VARIETY OF ACTIVITIES TO PATIENTS AT THEIR BEDSIDE - SUCH AS PAINTING, BEADI NG, CREATIVE WRITING, CARD-MAKING, SCRAPBOOKING, QUILTING AND MUSIC - TO HELP IMPROVE THEI R EMOTIONAL AND SPIRITUAL HEALTH, AND PROMOTE A FASTER RECOVERY THE PROGRAM ALSO ENGAGES VISITORS AND COMMUNITY MEMBERS DURING HOSPITAL AND COMMUNITY EVENTS FUNDED COMPLETELY BY DONATIONS, ARTS FOR HEALING IS LED BY SHARP'S SPIRITUAL CARE DEPARTMENT AND IS IMPLEMENTED WITH HELP FROM LICENSED MUSIC AND ART THERAPISTS AS WELL AS A TEAM OF TRAINED VOLUNTEERS WHO SERVE AS THE PRIMARY PROVIDERS OF THE PROGRAM THE ARTS FOR HEALING PROGRAM IS OFFERED ACROSS THE SMMC, INCLUDING AT SMH, SMH OPP, SMBHWN, SMV AND SMC AT SMH, ARTS FOR HEALING TYPICALLY SERVES PATIENTS WHO ARE RECOVERING FROM STROKE, RECEIVING TREATMENT FOR CANCER, FACING LIFE WITH NEWLY ACQUIRED DISABILITIES FOLLOWING CATASTROPHIC EVENTS, RECOVERING FR OM SURGERY, WAITING FOR ORGAN TRANSPLANT, OR RECEIVING PALLIATIVE CARE AT SMBHWN, ARTS FO R HEALING SUPPORTS MOTHERS WITH HIGH-RISK PREGNANC

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	IES WHO EXPERIENCE EXTENDED HOSPITAL STAYS AWAITING CHILDBIRTH, MAKING THEM SUSCEPTIBLE TO STRESS AND LONELINESS OVER THE SEPARATION FROM THEIR FAMILIES MUSIC THERAPY IS ALSO PROV IDED IN THE NICU TO PROMOTE DEVELOPMENT IN PREMATURE BABIES AT SMV AND SMC, ARTS FOR HEAL ING OFFERS SEVERAL ART AND MUSIC THERAPY GROUPS, INCLUDING GROUPS FOR PATIENTS RECOVERING FROM DRUG ADDICTION, PATIENTS RECEIVING TREATMENT FOR MOOD AND ANXIETY DISORDERS, AND OLDE R ADULTS RECEIVING TREATMENT FOR DEMENTIA AND DEPRESSION IN FY 2015, ARTS FOR HEALING LED ART AND MUSIC ACTIVITIES FOR HUNDREDS OF PATIENTS AND COMMUNITY MEMBERS IN RECOGNITION OF VARIOUS HOLIDAYS AND SYSTEMWIDE EVENTS, INCLUDING SATURDAY WITH SANTA, A PUBLIC EVENT HOS TED EACH DECEMBER BY THE SMH AUXILIARY, VALENTINE'S DAY, HOSPITAL WEEK IN MAY, CANCER AWAR ENESS WEEK IN JUNE, SPIRITUAL CARE WEEK IN OCTOBER, AND THE SHARP WOMEN'S HEALTH CONFERENC E IN MARCH ADDITIONALLY, IN COLLABORATION WITH SMMC'S SOCIAL WORKERS AND PALLIATIVE CARE NURSES, ARTS FOR HEALING FACILITATED THE DONATION OF NEARLY 130 BLANKETS AND QUILTS TO PAT IENTS RECEIVING END-OF-LIFE CARE AT SMH THIRTEEN OF THE BLANKETS WERE KNITTED AND CROCHET ED BY PATIENTS AT SMV'S EAST COUNTY OUTPATIENT PROGRAM, AN ACTIVITY THAT COULD ALSO REDUCE ANXIETY AND DEPRESSION FOR THE PATIENTS CRAFTING AND DONATING THE BLANKETS IN FY 2015, 4 2 VOLUNTEERS, INCLUDING SEVERAL STUDENTS FROM PLNU AND MC, FACILITATED ART ACTIVITIES FOR PATIENTS AND THEIR LOVED ONES THROUGH ARTS FOR HEALING SINCE THE INCEPTION OF THE PROGRAM IN 2007, MORE THAN 60,500 PATIENTS, GUESTS AND STAFF HAVE BENEFITTED FROM THE TIME AND TA LENT PROVIDED BY THE ARTS FOR HEALING TEAM SHARP EMPLOYEE VOLUNTEER EFFORTS IN FY 2015, S HARP STAFF DONATED THEIR TIME AND PASSION TO A NUMBER OF UNIQUE INITIATIVES, UNDERSCORING SHARP'S COMMITMENT TO THE HEALTH AND WELFARE OF SAN DIEGANS BELOW ARE JUST A FEW EXAMPLES OF HOW SHARP EMPLOYEES SERVED THE COMMUNITY

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	THE SGH ENGINEERING DEPARTMENT ENGAGED IN A VARIETY OF VOLUNTEER INITIATIVES IN FY 2015 T HE TEAM CONTINUED THIS BUD'S FOR YOU, A SPECIAL PROGRAM THAT DELIVERS HAND-PICKED FLOWERS FROM THE CAMPUS' ABUNDANT GARDENS TO UNSUSPECTING PATIENTS AND THEIR LOVED ONES EACH WEEK , THE SGH LANDSCAPE TEAM GROWS, CUTS, BUNDLES AND DELIVERS COLORFUL BOUQUETS TO VISITORS O F BOTH THE HOSPITAL AND SHARP'S HOSPICE HOMES THE TEAM ALSO REGULARLY OFFERS SINGLE-STEM ROSES IN A SMALL BUD VASE TO PASSERS-BY IN FY 2015, THE TEAM DELIVERED SIX TO EIGHT VASES OF FLOWERS EACH DAY TO PATIENT ROOMS, WITH AS MANY AS 20 VASES OR MORE DURING PEAK FLOWER SEASON AND UPON ADDITIONAL REQUESTS IN ADDITION, THE TEAM SUPPORTS THE SGH SENIOR RESOUR CE CENTER AND MEALS-ON-WHEELS PARTNERSHIP BY PROVIDING FLORAL CENTERPIECES FOR THEIR FUNDR AISING EVENTS TO BENEFIT EAST COUNTY SENIORS AS WELL AS OFFERS ROSES FOR SGH'S ANNUAL PATI ENT REMEMBRANCE SERVICE IN ITS FIFTH YEAR, THIS BUD'S FOR YOU HAS BECOME A NATURAL PART O F THE LANDSCAPE TEAM'S DAY - AN ACT THAT IS SIMPLY PART OF WHAT THEY DO TO ENHANCE THE EXP ERIENCE OF VISITORS TO THE HOSPITAL THE ENGINEERING DEPARTMENT FURTHER EXTENDS THE SPIRIT OF CARING THROUGH CHEERS BOUQUETS DURING THEIR WORK DAY, THE ENGINEERS KEEP AN EYE OUT F OR PATIENTS OR VISITORS THAT APPEAR TO NEED ENCOURAGEMENT OR CHEER WITH HELP FROM SODEXO - THE HOSPITAL'S FOOD SERVICE, HOUSEKEEPING AND ENGINEERING VENDOR - A BOUQUET IS QUICKLY ASSEMBLED WITH BALLOONS, RIBBON, A TEDDY BEAR OR SODEXO FOOTBALL, AND AN INSPIRATIONAL QUO TE THE GIFT IS DELIVERED TO BRING THE PATIENT OR VISITOR COMFORT AND JOY WHILE AT THE HOS PITAL THE SGH ENGINEERING DEPARTMENT, LANDSCAPE TEAM, SGH AUXILIARY AND LOCAL BUSINESSES COLLABORATED TO BRING THE SHIRT OFF OUR BACKS PROGRAM TO SAN DIEGO'S NEEDY POPULATION DURI NG THE 2014 HOLIDAY SEASON THE PROGRAM COLLECTS, PREPARES AND DONATES A VARIETY OF ITEMS TO HOMELESS OR LOW-INCOME COMMUNITY MEMBERS - RANGING FROM SMALL CHILDREN TO ADULTS - HELP ING TO MEET THEIR BASIC NEEDS AND BRING THEM HOLIDAY JOY VOLUNTEERS FOR THE SHIRT OFF OUR BACKS PROGRAM PERSONALLY COLLECTED AND FILLED THREE TRUCKS WITH FOOD AND OTHER ESSENTIAL ITEMS, INCLUDING HANDMADE SANDWICHES, WATER BOTTLES, CLOTHING, SOCKS, SHOES, HYGIENE KITS, PET FOOD, CHILDREN'S TOYS, TOWELS, BLANKETS AND OTHER HOUSEHOLD ITEMS IN ITS FOURTH YEAR , THE SHIRT OFF OUR BACKS PROGRAM IS COMMITTED TO BRINGING COMFORT AND HOPE TO ALL WHO EXP RESS NEED SGH FURTHERED ITS EFFORTS TO PROVIDE FOR THOSE IN NEED DURING THE HOLIDAYS THRO UGH ITS ANNUAL SANTA'S KORNER GIVING EVENT FOR MORE THAN 30 YEARS, VARIOUS HOSPITAL DEPAR TMENTS HAVE ADOPTED A FAMILY - WHO HAS BEEN VETTED AND REFERRED BY LOCAL SERVICE AGENCIES - AND DEDICATED PERSONAL TIME TO MAKING THE HOLIDAYS THE BEST THEY CAN BE FOR EACH FAMILY SPECIAL HOLIDAY GIFTS, INCLUDING GROCERY GIFT CARDS, CLOTHING, TOILETRIES, HOUSEHOLD ITEM S, MOVIE TICKETS, BICYCLES, CHILDREN'S TOYS, AND A HOLIDAY MEAL, ARE PURCHASED FOR THE FAM ILIES BY HOSPITAL STAFF USING PRIMARILY THEIR PERSONAL RESOURCES AND THROUGH OCCASIONAL FU NDRAISERS THE SGH ENGINEERING DEPARTMENT ALSO PARTICIPATED IN THE SDFB FOOD 4 KIDS BACKPA CK PROGRAM IN FY 2015 THE PROGRAM PROVIDES A BACKPACK FULL OF CHILD-FRIENDLY, SHELF-STABL E FOOD FOR ELEMENTARY SCHOOL CHILDREN WHO RECEIVE A FREE MEAL AT SCHOOL, BUT ARE SUFFERING FROM HUNGER OVER THE WEEKENDS WHEN LITTLE OR NO FOOD IS AVAILABLE FOOD 4 KIDS STRIVES TO ALLEVIATE HUNGER, IMPROVE SCHOOL PERFORMANCE, IMPROVE HEALTH AND PROVIDE ADDITIONAL INFOR MATION TO PARENTS ABOUT AVAILABLE LOCAL COMMUNITY SERVICES BETWEEN JANUARY AND APRIL, 201 5, THE TEAM FILLED APPROXIMATELY 50 BACKPACKS WITH ROUGHLY 600 POUNDS OF FOOD PER WEEK FOR CHRONICALLY HUNGRY ELEMENTARY SCHOOL STUDENTS SIMILARLY, THE LABOR AND DELIVERY DEPARTME NT AT SMBHWN IS COMMITTED TO THE FIGHT AGAINST HUNGER THROUGH PARTICIPATION IN THE INTERNA TIONAL RELIEF TEAM'S (IRT) FEEDING SAN DIEGO'S KIDS PROJECT BASED IN SAN DIEGO, IRT IS A RELIEF ORGANIZATION PROVIDING WORLDWIDE SUPPORT THAT COMBINES BOTH SHORT-TERM RELIEF EFFOR TS AND LONG-TERM PROGRAMS TO SAVE AND CHANGE LIVES THROUGH FEEDING SAN DIEGO'S KIDS, NUTR ITIOUS FOOD IS PROVIDED TO CHILDREN IN THE LINDA VISTA ELEMENTARY SCHOOL NUTRITION CLUB, A GROUP SPECIFICALLY FOR CHILDREN WHO HAVE BEEN IDENTIFIED AS HOMELESS BY THE SCHOOL NURSE EVERY WEEK, LABOR AND DELIVERY TEAM MEMBERS STUFF BACKPACKS WITH NONPERISHABLE, NUTRITIOU S FOOD THAT CAN FEED A FAMILY OF FOUR FOR THE WEEKEND THE BACKPACKS ARE ALSO STUFFED WITH WEEKLY NUTRITION-RELATED PRIZES TO ENCOURAGE STUDENTS AND FAMILIES TO LEARN AND PARTICIPA TE IN THEIR OWN NUTRITION AS WELL AS WITH OCCASIONAL HOLIDAY-RELATED GIFTS SINCE THE STAR T OF THE PROGRAM IN MAY 2013, THE TEAM HAS DEDICATED MORE THAN 125 WEEKS OF SERVICE TO FIL LING 2,800 BACKPACKS FOR APPROXIMATELY 25 CHILDREN AND THEIR FAMILIES PER SCHOOL YEAR MOR E THAN 475,000 PEOPLE IN SAN DIEGO COUNTY FACE THE THREAT OF HUNGER EVERY DAY THE SDFB DI STRIBUTES EMERGENCY FOOD TO APPROXIMATELY 400,000

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	CHILDREN AND FAMILIES, ACTIVE DUTY MILITARY AND FIXED INCOME SENIORS LIVING IN POVERTY EVE RY MONTH DURING THE 2015 HOLIDAY SEASON, SHARP DEMONSTRATED ITS COMMITMENT TO FIGHTING HU NGER BY HOSTING A FOOD DRIVE TO SUPPORT THE SDFB THROUGH THE FOOD DRIVE, TEAM MEMBERS DON ATED NEARLY 1,600 POUNDS OF FOOD, WHICH SUPPLIED MORE THAN 1,300 MEALS TO THOSE IN NEED A LL WAYS GREEN INITIATIVE AS SAN DIEGO'S LARGEST PRIVATE EMPLOYER, SHARP IS COMMITTED TO IM PROVING THE HEALTH OF THE ENVIRONMENT AND THEREFORE THE COMMUNITIES WE SERVE SHARP RECOGN IZES THAT A HEALTHY ENVIRONMENT INFLUENCES INDIVIDUAL WELL-BEING, AND IS DEDICATED TO MINI MIZING ANY ADVERSE IMPACT ON THE ENVIRONMENT BY CREATING HEALTHY GREEN PRACTICES FOR EMPLO YEES, PHYSICIANS AND PATIENTS TO TRANSFER FROM THE HEALTH CARE ENVIRONMENT TO HOME SHARP PROMOTES A CULTURE OF ENVIRONMENTAL RESPONSIBILITY THROUGH EDUCATION, OUTREACH, AND COLLAB ORATION WITH SAN DIEGO EARTH-FRIENDLY BUSINESSES TO HELP IDENTIFY BEST PRACTICES, REDUCE T HE COSTS OF GREEN PRACTICES AND FACILITATE IMPLEMENTATION OF SUSTAINABLE INITIATIVES IN 2 009, SHARP CREATED THE ALL WAYS GREEN LOGO TO BRAND ITS ENVIRONMENTAL ACTIVITIES AND COMMU NICATE SUSTAINABILITY THROUGHOUT SHARP AND THE SAN DIEGO COMMUNITY SHARP'S SYSTEMWIDE ALL WAYS GREEN COMMITTEE IS CHARGED WITH IDENTIFY ING, CREATING AND EVALUATING OPPORTUNITIES A ND BEST PRACTICES IN SEVEN DISTINCT AREAS (1) ENERGY EFFICIENCY, (2) ALTERNATIVE ENERGY G ENERATION, (2) WATER CONSERVATION, (3) WASTE MINIMIZATION, (4) COMMUTER SOLUTIONS, (6) GRE EN BUILDING DESIGN AND (7) SUSTAINABLE FOOD PRACTICES SHARP'S ENVIRONMENTAL POLICY SERVES TO GUIDE THE ORGANIZATION IN IDENTIFY ING AND IMPLEMENTING GREEN PRACTICES WITHIN THE HEAL TH CARE SYSTEM ESTABLISHED GREEN TEAMS AT EACH SHARP ENTITY ARE RESPONSIBLE FOR DEVELOPIN G NEW PROGRAMS THAT EDUCATE AND MOTIVATE SHARP EMPLOYEES TO CONSERVE NATURAL RESOURCES, RE USE AND RECYCLE ENERGY CONSERVATION ACCORDING TO THE U S EPA, HEALTH CARE RANKS AS THE C OUNTRY'S SECOND MOST ENERGY-INTENSIVE INDUSTRY FURTHERMORE, THE U S DEPARTMENT OF ENERGY INFORMATION ADMINISTRATION STATES THAT HOSPITALS AND HEALTH CARE FACILITIES ACCOUNT FOR M ORE THAN EIGHT PERCENT OF THE NATION'S ANNUAL ENERGY CONSUMPTION AND GENERATE NEARLY EIGHT PERCENT OF THE COUNTRY'S CARBON DIOXIDE (CO2) EMISSIONS UNLIKE OTHER INDUSTRIES, HOSPITA LS MUST OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK, AND PROVIDE SERVICE DURING POWER OUTAGE S, NATURAL DISASTERS AND OTHER EMERGENCIES THE EPA ESTIMATES THAT 30 PERCENT OF THE HEALT H CARE SECTOR'S CURRENT ENERGY USE COULD BE REDUCED WITHOUT SACRIFICING QUALITY OF CARE TH ROUGH A SHIFT TOWARD ENERGY EFFICIENCY AND USE OF RENEWABLE ENERGY SOURCES SHARP HAS RESP ONDED BY IMPLEMENTING NUMEROUS GREEN INITIATIVES, INCLUDING RETRO-COMMISSIONING OF HEATING , VENTILATION AND AIR CONDITIONING (HVAC) SYSTEMS, LIGHTING RETROFITS, PIPE INSULATIONS, I NFRASTRUCTURE CONTROL INITIATIVES, OCCUPANCY SENSOR INSTALLATION, LIGHT-EMITTING DIODE (LE D) LIGHT INSTALLATIONS, ENERGY AUDITS, ELEVATOR MODERNIZATION, AND ENERGY-EFFICIENT MOTOR AND PUMP REPLACEMENTS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	IN 2013, SHARP WAS THE FIRST HEALTH CARE SYSTEM IN SAN DIEGO TO IMPLEMENT A COMPUTER POWER MANAGEMENT PROGRAM, WHICH ENABLES COMPUTERS AND MONITORS TO GO INTO A LOW-POWER SLEEP MOD E AFTER A PERIOD OF INACTIVITY SINCE ITS IMPLEMENTATION, THE PROGRAM HAS BEEN INSTALLED O N MORE THAN 15,500 COMPUTERS AND HAS RESULTED IN ANNUAL ENERGY SAVINGS OF APPROXIMATELY 1 6 MILLION KILOWATT-HOURS (KWH) THE INITIATIVE EARNED SHARP A CERTIFICATE OF RECOGNITION F ROM THE EPA IN 2013 IN JULY 2015, SHARP IMPLEMENTED TSO LOGIC SOFTWARE TO IDENTIFY OPPORT UNITIES FOR REPLACING INEFFICIENT ENERGY CONSUMING HARDWARE WITH ENERGY EFFICIENCY HARDWAR E IN SHARP'S CENTRALIZED DATA CENTER IN ADDITION, THE SYSTEM CAN DETECT UNDERUTILIZED HAR DWARE TO SHUT DOWN OR PUT TO SLEEP DURING PERIODS OF INACTIVITY THIS "SMART SOFTWARE" ANT ICIPATES DAILY USAGE TO OPTIMIZE ENERGY EFFICIENCY IT IS PROJECTED THAT SHARP COULD CONSE RVATIVELY REDUCE HARDWARE ELECTRICAL CONSUMPTION BY MORE THAN FIVE PERCENT EACH YEAR SHAR P REMAINS FIRMLY COMMITTED TO IDENTIFYING ENERGY SAVINGS INITIATIVES THAT BRING VALUE TO T HE SYSTEM AND THE COMMUNITY, AS EVERY DOLLAR SAVED ON GREEN PRACTICES CAN BE USED TO SUPPO RT THE PROVISION OF QUALITY HEALTH CARE AND COMMUNITY-BASED INITIATIVES SHARP'S ENERGY-SA VING INITIATIVES ARE DRIVEN BY THE SHARP ENERGY CONSERVATION GUIDELINE TO HELP MANAGE ENER GY UTILIZATION PRACTICES THROUGHOUT THE SYSTEM ALTHOUGH THERE HAVE BEEN SIGNIFICANT INCRE ASES IN ENERGY FEES OVER THE LAST FIVE YEARS, SHARP HAS BEEN ABLE TO SIGNIFICANTLY DECREAS E ENERGY UTILIZATION BY SEVEN PERCENT (ON A PER SQUARE FOOT BASIS), RESULTING IN ENERGY CO STS SAVINGS OF MORE THAN THREE PERCENT IN TOTAL, SHARP'S ENERGY INITIATIVES HAVE REDUCED THE SYSTEM'S CARBON FOOTPRINT EQUAL TO THE REMOVAL OF ALMOST 17,000 METRIC TONS OF CO2 EAC H YEAR IN MAY 2014, SDG&E NAMED SHARP SAN DIEGO'S HEALTHCARE ENERGY CHAMPION IN RECOGNITI ON OF ITS COMMITMENT TO THE INNOVATIVE PROGRAMS IMPLEMENTED TO REDUCE ITS CARBON FOOTPRINT FURTHERING ITS DEDICATION TO ENERGY EFFICIENCY, SHC PARTICIPATES IN SDG&E'S MAJOR CUSTOM ER ADVISORY PANEL, A GROUP OF SDG&E'S LARGEST CUSTOMERS WHO MEET QUARTERLY TO RECEIVE ENER GY UPDATES FROM SDG&E AND PROVIDE FEEDBACK ON IMPORTANT REGIONAL ENERGY ISSUES IN ADDITIO N, SDG&E'S STAFF PARTICIPATES IN SHARP'S NATURAL RESOURCE SUBCOMMITTEE TO HELP SHARP IDENT IFY ENERGY SAVINGS INITIATIVES AND ASSOCIATED REBATES AND INCENTIVES TO REDUCE THE OVERALL COSTS OF ENERGY SAVINGS PROJECTS ALL SHARP ENTITIES PARTICIPATE IN THE EPA'S ES DATABASE AND MONITOR THEIR ES SCORES ON A MONTHLY BASIS ES IS AN INTERNATIONAL STANDARD FOR ENERG Y EFFICIENCY CREATED BY THE EPA CERTIFIED ES BUILDINGS EARN A 75 OR HIGHER ON THE EPA'S E NERGY PERFORMANCE SCALE, INDICATING THAT THE BUILDING PERFORMS BETTER THAN AT LEAST 75 PER CENT OF SIMILAR BUILDINGS NATIONWIDE WITHOUT SACRIFICES IN COMFORT OR QUALITY ACCORDING T O THE EPA, BUILDINGS THAT QUALIFY FOR THE ES TYPICALLY USE 35 PERCENT OR LESS ENERGY THAN BUILDINGS OF SIMILAR SIZE AND FUNCTION AS A RESULT OF SHARP'S COMMITMENT TO SUPERIOR ENER GY PERFORMANCE AND RESPONSIBLE USE OF NATURAL RESOURCES, SCHHC FIRST EARNED THE ES CERTIFI CATION IN 2007, AND THEN AGAIN EACH YEAR FROM 2010 THROUGH 2013, WHILE SCVMC RECEIVED ES C ERTIFICATION IN 2009, 2010, 2011, 2013 AND 2015 IN ADDITION, SHARP'S SRS DOWNTOWN MEDICAL OFFICE BUILDING MEETS LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) SILVER CERTIFI CATION SPECIFICATIONS, ONE OF THE FIRST MEDICAL OFFICE BUILDINGS IN SAN DIEGO OF ITS KIND WATER CONSERVATION ACCORDING TO THE EPA, HOSPITAL WATER USE CONSTITUTES SEVEN PERCENT OF THE TOTAL WATER USED IN COMMERCIAL AND INSTITUTIONAL BUILDINGS IN THE U S ON ANY GIVEN DA Y, SHARP USES AN AVERAGE OF 650,000 GALLONS OF WATER OF THIS, APPROXIMATELY 25 PERCENT IS USED FOR DOMESTIC PURPOSES SUCH AS SINKS, TOILETS AND SHOWERS, WHILE THE REMAINING 75 PER CENT IS USED TO COOL SHARP'S BUILDINGS, STERILIZE EQUIPMENT, PREPARE FOOD AND WATER THE LA NDSCAPE IN AN EFFORT TO CONSERVE WATER, SHARP HAS RESEARCHED AND IMPLEMENTED NUMEROUS INF RASTRUCTURE CHANGES AND BEST PRACTICES TO ENSURE ITS FACILITIES ARE OPTIMALLY OPERATED WHI LE MONITORING AND MEASURING WATER CONSUMPTION THESE CHANGES INCLUDE INSTALLATION OF MOTIO N-SENSING FAUCETS AND TOILETS IN PUBLIC RESTROOMS, LOW-FLOW SHOWERHEADS AND TOILETS IN PAT IENT ROOMS AND LOCKER ROOMS, MIST ELIMINATORS, MICROFIBER MOPS, WATER-SAVING DEVICES AND E QUIPMENT, HIGH-EFFICIENCY, LOW-WATER-USE DISHWASHERS, INSTALLATION OF WATER-EFFICIENT CHIL LERS, WATER MONITORING AND CONTROL SYSTEMS, WATER PRACTICE AND UTILIZATION EVALUATIONS, RE GULAR ROUNDING TO IDENTIFY LEAKS, INSTALLATION OF LOW WATER STERILE PROCESSING EQUIPMENT, AND LANDSCAPE IMPROVEMENTS INCLUDING REDUCED WATERING TIMES, DRIP IRRIGATION SYSTEMS, XERI SCAPING, HARDSCAPING AND PLANTING SUCCULENTS AND OTHER DROUGHT TOLERANT PLANTS TO COMPLY WITH THE MANDATORY WATER RESTRICTIONS FOR CALIFORNIA ISSUED ON APRIL 1, 2015, SHARP MODIFI ED IRRIGATION SCHEDULES, PROPERLY SIZED SPRINKLER

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	HEADS, INSTALLED WATER-SENSING EQUIPMENT AND REDUCED WATERING TIMES AND FREQUENCY AT ALL S ITES OVER EIGHT MILLION POUNDS OF TEXTILES, SUCH AS SHEETS, TOWELS, SCRUBS AND PATIENT GO WNS, ARE USED AT SHARP EACH YEAR THE SIGNIFICANT AMOUNT OF LAUNDRY GENERATED BY SHARP PRO MPTED THE SELECTION OF EMERALD TEXTILES, AN ENVIRONMENTALLY-FRIENDLY LAUNDRY AND LINEN PRO VIDER THAT DEMONSTRATES STRONG INVESTMENT IN SUSTAINABILITY PRACTICES EMERALD TEXTILES, O PERATES A STATE-OF-THE-ART PLANT THAT HAS BEEN EFFICIENTLY DESIGNED TO REDUCE UTILITY CONS UMPTION AND PRESERVE NATURAL RESOURCES SHARP SAVES AN ESTIMATED 50 MILLION GALLONS OF WAT ER PER YEAR (50 PERCENT OF TOTAL USAGE) THROUGH THE USE OF A STATE-OF-THE-ART WATER FILTRA TION SYSTEM, MORE THAN 71,000 KWH OF ELECTRICITY THROUGH THE USE OF ENERGY EFFICIENT LIGHT ING, AND MORE THAN 750,000 THERMS OF GAS THROUGH THE USE OF ENERGY-EFFICIENT LAUNDRY EQUIP MENT WASTE MINIMIZATION ACCORDING TO PRACTICE GREENHEALTH'S HEALTHIER HOSPITALS INITIATIV E (HHI), HOSPITALS GENERATE AN AVERAGE OF 26 POUNDS OF WASTE PER STAFFED BED EACH DAY TO SIGNIFICANTLY REDUCE WASTE AT EACH ENTITY AND EXTEND THE LIFESPAN OF LOCAL LANDFILLS, SHAR P HAS CREATED A COMPREHENSIVE WASTE MINIMIZATION PROGRAM, INCLUDING A SYSTEMWIDE, MULTIDIS CIPLINARY WASTE MANAGEMENT COMMITTEE. THE COMMITTEE'S PURPOSE IS TO PROVIDE OVERSIGHT OF S HARP'S WASTE MANAGEMENT INITIATIVES, INCLUDING PROPER WASTE SEGREGATION AND ENHANCING RECY CLING EFFORTS TO DIVERT WASTE AND EXTEND THE LIFESPAN OF LOCAL LANDFILLS SHARP WAS AN EAR LY ADOPTER IN ITS COMMITMENT TO WASTE DIVERSION, AND NOW DIVERTS MORE THAN 39 PERCENT OF W ASTE THROUGH RECYCLING, DONATING, COMPOSTING, REPROCESSING AND REUSING IN FY 2015, SHARP' S WASTE MINIMIZATION EFFORTS RESULTED IN MORE THAN 8 8 MILLION POUNDS OF WASTE DIVERTED FR OM THE LANDFILL THE FOLLOWING INITIATIVES HIGHLIGHT SHARP'S WASTE MINIMIZATION EFFORTS IN FY 2015 * SMH AND SMV COLLECTED MORE THAN 252,000 POUNDS OF FOOD WASTE FOR COMPOSTING TH ROUGH PARTICIPATION IN A FOOD WASTE COMPOSTING PROGRAM WITH THE LOCAL GREENERY * SHARP DI VERTED MORE THAN 2 5 MILLION POUNDS OF TRASH FROM THE LANDFILL BY RECYCLING NONCONFIDENTIA L PAPER, CARDBOARD, EXAM TABLE PAPER, PLASTIC, ALUMINUM CANS AND GLASS CONTAINERS THROUGH SHARP'S SINGLE-STREAM WASTE PROGRAM * SHARP COLLECTED, REPROCESSED AND STERILIZED 42,000 POUNDS OF SURGICAL INSTRUMENTS * SHARP IMPLEMENTED REUSABLE SHARPS CONTAINERS THROUGHOUT THE HOSPITALS, WHICH SAVED APPROXIMATELY 50,000 POUNDS OF PLASTIC AND MORE THAN 1,800 POUN DS OF CARDBOARD FROM ENTERING THE LANDFILL THIS RESULTED IN ANNUAL CO2 EMISSION SAVINGS O F MORE THAN 28,000 POUNDS AND IS EQUIVALENT TO SAVING MORE THAN 2,700 GALLONS OF GAS EACH YEAR * SGH, SMH, SMBHWN AND SCVMC RECYCLED SURGICAL BLUE WRAP, WHILE SCVMC RECYCLED DISPO SABLE PRIVACY CURTAINS, DIVERTING MORE THAN 200,000 POUNDS OF RECYCLED MATERIALS FROM THE LANDFILL * EMPLOYEES AND HOSPITAL VISITORS DONATED MORE THAN 200 PAIRS OF EYEWEAR TO PEOP LE IN NEED, BOTH LOCALLY AND GLOBALLY, THROUGH THE LION'S CLUB RECYCLE SIGHT PROGRAM SHAR P'S WASTE MINIMIZATION ACTIVITIES ARE WIDELY RECOGNIZED AS BEING INNOVATIVE AND MAKING A P OSITIVE DIFFERENCE FOR THE COMMUNITIES THAT SHARP SERVES IN FY 2015, SHARP RECEIVED THE F OLLOWING RECOGNITION * THE CITY OF SAN DIEGO'S ENVIRONMENTAL SERVICES DEPARTMENT NAMED SH ARP AS ONE OF THE RECYCLERS OF THE YEAR IN THE 2015 WASTE REDUCTION AND RECYCLING AWARDS P ROGRAM * EXECUTIVE INSIGHT - A LEADING HEALTH CARE PUBLICATION - HIGHLIGHTED NEW HORIZONT AL SYRINGE/SHARP DROP REUSABLE CONTAINERS, WHICH WERE DEVELOPED BY STERICYCLE WITH SIGNIFI CANT INPUT FROM SHARP TO REDUCE THE LIKELIHOOD OF NEEDLE STICK INJURY FROM NEEDLE DISPOSAL * SHARP PARTICIPATED AT THE SAN DIEGO CITY COUNCIL'S SSUBI PROCLAMATION DAY AS PART OF T HEIR PARTNERSHIP WITH SSUBI IS HOPE - A NONPROFIT CHARITY ORGANIZATION THAT COLLECTS DONAT ED EXPIRED/UNUSABLE MEDICAL EQUIPMENT THROUGH THE PARTNERSHIP, SHARP DONATED MORE THAN 43 ,000 POUNDS OF EQUIPMENT AND SUPPLIES TO

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	TABLE 3 PRESENTS THE WASTE DIVERSION RATES AT SHARP HEALTHCARE IN FY 2015 TABLE 3 SHARP HEALTHCARE WASTE DIVERSION - FY 2015 SHARP CHULA VISTA MEDICAL CENTER 893,844 RECYCLED WAS TE PER YEAR (LBS) 2,813,090 TOTAL WASTE PER YEAR (LBS) 32% PERCENT RECYCLED SHARP CORONA DO HOSPITAL AND HEALTHCARE CENTER 293,519 RECYCLED WASTE PER YEAR (LBS) 1,365,903 TOTAL W ASTE PER YEAR (LBS) 21% PERCENT RECYCLED SHARP GROSSMONT HOSPITAL 2,267,597 RECYCLED WAST E PER YEAR (LBS) 5,949,660 TOTAL WASTE PER YEAR (LBS) 38% PERCENT RECYCLED SHARP MEMORIA L HOSPITAL AND SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS 1,990,100 RECYCLED WASTE PER YEAR (LBS) 6,471,916 TOTAL WASTE PER YEAR (LBS) 31% PERCENT RECYCLED SHARP MESA VISTA H OSPITAL 698,333 RECYCLED WASTE PER YEAR (LBS) 1,157,254 TOTAL WASTE PER YEAR (LBS) 60% P ERCENT RECYCLED SHARP REES-STEALY MEDICAL CENTERS 1,217,959 RECYCLED WASTE PER YEAR (LBS) 2,814,565 TOTAL WASTE PER YEAR (LBS) 43% PERCENT RECYCLED SHARP CORPORATE SITES 1,439,63 8 RECYCLED WASTE PER YEAR (LBS) 2,271,212 TOTAL WASTE PER YEAR (LBS) 63% PERCENT RECYCLE D TOTAL SHARP HEALTHCARE 8,800,990 RECYCLED WASTE PER YEAR (LBS) 22,843,601 TOTAL WASTE P ER YEAR (LBS) 39% PERCENT RECYCLED SUSTAINABLE FOOD PRACTICES ACCORDING TO THE INTERGOVER NMENTAL PANEL ON CLIMATE CHANGE, AGRICULTURE IS RESPONSIBLE FOR 13 5 PERCENT OF GREENHOUSE GAS EMISSIONS WORLDWIDE. SHARP IS COMMITTED TO MAKING ECO-FRIENDLY FOOD CHOICES TO MINIMI ZE ITS ENVIRONMENTAL FOOTPRINT IN 2015, SHARP IMPLEMENTED THE FOOD AND NUTRITION BEST HEA LTH COMMITTEE - A COMPONENT OF SHARP'S LARGER BEST HEALTH EMPLOYEE WELLNESS PROGRAM - TO S TANDARDIZE, FACILITATE AND PROMOTE ITS FOOD SUSTAINABILITY EFFORTS THROUGHOUT THE SYSTEM THIS INCLUDES A SYSTEMWIDE FOCUS ON ITS SUSTAINABLE MINDFUL FOOD PROGRAM TO PROVIDE EDUCAT ION AND HEALTHY FOOD OPTIONS DESIGNED TO IMPROVE THE HEALTH OF SHARP'S PATIENTS, STAFF, CO MMUNITY AND ENVIRONMENT IMPLEMENTED IN COLLABORATION WITH SODEXO, SHARP'S FOOD SERVICE VE NDOR, SHARP'S MINDFUL FOOD PROGRAM INCLUDES MEATLESS MONDAYS, WELLNESS MENUS, COMMUNITY SU PPORTED AGRICULTURE (CSA), FRESH AND ORGANIC PRODUCE, FOOD COMPOSTING, INCREASING RECYCLIN G ACTIVITIES, THE PROMOTION OF SUGARLESS BEVERAGES, THE USE OF POSTCONSUMER RECYCLED PACKA GING SOLUTIONS, AND INCREASING LOCAL, ORGANIC AND SUSTAINABLE FOOD PURCHASES IN ADDITION, SHARP PARTICIPATES IN HHI'S HEALTHIER FOOD PROGRAM BY COMMITTING TO THE PURCHASE OF LOCAL AND SUSTAINABLE FOODS IN FY 2015, SHARP PURCHASED MORE THAN 285,000 POUNDS OF LOCAL PROD UCE, REPRESENTING AN INCREASE OF 5 1 PERCENT IN LOCAL PURCHASES FROM FY 2014 IN ADDITION, SHARP INCREASED ITS PURCHASE OF ANIMAL PROTEIN FROM LOCAL, SUSTAINABLE SOURCES, A 16 8 PE RCENT INCREASE SINCE FY 2014 SHARP EXPECTS TO FURTHER INCREASE THE PURCHASE OF LOCAL, SUS TAINABLE FOOD AS NEW, SAFE SOURCES OF FOOD ITEMS ARE IDENTIFIED AND CREDENTIALED FURTHERI NG ITS SUSTAINABLE FOOD PRACTICES, SMH, SMV AND SCHHC CREATED THE FIRST COUNTY-APPROVED OR GANIC GARDENS AND USE THE PRODUCE FROM THESE GARDENS IN THE MEALS SERVED AT THE HOSPITAL C AFES THESE ORGANIC GARDENS PRODUCE AN AVERAGE OF 22 POUNDS OF PRODUCE PER WEEK IN 2012, SHARP PARTNERED WITH THE CITY OF SAN DIEGO TO IMPLEMENT A FOOD WASTE COMPOSTING PROGRAM IN THE KITCHEN THAT SERVICES SMH AND SMBHWN, MAKING SHARP THE FIRST SAN DIEGO HEALTH CARE OR GANIZATION TO JOIN THE CITY'S INITIATIVE. SMV JOINED THIS EFFORT IN 2014, AND SCHHC, SCVMC AND SGH PLAN TO PARTICIPATE IN 2016 THROUGH THE PROGRAM, EDCO, A SOLID WASTE VENDOR, TRA NSPORTS FOOD WASTE TO THE MIRAMAR GREENERY - A 74-ACRE FACILITY LOCATED AT THE MIRAMAR LAN DFILL IN KEARNY MESA THE FOOD WASTE IS PROCESSED INTO A RICH COMPOST PRODUCT AND SOLD TO COMMERCIAL LANDSCAPERS, NON-CITY RESIDENTS, AND TO CITY RESIDENTS AT NO CHARGE FOR VOLUMES OF UP TO TWO CUBIC YARDS THE COMPOST OFFERS SEVERAL BENEFITS INCLUDING IMPROVING THE HEA LTH AND FERTILITY OF SOIL, REDUCING THE NEED TO PURCHASE COMMERCIAL FERTILIZERS, INCREASIN G THE SOIL'S ABILITY TO RETAIN WATER AND HELPING THE ENVIRONMENT BY RECYCLING VALUABLE ORG ANIC MATERIALS ACCORDING TO THE CITY OF SAN DIEGO, SUCH WASTE DIVERSION PROGRAMS CONTRIBU TE TO THE LANDFILL'S LIFESPAN BEING EXTENDED FROM 2012 TO AT LEAST 2022 IN 2015, SHARP RE CEIVED THE SAN DIEGO RECYCLING AND COMPOSTING AWARD AND CONTINUES TO WORK WITH THE CITY TO EXPAND FOOD WASTE COMPOSTING TO OTHER SHARP ENTITIES ADDITIONAL SUSTAINABLE FOOD PRACTIC ES AT SHARP INCLUDE THE USE OF GREEN-LABEL KITCHEN SOAPS AND CLEANSERS, ELECTRONIC CAF ME NUS, RECYCLING OF ALL CARDBOARD, CANS AND GREASE FROM CAFES, ORGANIC MARKETS AT EACH HOSPI TAL AND CORPORATE OFFICE, PURCHASING OF HORMONE-FREE MILK, AND PARTNERING WITH VENDORS WHO ARE COMMITTED TO REDUCING PRODUCT PACKAGING IN ADDITION, BEGINNING IN APRIL 2014, SODEXO EXPANDED PURCHASES OF PAPER PRODUCTS MADE FROM RECYCLED, COMPOSTABLE AND CHLORINE-FREE RE NEWABLE MATERIALS IN PLACE OF THE TRADITIONAL FOAM, PLASTIC AND ALUMINUM PACKAGING COMMONL Y USED IN FOOD SERVICE. COMMUTER SOLUTIONS SHARP S

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	UPPORTS RIDE SHARING, PUBLIC TRANSIT PROGRAMS AND OTHER TRANSPORTATION EFFORTS TO REDUCE T RANSPORTATION EMISSIONS GENERATED BY SHARP AND ITS EMPLOYEES SHARP REPLACED HIGHER FUEL-C ONSUMING CARGO VANS WITH ECONOMY FORD TRANSIT VEHICLES, SAVING APPROXIMATELY FIVE MILES PE R GALLON SHARP'S EMPLOYEE PARKING LOTS OFFER CAR POOL PARKING SPACES, DESIGNATED BIKE RAC KS, AND MOTORCYCLE SPACES EMPLOYEES CAN ALSO PURCHASE DISCOUNTED MONTHLY BUS PASSES AS P ART OF THE NATIONWIDE ELECTRIC VEHICLE PROJECT, SHARP INSTALLED 33 ELECTRIC VEHICLE CHARGE RS (EVCS) AT ITS CORPORATE OFFICE LOCATION, SCVMC, AND SMMC SHARP WAS THE FIRST HEALTH CA RE SY STEM 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 O IL SHARP WILL CONTINUE ITS EFFORTS TO EXPAND EVCS AT OTHER ENTITIES IN FY 2015, SHARP'S USE OF EVCS SAVED 3,700 GALLONS OF FUEL AND RESULTED IN A REDUCTION OF APPROXIMATELY 20,00 0 POUNDS OF CO2 IN PARTNERSHIP WITH THE SANDAG ICOMMUTE PROGRAM, SHARP OFFERS VAN POOL AN D CAR POOL MATCH-UP OPPORTUNITIES TO HELP EMPLOYEES FIND CONVENIENT RIDE SHARE PARTNERS AN D PROMOTE SUSTAINABLE COMMUTING USING THE ICOMMUTE TRIPTRACKER, EMPLOYEES CAN ALSO MONITO R THE COST AND CARBON SAVINGS OF THEIR ALTERNATE COMMUTING METHODS IN OCTOBER, FIFTY-ONE ORGANIZATIONS IN SDC, REPRESENTING MORE THAN 102,000 EMPLOYEES, PARTICIPATED IN SANDAG'S I COMMUTE RIDESHARE CORPORATE CHALLENGE, WHERE EMPLOYEES EARN POINTS FOR REPLACING THEIR SOL O DRIVE WITH A GREENER COMMUTE CHOICE, SUCH AS BIKING, WALKING, CARPOOLING, VANPOOLING AND PUBLIC TRANSIT FOR THE SECOND Y EAR IN A ROW AND FOR THE THIRD TIME IN FOUR Y EARS, SHARP WAS AWARDED THE TOP SPOT IN THE MEGA EMPLOY ER CATEGORY THROUGH THE CHALLENGE, MORE THAN 7 00 SHARP EMPLOY EES REPORTED NEARLY 25,000 ALTERNATIVE COMMUTE TRIPS, SAVING MORE THAN 16,0 00 GALLONS OF GASOLINE AND APPROXIMATELY 340,000 POUNDS OF CO2 SHARP'S COMMUTER SOLUTIONS SUB-COMMITTEE CONTINUOUSLY DEVELOPS INNOVATIVE AND ACCESSIBLE PROGRAMS AND MARKETING CAMP AIGNS THAT ENCOURAGE EMPLOY EES TO PARTICIPATE IN RIDE SHARING AND OTHER SUSTAINABLE MODES OF TRANSPORTATION THE COMMITTEE HAS OVERSEEN THE IMPLEMENTATION OF BIKE RACKS AND DESIGNA TED CAR POOL SPOTS AS WELL AS ADDING A BICY CLE COMMUTER BENEFIT, WHICH GIVES EMPLOY EES WHO BIKE TO WORK UP TO $20 PER MONTH TO USE TOWARD QUALIFIED COSTS ASSOCIATED WITH BICY CLE PU RCHASE, IMPROVEMENT, REPAIR AND STORAGE SHARP ALSO SUPPORTED BICY CLE TRANSPORTATION THROU GH SEVERAL BIKE-TO-WORK INITIATIVES IN FY 2015 THIS INCLUDED THE COUNTY-WIDE BIKE TO WORK DAY EVENT DURING WHICH SHARP EMPLOY EES OPTED TO RIDE THEIR BIKE TO WORK DURING THE EVENT , SHARP BEST HEALTH PROVIDED SNACKS AND BEVERAGES AT SIX PIT STOPS THROUGHOUT SDC FURTHER ING ITS COMMITMENT TO BETTER COMMUTING SOLUTIONS FOR ITS EMPLOY EES, SHARP SUPPLIES AND SUP PORTS THE HARDWARE AND SOFTWARE FOR MORE THAN 300 EMPLOY EES WHO ARE ABLE TO EFFICIENTLY AN D EFFECTIVELY TELECOMMUTE TO WORK THESE EMPLOY EES WORK IN AREAS THAT DO NOT REQUIRE AN ON -SITE PRESENCE, SUCH AS INFORMATION TECHNOLOGY SUPPORT, TRANSCRIPTION AND HUMAN RESOURCES SHARP'S ONGOING EFFORTS TO PROMOTE ALTERNATIVE COMMUTING CHOICES IN THE WORKPLACE HAS LED TO RECOGNITION AS A SANDAG ICOMMUTE DIAMOND AWARD WINNER CONSISTENTLY BETWEEN 2001 AND 20 10, AND AGAIN FROM 2013 THROUGH 2015

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	COMMUNITY EDUCATION AND OUTREACH SHARP ACTIVELY COMMUNICATES AND EDUCATES THE SAN DIEGO CO MMUNITY ABOUT ITS SUSTAINABILITY PROGRAMS IN FY 2015, SHARP PARTICIPATED IN THE FOLLOWING OUTREACH ACTIVITIES * E-NEWSLETTERS HIGHLIGHTING SHARP'S RECYCLING EFFORTS AND ACCOMPLIS HMENTS, AS WELL AS REMINDERS FOR PROPER WORKPLACE RECYCLING, CARPOOLING, AND ENERGY AND WA TER CONSERVATION ARE SHARED WITH EMPLOYEES THROUGHOUT THE YEAR * IN APRIL, SHARP HELD ITS SIXTH ANNUAL SYSTEM-WIDE ALL WAYS GREEN EARTH WEEK CELEBRATION, INCLUDING EARTH FAIRS AT EACH SHARP HOSPITAL AND SYSTEM OFFICE DURING THE FAIRS, EMPLOYEES LEARNED HOW THEY CAN DE CREASE WATER, ENERGY AND RESOURCE CONSUMPTION, DIVERT WASTE THROUGH RECYCLING, AND REDUCE THEIR CARBON FOOTPRINT BY USING ALTERNATIVE TRANSPORTATION MANY OF SHARP'S KEY VENDOR PAR TNERS PARTICIPATED IN THE FAIRS TO HELP RAISE AWARENESS OF GREEN INITIATIVES AND HOW SHARP IS INVOLVED IN THOSE PROGRAMS * SHARP CONTINUED TO PARTICIPATE IN SDG&E'S MAJOR CUSTOMER ADVISORY PANEL TO PROVIDE INPUT AND EDUCATION RELATED TO ENERGY RELIABILITY, FEES AND COS T STRUCTURE AND THEIR IMPACT ON THE HEALTH CARE ENVIRONMENT * SHARP COLLABORATED WITH THE COUNTY OF SAN DIEGO TO HOST A COMPLIMENTARY COMMUNITY WORKSHOP ON PHARMACEUTICAL WASTE MA NAGEMENT DESIGNED TO EDUCATE PARTICIPANTS (E.G , MEDICAL PROVIDERS, PHARMACY PERSONNEL, HO SPITAL PERSONNEL) ABOUT PROPER AND SAFE DISPOSAL OF PHARMACEUTICAL WASTE TOPICS INCLUDED PHARMACEUTICAL WASTE LIABILITY, REGULATORY COMPLIANCE AND COST-EFFECTIVE DISPOSAL STRATEGI ES * SHARP HOSTED TWO COMMUNITY E-WASTE AND CONFIDENTIAL PAPER SHREDDING COLLECTION EVENT S * SHARP PARTNERED WITH THE U S DRUG ENFORCEMENT ADMINISTRATION ON NATIONAL DRUG TAKE B ACK DAY TO PROVIDE A SAFE, CONVENIENT AND RESPONSIBLE MEANS OF DRUG DISPOSAL AND TO EDUCAT E THE GENERAL PUBLIC ABOUT THE POTENTIAL FOR PRESCRIPTION MEDICATION ABUSE * SHARP CONTIN UED PARTICIPATION IN SAN DIEGO'S GATHERING OF GREEN TEAMS WITH OTHER SAN DIEGO BUSINESS LE ADERS TO IDENTIFY AND DISCUSS SUSTAINABLE BEST PRACTICES, WHICH CAN BE EMULATED ACROSS IND USTRIES * SHARP PARTICIPATES IN SAN DIEGO COUNTY'S HAZMAT (HAZARDOUS MATERIALS) STAKEHOLD ER MEETINGS TO DISCUSS BEST PRACTICES FOR MEDICAL WASTE MANAGEMENT WITH OTHER HOSPITAL LEA DERS IN SDC SHARP'S ALL WAYS GREEN INITIATIVE REMAINS COMMITTED TO CREATING SUSTAINABLE PR ACTICES FOR EMPLOYEES, PHYSICIANS AND THE COMMUNITY TO IMPROVE THE HEALTH OF THE ENVIRONME NT AND ULTIMATELY THE HEALTH OF THE POPULATIONS THAT IT SERVES TABLE 4 HIGHLIGHTS THE ALL WAYS GREEN EFFORTS AT SHARP ENTITIES TABLE 4 ALL WAYS GREEN INITIATIVES BY SHARP ENTITY - FY 2015 SCHHC -ENERGY EFFICIENCY * ENERGY AUDITS * AIR HANDLER PROJECTS * HVAC PROJECTS * LIGHTING RETROFITS * LED LIGHTING * NEW ENERGY-EFFICIENT APPLIANCES IN THE CAFE * NEW B UILDING MANAGEMENT SYSTEM TO OPTIMIZE ENERGY USAGE FOR THE COOLING SYSTEM -WATER CONSERVAT ION * WATER-EFFICIENT DISHWASHING SYSTEM * DRIP IRRIGATION * DROUGHT-TOLERANT PLANTS AND B ARK-COVERED GROUND * ELECTRONIC FAUCETS * EVALUATION OF WATER UTILIZATION PRACTICES * HARD SCAPING * LANDSCAPE WATER REDUCTION SYSTEMS * MIST ELIMINATORS -WASTE MINIMIZATION * SINGL E-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS * REUSABLE SHARPS CONTAINERS * SINGLE- STREAM RECYCLING * SURGICAL INSTRUMENT REPROCESSING -EDUCATION AND OUTREACH * EARTH WEEK A CTIVITIES * ENVIRONMENTAL POLICY * GREEN TEAM * NO SMOKING POLICY * ORGANIC FARMER'S MARKE T * ORGANIC GARDENS * RECYCLING EDUCATION * RIDE SHARE PROMOTION SCVMC -ENERGY EFFICIENCY * ENERGY AUDITS * ENERGY-EFFICIENT CHILLERS/MOTORS * ES AWARD * HVAC PROJECTS * LIGHTING R ETROFITS * ENERGY-EFFICIENT DISHWASHER * ELEVATOR UPGRADES -WATER CONSERVATION * DRIP IRRI GATION * DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND * ELECTRONIC AND LOW-FLOW FAUCETS * EVALUATION OF WATER UTILIZATION PRACTICES * HARDSCAPING * LANDSCAPE WATER REDUCTION SYS TEMS * MIST ELIMINATORS * REPLACEMENT OF 3 5GPF TOILETS WITH 1 28 GPF TOILETS * COOLING TO WER REPLACEMENT (40% LESS WATER USED) -WASTE MINIMIZATION * BLUE-WRAP RECYCLING * COMPACTO R RENOVATION * ELECTRONIC CAFE MENUS * SINGLE-STREAM RECYCLING * SURGICAL INSTRUMENT REPRO CESSING * REUSABLE SHARPS CONTAINERS * CLEAN BUSINESS DESIGNATION BY CITY OF CHULA VISTA * REPLACEMENT OF BOTTLED WATER WITH SPA WATER -EDUCATION AND OUTREACH * AMERICA RECYCLES DA Y * EARTH WEEK ACTIVITIES * ENVIRONMENTAL POLICY * GREEN TEAM * NO SMOKING POLICY * ORGANI C FARMER'S MARKET * RECYCLING EDUCATION * RIDE SHARE PROMOTION SGH -ENERGY EFFICIENCY * EN ERGY AUDITS * ES PARTICIPATION * HVAC PROJECTS * LIGHTING RETROFITS * RETRO-COMMISSIONING * ELEVATOR MODERNIZATION * HIGH EFFICIENCY LED FIXTURES -WATER CONSERVATION * DRIP IRRIGAT ION * DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND * ELECTRONIC FAUCETS * EVALUATION OF WATER UTILIZATION PRACTICES * HARDSCAPING * LANDSCAPE WATER REDUCTION SYSTEMS * MIST ELIM INATORS * VALVE AND SPRINKLE HEAD REPLACEMENT * WATER FOUNTAINS OFF * WATER-EFFICIENT CLEA NING CHEMICAL DISPENSING MACHINES * PLUMBING PROJE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	CTS TO ADDRESS WATER LEAKS * GMP WEEKLY FIRE PUMP CHUM TEST -WASTE MINIMIZATION * BLUE WRA P RECYCLING * ELECTRONIC CAFE MENUS * SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPEN SERS * SINGLE-STREAM RECYCLING * SURGICAL INSTRUMENT REPROCESSING * RECYCLE BINS DISTRIBUT ION * REUSABLE SHARPS CONTAINERS -EDUCATION AND OUTREACH * EARTH WEEK ACTIVITIES * ENVIRON MENTAL POLICY * GREEN TEAM * NO SMOKING POLICY * ORGANIC FARMER'S MARKET * RECYCLING EDUCA TION * RIDE SHARE PROMOTION SHARP SYSTEM SERVICES -ENERGY EFFICIENCY * EVCS * ENERGY AUDIT S * ENERGY EFFICIENT CHILLERS/MOTORS * ES PARTICIPATION * HVAC PROJECTS * LED LIGHTING * L IGHTING RETROFITS * OCCUPANCY SENSORS * THERMOSTAT CONTROL SOFTWARE -WATER CONSERVATION * DRIP IRRIGATION * DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND * ELECTRONIC FAUCETS * E VALUATION OF WATER UTILIZATION PRACTICES * HARDSCAPING * LANDSCAPE WATER REDUCTION SYSTEMS * MIST ELIMINATORS -WASTE MINIMIZATION * ELECTRONIC PATIENT BILLS AND PAPERLESS PAYROLL * ELECTRONIC AND PHARMACEUTICAL WASTE RECYCLING EVENTS * GREEN GROCER'S MARKET * SINGLE-SER VE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS * SINGLE-STREAM RECYCLING - EDUCATION AND OU TREACH * EARTH WEEK ACTIVITIES * ENVIRONMENTAL POLICY * GREEN TEAM * NO SMOKING POLICY * R ECYCLING EDUCATION * RIDE SHARE PROMOTION SHP -ENERGY EFFICIENCY * ENERGY AUDITS * HVAC PR OJECTS * LIGHTING RETROFITS * OCCUPANCY SENSORS -WATER CONSERVATION * DRIP IRRIGATION * DR OUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND * ELECTRONIC FAUCETS * EVALUATION OF WATER U TILIZATION PRACTICES * HARDSCAPING * LANDSCAPE WATER * REDUCTION SYSTEMS * MIST ELIMINATOR S * WATER DISPENSERS TO REPLACE BOTTLED WATER -WASTE MINIMIZATION * RECYCLE BIN DISTRIBUTI ON * RECYCLED PAPER * SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS * SINGLE-ST REAM RECYCLING * SPRING CLEANING EVENTS -EDUCATION AND OUTREACH * EARTH WEEK ACTIVITIES * ENVIRONMENTAL POLICY * GREEN TEAM * NO SMOKING POLICY * RECYCLING EDUCATION * RIDE SHARE P ROMOTION SMH/ SMBHWN -ENERGY EFFICIENCY * EVCS * ENERGY AUDITS * ENERGY-EFFICIENT CHILLERS /MOTORS * ES PARTICIPATION * HVAC PROJECTS * LED LIGHTING * LIGHTING RETROFITS * OCCUPANCY SENSORS * PIPE INSULATIONS * PIPING CROSS BRIDGES * STEAM TRAP REPAIRS - WATER CONSERVATIO N * DRIP IRRIGATION * DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND * ELECTRONIC FAUCETS * EVALUATION OF WATER UTILIZATION PRACTICES * HARDSCAPING * LANDSCAPE WATER REDUCTION SYS TEMS * MIST ELIMINATORS * WATER-EFFICIENT STERILE DEPARTMENT PROCESSING CART WASHER -WASTE MINIMIZATION * BLUE WRAP RECYCLING * COMPOSTING * ELECTRONIC CAFE MENUS * FOOD WASTE COMP OSTING * PEROXIDE BASED CLEANING PRODUCTS * SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS * REUSABLE SHARP WASTE CONTAINERS * SINGLE-STREAM RECYCLING * SURGICAL INSTRUME NT REPROCESSING -EDUCATION AND OUTREACH * DROUGHT TOLERANT ROOFTOP GARDEN * EARTH WEEK * A CTIVITIES * ENVIRONMENTAL POLICY * GREEN TEAM * NO SMOKING POLICY * ORGANIC FARMER'S MARKE T * ORGANIC GARDENS * RECYCLING EDUCATION * RIDE SHARE PROMOTION SMV/ SMC -ENERGY EFFICIEN CY * AIR HANDLER REPLACEMENT * ENERGY AUDITS * ES PARTICIPATION * HVAC PROJECTS * LIGHTING RETROFITS * MOTOR AND PUMP REPLACEMENTS -WATER CONSERVATION * DRIP IRRIGATION * DROUGHT-T OLERANT PLANTS AND BARK-COVERED GROUND * ELECTRONIC FAUCETS * EVALUATION OF WATER UTILIZAT ION PRACTICES * HARDSCAPING * LANDSCAPE WATER REDUCTION SYSTEMS * MIST ELIMINATORS -WASTE MINIMIZATION * COMPOSTING * SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS SINGL E-STREAM RECYCLING * STYROFOAM ELIMINATION * SURGICAL INSTRUMENT REPROCESSING -EDUCATION A ND OUTREACH * EARTH WEEK ACTIVITIES * ENVIRONMENTAL POLICY * GREEN TEAM * NO SMOKING POLIC Y * ORGANIC FARMER'S MARKET * RECYCLING EDUCATION * RIDE SHARE PROMOTION

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	SRS -ENERGY EFFICIENCY * ENERGY AUDITS * ES PARTICIPATION * LIGHTING RETROFITS -WATER CONS ERVATION * DRIP IRRIGATION * DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND * ELECTRONIC FAUCETS * EVALUATION OF WATER UTILIZATION PRACTICES * HARDSCAPING * LANDSCAPE WATER REDUCT ION SYSTEMS * LOW-FLOW SYSTEMS * MIST ELIMINATORS -WASTE MINIMIZATION * SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS * RECYCLING OF EXAM PAPER * SINGLE-STREAM RECYCLING * STYROFOAM ELIMINATION -EDUCATION AND OUTREACH * CONTRACTOR EDUCATION * EARTH WEEK ACTIV ITIES * ENVIRONMENTAL POLICY * GREEN TEAM * NO SMOKING POLICY * RECYCLING EDUCATION * RIDE SHARE PROMOTION EMERGENCY AND DISASTER PREPAREDNESS SHARP CONTRIBUTES TO THE HEALTH AND S AFETY OF THE SAN DIEGO COMMUNITY THROUGH ESSENTIAL EMERGENCY AND DISASTER PLANNING ACTIVIT IES AND SERVICES THROUGHOUT FY 2015, SHARP PROVIDED EDUCATION TO STAFF, COMMUNITY MEMBERS , AND COMMUNITY HEALTH PROFESSIONALS ON EMERGENCY AND DISASTER PREPAREDNESS SHARP'S DISAS TER PREPAREDNESS TEAM OFFERED SEVERAL DISASTER EDUCATION COURSES TO FIRST RESPONDERS, HEAL TH CARE PROVIDERS AND COMMUNITY MEMBERS ACROSS SDC THE HOSPITAL-BASED FIRST RECEIVER AWAR ENESS COURSE AND FIRST RECEIVER OPERATIONS COURSE WERE OFFERED AS A TWO-PART SERIES TO EDU CATE AND PREPARE HOSPITAL STAFF FOR A DECONTAMINATION EVENT COURSE TOPICS INCLUDED DECONT AMINATION PRINCIPLES AND BEST PRACTICES, BASIC HAZARDS, UTILIZATION OF APPROPRIATE PERSONA L PROTECTIVE EQUIPMENT, RESPONSE CONCEPTS, CONTAINMENT, DECONTAMINATION, AND RECOVERY A S TANDARDIZED, ON-SCENE FEDERAL EMERGENCY MANAGEMENT TRAINING FOR HOSPITAL MANAGEMENT TITLED NATIONAL INCIDENT MANAGEMENT SYSTEM/INCIDENT COMMAND SYSTEM/HOSPITAL INCIDENT COMMAND SYS TEM WAS ALSO OFFERED BY SHARP'S DISASTER PREPAREDNESS 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 IN FY 2015, SHARP'S DISASTER LEADERSHIP DONATED THEIR TIME TO STATE AND LOCAL ORGANIZATIONS AND COMMITTEES INCLUDING SOUTHERN CALIFORNIA EARTHQUAKE ALLIANCE, COUNTY OF SAN DIEGO EMERGEN CY MEDICAL CARE COMMITTEE (EMCC), THE JOINT ADVISORY COMMITTEE ON PUBLIC HEALTH EMERGENCY PREPAREDNESS, CALIFORNIA HOSPITAL ASSOCIATION EMERGENCY MANAGEMENT ADVISORY COMMITTEE, AND THE COUNTY OF SAN DIEGO HEALTHCARE DISASTER COUNCIL, A GROUP OF REPRESENTATIVES FROM SDC HOSPITALS, OTHER HEALTH CARE DELIVERY AGENCIES, COUNTY OFFICIALS, FIRE AGENCIES, LAW ENFOR CEMENT, AMERICAN RED CROSS AND OTHERS WHO MEET MONTHLY TO SHARE BEST PRACTICES FOR EMERGEN CY PREPAREDNESS IN ADDITION, SHARP'S DISASTER LEADERSHIP SERVED ON THE STATEWIDE MEDICAL HEALTH EXERCISE WORK GROUP WHICH IS DESIGNED TO GUIDE LOCAL EMERGENCY PLANNERS IN DEVELOPI NG, PLANNING AND CONDUCTING EMERGENCY RESPONSES THROUGH THE WORK GROUP, SHARP HELPED DESI GN TRAINING MATERIALS, INCLUDING AN EXERCISE GUIDEBOOK AND OTHER RESOURCES, FOR THE 2015 C ALIFORNIA STATEWIDE MEDICAL HEALTH TRAINING AND EXERCISE PROGRAM THROUGH THE CALIFORNIA DE PARTMENT OF PUBLIC HEALTH (CDPH) AND THE EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA) SHAR P SUPPORTS SAFETY EFFORTS OF THE STATE AND THE CITY OF SAN DIEGO THROUGH MAINTENANCE AND S TORAGE OF A COUNTY DECONTAMINATION TRAILER AT SGH TO BE USED IN RESPONSE TO A MASS DECONTA MINATION EVENT ADDITIONALLY, ALL SHARP HOSPITALS ARE PREPARED FOR AN EMERGENCY WITH BACKU P WATER SUPPLIES THAT LAST UP TO 96 HOURS IN THE EVENT THE SYSTEM'S NORMAL WATER SUPPLY IS INTERRUPTED THROUGH PARTICIPATION IN THE U S DEPARTMENT OF HEALTH & HUMAN SERVICES PUBL IC HEALTH EMERGENCY HOSPITAL PREPAREDNESS PROGRAM (HPP) GRANT, SHARP CREATED THE SHARP HEA LTHCARE HPP DISASTER PREPAREDNESS PARTNERSHIP THE PARTNERSHIP INCLUDES SCVMC, SCHHC, SGH, SMH, SRS URGENT CARE CENTERS AND CLINICS, SAN DIEGO'S RONALD MCDONALD HOUSE, RADY CHILDRE N'S HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, KAISER HOSPITAL, ALVARADO HOSPITAL, PARA DISE VALLEY HOSPITAL, THE COUNCIL OF COMMUNITY CLINICS, NAVAL AIR STATION NORTH ISLAND/NAV AL MEDICAL SERVICES, SAN DIEGO COUNTY SHERIFFS, MARINE CORPS AIR STATION MIRAMAR FIRE DEPA RTMENT, AND FRESENIUS MEDICAL CENTERS THE PARTNERSHIP SEEKS TO CONTINUALLY IDENTIFY AND D EVELOP RELATIONSHIPS WITH HEALTH CARE ENTITIES, NONPROFIT ORGANIZATIONS, LAW ENFORCEMENT, MILITARY INSTALLATIONS AND OTHER ORGANIZATIONS THAT SERVE SDC AND ARE LOCATED NEAR PARTNER HEALTH CARE FACILITIES THROUGH NETWORKING, PLANNING, AND THE SHARING OF RESOURCES, TRAIN INGS AND INFORMATION, THE PARTNERS WILL BE BETTER PREPARED FOR A COLLABORATIVE RESPONSE TO AN EMERGENCY OR DISASTER AFFECTING SDC IN SEPTEMBER, SHARP HOSTED A DISASTER PREPAREDNES S EXPO TO EDUCATE SAN DIEGO RESIDENTS ON EFFECTIVE DISASTER PREPAREDNESS AND RESPONSE IN T HE EVENT OF AN EARTHQUAKE, FIRE, POWER OUTAGE, OR OTHER EMERGENCY APPROXIMATELY 300 COMMU NITY MEMBERS ATTENDED THE EXPO, WHICH INCLUDED A VARIETY OF LOCAL DISASTER VENDORS AND EME RGENCY PERSONNEL AS WELL AS VALUABLE DISASTER EDUC

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	ATION AND EMERGENCY DEMONSTRATIONS THE EXPO ALSO INCLUDED A DRUG TAKE BACK PROGRAM AND EL ECTRONIC WASTE RECYCLING EVENT IN EARLY FY 2015, GLOBAL ENDEMIC EVENTS POTENTIALLY IMPACT ED PUBLIC HEALTH IN THE LOCAL SAN DIEGO COMMUNITY SHARP PARTNERED WITH COMMUNITY AGENCIES , SDC PUBLIC HEALTH SERVICES AND FIRST RESPONDERS TO DEVELOP PROTOCOLS, PROVIDE JOINT TRAI NINGS, AND ESTABLISH SAFE TREATMENT METHODS AND LOCATIONS THIS ALLOWED FOR THE CONTINUED DELIVERY OF UNINTERRUPTED CARE TO THE COMMUNITY IN THE FACE OF PUBLIC HEALTH THREATS EMPL OYEE WELLNESS SHARP BEST HEALTH SHARP RECOGNIZES THAT IMPROVING THE HEALTH OF ITS TEAM ME MBERS BENEFITS THE HEALTH OF THE BROADER COMMUNITY IN 2010, THE SHARP BEST HEALTH EMPLOYE E WELLNESS PROGRAM WAS ESTABLISHED TO IMPROVE THE OVERALL HEALTH, HAPPINESS AND PRODUCTIVI TY OF SHARP'S WORKFORCE SHARP BEST HEALTH ENCOURAGES TEAM MEMBERS TO INCORPORATE HEALTHY HABITS INTO THEIR LIFESTYLES AND SUPPORTS THEM ON THEIR JOURNEY TO ATTAIN THEIR PERSONAL H EALTH GOALS SHARP BEST HEALTH OFFERS TEAM MEMBERS TOOLS, INFORMATION AND RESOURCES TO HEL P THEM STAY FIT AND HEALTHY THROUGH THE SHARP BEST HEALTH WEB PORTAL, THE PROGRAM'S COMPR EHENSIVE AND INTERACTIVE WEBSITE, EMPLOYEES CAN ACCESS A VARIETY OF DIGITAL TOOLS TO SUPPO RT THEIR HEALTH IMPROVEMENT EFFORTS, INCLUDING A PERSONAL HEALTH ASSESSMENT, MEAL AND EXER CISE PLANNERS, FOOD AND PHY SICAL ACTIVITY LOGS, HEALTHY RECIPES AND TIPS, NUTRITION FOR SP ORTS ATHLETES, WELLNESS OR DIET-SPECIFIC DIETARY EATING PLANS, A PROGRESS TRACKER AND A HE ALTH LIBRARY THE WEB PORTAL ALSO PROVIDES INFORMATION ON AVAILABLE WELLNESS WORKSHOPS, HE ALTH COACHING, TRAINING PLANS, AND DISCOUNTS ON THOUSANDS OF HEALTH AND WELLNESS PRODUCTS INCLUDING DINNER DELIVERY, GYM MEMBERSHIPS, WELLNESS CENTERS, TRAINING CLUBS, FOOTWEAR, WE IGHT MANAGEMENT, GOLF PACKAGES, YOGA, MASSAGE AND MORE THE WEB PORTAL ALSO PROVIDES INFOR MATION ON THE BEST HEALTH HEALTHY NOW MOBILE APP, AN ON-THE-GO COMPLEMENT TO THE WEB PORTAL THAT IS A CONVENIENT COLLECTION OF MOBILE TOOLS, ALLOWING FOR EASY ACCESS AND ENGAGEMENT FROM A MOBILE DEVICE SHARP BEST HEALTH HOSTS A VARIETY OF EMPLOYEE WELLNESS ACTIVITIES TH ROUGHOUT THE YEAR TEAM MEMBERS ARE ENCOURAGED TO PARTICIPATE IN ON-SITE FITNESS CLASSES, MEDITATION WORKSHOPS, MICRO-STRETCH BREAKS, RELAXATION AND STRESS MANAGEMENT WORKSHOPS, MI NDFULNESS CLASSES, WALKING AND RUNNING CLUBS, AND EVENTS SUCH AS BIKE-TO-WORK DAYS, WELLNE SS DAYS AND TAKE-THE-STAIRS DAYS SHARP BEST HEALTH HOSTED ACTIVITIES, SUCH AS FIT FOR THE HOLIDAYS AND "CAUGHT IN THE ACT" OF BEING HEALTHY AT WORK (I E., TAKING THE STAIRS, WALKI NG OUTSIDE, ETC) TO ENCOURAGE HEALTHY HABITS IN MAY, SHARP BEST HEALTH COLLABORATED WITH SANDAG TO RECOGNIZE NATIONAL BIKE TO WORK DAY AND PROMOTE A HEALTHIER ALTERNATIVE FOR COM MUTING TO WORK DURING THE EVENT, SHARP BEST HEALTH PROVIDED SIX PIT STOPS FOR NEW AND EXP ERIENCED RIDERS TO ENJOY A FUN REST BREAK, SNACKS AND ENCOURAGEMENT SHARP BEST HEALTH ALS O PARTICIPATED IN COMMUNITY HEALTH EVENTS THROUGHOUT THE YEAR, INCLUDING THE AMERICAN CANC ER SOCIETY (ACS) GREAT AMERICAN SMOKE OUT, NATIONAL NUTRITION MONTH, THE ADA TOUR DE CURE BIKE RIDE AND NATIONAL WALKING DAY EACH SHARP HOSPITAL AS WELL AS SRS HAS A DEDICATED BES T HEALTH COMMITTEE THAT WORKS TO PROMOTE WELLNESS AT THEIR INDIVIDUAL WORK SITES FOR INST ANCE, IN FEBRUARY, APPROXIMATELY 460 EMPLOYEES AND THEIR SPOUSES AND KIDS PARTICIPATED IN 5K THE SHARP WAY AND KID'S RUN AT TIDELANDS PARK IN CORONADO, HOSTED BY THEE BEST HEALTH C OMMITTEE AT SGH IN ADDITION, COMMITTEES AT EACH SHARP HOSPITAL AND MOST SRS LOCATIONS HOS TED EMPLOYEE WELLNESS FAIRS THROUGHOUT THE SUMMER MONTHS, REACHING MORE THAN 1,000 SHARP T EAM MEMBERS THE FAIRS PROVIDED EDUCATION AND RESOURCES ON A VARIETY OF TOPICS, SUCH AS EM PLOYEE SAFETY, CANCER AWARENESS, PHY SICAL THERAPY, WEIGHT MANAGEMENT AND HEALTH COACHING, AS WELL AS OFFERED BONE DENSITY SCREENINGS AND A NUTRITION BOOTH WITH HEALTHY FOOD SAMPLES

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	SHARP BEST HEALTH INCLUDED HEALTHY VENDING MACHINE OPTIONS ON ALL HOSPITAL CAMPUSES AS WEL L AS HEALTHY FOOD ITEMS IN EACH CAFETERIA AND RETAIL AREA IN FY 2015, SHARP BEST HEALTH I MPLEMENTED A NEW INITIATIVE CALLED "GO, MAKE THE HEALTHIER CHOICE." THIS INITIATIVE COLOR- CODES THE FOOD OPTIONS SOLD IN VENDING MACHINES AND FOOD SERVICE AREAS TO HELP EMPLOYEES, VISITORS, AND GUESTS EASILY DISCERN THE NUTRITIONAL VALUE OF EACH ITEM ACCORDING TO THE C OLOR-CODE, GREEN-LABELED ITEMS ARE THE HEALTHIEST OPTIONS AND CAN BE CONSUMED OFTEN, YELLO W-LABELED ITEMS ARE MODERATELY HEALTHY AND SHOULD BE EATEN OCCASIONALLY, AND RED-LABELED I TEMS ARE THE LEAST HEALTHY OPTIONS AND SHOULD BE EATEN RARELY IN PARTNERSHIP WITH SODEXO IN FY 2015, SHARP BEST HEALTH LAUNCHED A SYSTEMWIDE MINDFUL HEALTHY FOOD INITIATIVE THROU GH THE MINDFUL PROGRAM, SHARP'S CAFETERIA MENUS WERE REDESIGNED TO INCLUDE SUSTAINABLE, NU TRITIOUS AND ENTICING FOOD OPTIONS THAT FOSTER A HEALTHY LIFESTYLE AMONG PATIENTS, VISITOR S AND STAFF IN ADDITION, SHARP BEST HEALTH COLLABORATED WITH SODEXO AND SPECIALTY PRODUCE TO OFFER THE GREEN GROCERS - DELIVERED TO YOU PROGRAM AT MORE THAN 10 SHARP WORK SITES T HROUGH THE PROGRAM, EMPLOYEES CAN ORDER SEASONALLY AVAILABLE, LOCALLY-GROWN AND ORGANIC PR ODUCE ONLINE AND HAVE IT DELIVERED TO THEIR WORKPLACE TWICE A MONTH AT LOW COST GREEN GRO CERS - DELIVERED TO YOU PROVIDES A CONVENIENT METHOD FOR EMPLOYEES AND THEIR FAMILIES TO I NCORPORATE MORE FRUITS AND VEGETABLES INTO THEIR DIET, WHILE THE PURCHASE OF LOCALLY-GROWN PRODUCE HELPS SUPPORT LOCAL FARMERS AND IS A CSA SERVICE CSA CONSISTS OF A COMMUNITY OF INDIVIDUALS WHO PLEDGE SUPPORT TO A FARM OPERATION IN ORDER FOR IT TO BECOME, EITHER LEGAL LY OR SPIRITUALLY, THE COMMUNITY'S FARM SINCE JANUARY 2015, SHARP TEAM MEMBERS HAVE ORDER ED APPROXIMATELY 3,000 POUNDS OF PRODUCE THROUGH THE PROGRAM SHARP BEST HEALTH CONTINUED TO OFFER ITS FREE NUTRITION EDUCATION SERIES TO HELP EMPLOYEES AND THEIR FAMILY MEMBERS DE VELOP HEALTHIER EATING HABITS THE PROGRAM INCLUDES WORKSHOPS WITH COOKING DEMONSTRATIONS FROM REGISTERED DIETITIANS AND COMPLEMENTARY ONLINE RESOURCES NEARLY 20 CLASSES WERE OFFE RED TO APPROXIMATELY 200 ATTENDEES THROUGH THE SERIES IN FY 2015, WITH TOPICS INCLUDING EA TING HEALTHY WHILE NOT AT HOME, MANAGING SUGAR CRAVINGS AND PORTION CONTROL ACTIVITIES, S UCH AS HIKING AND WALKING CLUBS ARE ALSO AVAILABLE TO SHARP TEAM MEMBERS, FAMILY AND FRIEN DS IN FY 2015, SHARP BEST HEALTH ORGANIZED 11 SYSTEMWIDE HIKES WITH MORE THAN 160 ATTENDE ES THE WALKING CLUBS VARY BY LOCATION WITH EITHER STRUCTURED MEETING POINTS OR VARIOUS SM ALL WALKING GROUPS IN 2015, SHARP BEST HEALTH RECEIVED THE AHA FIT-FRIENDLY WORKSITES HON OR ROLL AWARD (GOLD CATEGORY) FOR THE THIRD CONSECUTIVE YEAR, WHICH RECOGNIZES EMPLOYERS T HAT PROMOTE A CULTURE OF HEALTH AND PHYSICAL ACTIVITY IN THE WORKPLACE OR COMMUNITY SINCE 2013, SHARP BEST HEALTH HAS OFFERED ANNUAL EMPLOYEE HEALTH SCREENINGS TO RAISE AWARENESS OF IMPORTANT BIOMETRIC HEALTH MEASURES AND HELP TEAM MEMBERS LEARN HOW TO REDUCE THEIR RIS K OF RELATED HEALTH ISSUES IN FY 2015, MORE THAN 10,100 SHARP EMPLOYEES RECEIVED SCREENIN GS FOR BLOOD PRESSURE, BMI, BLOOD SUGAR, TOBACCO USE AND CHOLESTEROL SHARP BEST HEALTH AL SO EXCEEDED ITS GOAL OF HAVING AT LEAST 75 PERCENT OF EMPLOYEES PARTICIPATE IN THE 2015 SC REENING PROGRAM POST-SCREENING RESOURCES AND TOOLS ARE AVAILABLE FOR SHARP EMPLOYEES AND THEIR FAMILY MEMBERS, INCLUDING A FREE HEALTH COACH AS WELL AS CLASSES ON A VARIETY OF HEA LTH TOPICS, INCLUDING SMOKING CESSATION, HEALTHY FOOD CHOICES, PHYSICAL ACTIVITY, STRESS M ANAGEMENT, AND MANAGING THE CHALLENGES OF LIVING WITH A CHRONIC CONDITION SUCH AS DIABETES , HIGH BLOOD PRESSURE, ASTHMA OR ARTHRITIS AS A FUN INCENTIVE FOR COMPLETING THEIR HEALTH SCREENING, EMPLOYEES RECEIVED A FITBIT ZIP WIRELESS PEDOMETER THAT TRACKS STEPS, DISTANCE AND CALORIES AND SYNCS THESE STATISTICS TO COMPUTERS OR SMARTPHONES SHARP BEST HEALTH EN COURAGES TEAM MEMBERS TO UTILIZE THE FITBIT ZIP TO TRACK THEIR PHYSICAL ACTIVITY AND ACHIE VE THEIR PERSONAL FITNESS GOALS ON A MONTHLY BASIS, SHARP BEST HEALTH PROVIDES A SYSTEMWI DE UPDATE ON EACH ENTITY'S FITBIT ZIP ACTIVITY LEVELS TO INFORM TEAM MEMBERS OF THEIR PROG RESS, AND ENCOURAGE THEM TO CONTINUE WORKING TOWARD THE AHA RECOMMENDED GOAL OF 10,000 STE PS PER DAY SINCE JANUARY 2015, SHARP'S FITBIT ZIP USERS HAVE ACHIEVED A DAILY AVERAGE OF 8,521 STEPS, EXCEEDING THEIR 8,260 AVERAGE DAILY STEPS IN 2014 IN ADDITION, THE SUCCESS O F SHARP BEST HEALTH'S EMPLOYEE HEALTH SCREENINGS PROMPTED THE DESIGN AND IMPLEMENTATION OF A FREE HEALTH SCREENING PROGRAM FOR THE BROADER SAN DIEGO COMMUNITY (NON-SHARP EMPLOYEES) THROUGH THIS COMMUNITY HEALTH SCREENING PROGRAM, SHARP TEAM MEMBERS HOST SCREENING EVENT S AT COMMUNITY SITES THROUGHOUT SAN DIEGO WHERE INTERESTED COMMUNITY MEMBERS CAN RECEIVE T HE SAME HEALTH SCREENINGS AND FOLLOW-UP RESOURCES PROVIDED THROUGH THE EMPLOYEE HEALTH SCR EENING INITIATIVE. THROUGH THE HEALTH SCREENING PR

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	OGRAMS, SHARP CONNECTS WITH BOTH ITS EMPLOYEES AND COMMUNITY MEMBERS AND ENCOURAGES THEM T O ACHIEVE HEALTHY LIFESTYLES LOOKING FORWARD, SHARP BEST HEALTH REMAINS COMMITTED TO AN E NVIRONMENT THAT PROMOTES HEALTHY AND SUSTAINABLE LIFESTYLE CHOICES FOR SHARP TEAM MEMBERS AND THE SAN DIEGO COMMUNITY SECTION 2 - EXECUTIVE SUMMARY THIS EXECUTIVE SUMMARY PROVIDES AN OVERVIEW OF COMMUNITY BENEFIT PLANNING AT SHARP HEALTHCARE (SHARP), A LISTING OF COMMU NITY NEEDS ADDRESSED IN THIS COMMUNITY BENEFIT REPORT, AND A SUMMARY OF COMMUNITY BENEFIT PROGRAMS AND SERVICES PROVIDED BY SHARP IN FISCAL YEAR (FY) 2015 (OCTOBER 1, 2014, THROUGH SEPTEMBER 30, 2015) IN ADDITION, THE SUMMARY REPORTS THE ECONOMIC VALUE OF COMMUNITY BEN EFIT PROVIDED BY SHARP, ACCORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED IN SENATE BILL (SB) 697, FOR THE FOLLOWING ENTITIES * SHARP CHULA VISTA MEDICAL CENTER * SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER * SHARP GROSSMONT HOSPITAL * SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS * SHARP MEMORIAL HOSPITAL * SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER * SHARP HEALTH PLAN COMMUNITY BENEFIT PLANNING AT SHARP HEALTHCARE SHARP BASES ITS COMMUNITY BENEFIT PLANNING ON ITS TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) COMB INED WITH THE EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL LISTING OF COMMUN ITY NEEDS ADDRESSED IN THE SHARP HEALTHCARE COMMUNITY BENEFIT PLAN AND REPORT, FY 2015 THE FOLLOWING COMMUNITY NEEDS ARE ADDRESSED BY ONE OR MORE SHARP HOSPITALS IN THIS COMMUNITY BENEFIT REPORT * ACCESS TO CARE FOR INDIVIDUALS WITHOUT A MEDICAL PROVIDER AND SUPPORT FO R HIGH-RISK, UNDERSERVED AND UNDERFUNDED PATIENTS * EDUCATION AND SCREENING PROGRAMS ON HE ALTH CONDITIONS, SUCH AS HEART AND VASCULAR DISEASE, STROKE, CANCER, DIABETES, PRETERM DEL IVERY, UNINTENTIONAL INJURIES AND BEHAVIORAL HEALTH * HEALTH EDUCATION, SUPPORT AND SCREEN ING ACTIVITIES FOR SENIORS * WELFARE OF SENIORS AND DISABLED PEOPLE * SPECIAL SUPPORT SERV ICES FOR HOSPICE PATIENTS AND THEIR LOVED ONES, AND FOR THE COMMUNITY * SUPPORT OF COMMUNI TY NONPROFIT HEALTH ORGANIZATIONS * EDUCATION AND TRAINING OF COMMUNITY HEALTH CARE PROFES SIONALS * STUDENT AND INTERN SUPERVISION AND SUPPORT * COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS * CANCER EDUCATION, PATIENT NAVIGATION SERVICES A ND PARTICIPATION IN CLINICAL TRIALS * WOMEN'S AND PRENATAL HEALTH SERVICES AND EDUCATION * MEETING THE NEEDS OF NEW MOTHERS AND THEIR LOVED ONES * MENTAL HEALTH AND SUBSTANCE ABUSE EDUCATION AND SUPPORT FOR THE COMMUNITY HIGHLIGHTS OF COMMUNITY BENEFIT PROVIDED BY SHARP IN FY 2015 THE FOLLOWING ARE EXAMPLES OF COMMUNITY BENEFIT PROGRAMS AND SERVICES PROVIDED BY SHARP HOSPITALS AND ENTITIES IN FY 2015 * 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 SER VICES, CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE U S DEPARTMENT OF VETERANS AFFAIRS (CHA MPVA), AND TRICARE - THE REGIONALLY MANAGED HEALTH CARE PROGRAM FOR ACTIVE-DUTY, NATIONAL GUARD AND RESERVE MEMBERS, RETIREES, THEIR LOVED ONES AND SURVIVORS, AND UNREIMBURSED COST S OF WORKERS' COMPENSATION PROGRAMS THIS ALSO INCLUDED FINANCIAL SUPPORT FOR ON-SITE WORK ERS TO PROCESS MEDI-CAL ELIGIBILITY FORMS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	* OTHER BENEFITS FOR VULNERABLE POPULATIONS INCLUDED VAN TRANSPORTATION FOR PATIENTS TO AN D FROM MEDICAL APPOINTMENTS, FLU VACCINATIONS AND SERVICES FOR SENIORS, FINANCIAL AND OTHE R SUPPORT TO COMMUNITY CLINICS TO ASSIST IN PROVIDING AND IMPROVING ACCESS TO HEALTH SERVI CES, PROJECT HELP, PROJECT CARE, MEALS ON WHEELS, CONTRIBUTION OF TIME TO STAND DOWN FOR H OMELESS VETERANS AND THE SAN DIEGO FOOD BANK (SDFB), FINANCIAL AND OTHER SUPPORT TO THE SH ARP HUMANITARIAN SERVICE PROGRAM, AND OTHER ASSISTANCE FOR VULNERABLE AND HIGH-RISK COMMUN ITY MEMBERS * OTHER BENEFITS FOR THE BROADER COMMUNITY INCLUDED HEALTH EDUCATION AND INFO RMATION, AND PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EVENTS ADDRESSING THE UNIQUE NEED S OF THE COMMUNITY, AS WELL AS PROVIDING FLU VACCINATIONS, HEALTH SCREENINGS AND SUPPORT G ROUPS TO THE COMMUNITY SHARP COLLABORATED WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALT H CARE CAREERS AND MADE ITS FACILITIES AVAILABLE FOR USE BY COMMUNITY GROUPS AT NO CHARGE. ALSO, SHARP EXECUTIVE LEADERSHIP AND STAFF ACTIVELY PARTICIPATED IN NUMEROUS COMMUNITY OR GANIZATIONS, COMMITTEES AND COALITIONS TO IMPROVE THE HEALTH OF THE COMMUNITY SEE APPENDI X A FOR A LISTING OF SHARP'S INVOLVEMENT IN COMMUNITY ORGANIZATIONS IN ADDITION, THE CATE GORY INCLUDED COSTS ASSOCIATED WITH PLANNING AND OPERATING COMMUNITY BENEFIT PROGRAMS, SUC H AS COMMUNITY HEALTH NEEDS ASSESSMENTS AND ADMINISTRATION * HEALTH RESEARCH, EDUCATION A ND TRAINING PROGRAMS INCLUDED EDUCATION AND TRAINING PROGRAMS FOR MEDICAL, NURSING AND OTH ER HEALTH CARE STUDENTS AND PROFESSIONALS, AS WELL AS SUPERVISION AND SUPPORT FOR STUDENTS AND INTERNS, AND TIME DEVOTED TO GENERALIZABLE HEALTH-RELATED RESEARCH PROJECTS THAT WERE MADE AVAILABLE TO THE BROADER HEALTH CARE COMMUNITY ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED IN FY 2015 IN FY 2015, SHARP PROVIDED A TOTAL OF $289,082,293 IN COMMUNITY BENEFI T PROGRAMS AND SERVICES THAT WERE UNREIMBURSED TABLE 1 DISPLAYS A SUMMARY OF UNREIMBURSED COSTS BASED ON THE CATEGORIES SPECIFICALLY IDENTIFIED IN SB 697 TABLE 1 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED SHARP HEALTHCARE OVERALL - FY 2015 SB 697 CATEGORY PRO GRAMS AND SERVICES INCLUDED IN SB 697 CATEGORY ESTIMATED FY 2015 UNREIMBURSED COSTS MEDICA L CARE SERVICES SHORTFALL IN MEDI-CAL $64,584,675 SHORTFALL IN MEDICARE $176,953,974 SHORT FALL IN SAN DIEGO COUNTY INDIGENT MEDICAL SERVICES $6,153,541 SHORTFALL IN CHAMPVA/TRICARE $7,439,083 SHORTFALL IN WORKERS' COMPENSATION $196,523 CHARITY CARE AND BAD DEBT $25,830, 581 OTHER BENEFITS FOR VULNERABLE POPULATIONS PATIENT TRANSPORTATION AND OTHER ASSISTANCE FOR THE NEEDY $2,488,270 OTHER BENEFITS FOR THE BROADER COMMUNITY HEALTH EDUCATION AND INF ORMATION, SUPPORT GROUPS, HEALTH FAIRS, MEETING ROOM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZATIONS AND COST OF FUNDRAISING FOR COMMUNITY EVENTS $2,023,606 HEALTH RESEARCH, ED UCATION AND TRAINING PROGRAMS EDUCATION AND TRAINING PROGRAMS FOR STUDENTS, INTERNS AND HE ALTH CARE PROFESSIONALS $3,412,040 TOTAL $289,082,293 TABLE 2 SHOWS A LISTING OF THESE UNR EIMBURSED COSTS PROVIDED BY EACH SHARP ENTITY AND FIGURE 3 SHOWS THE PERCENTAGE DISTRIBUTI ON BY SHARP ENTITY TABLE 2 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED BY SHARP H EALTHCARE ENTITIES - FY 2015 SHARP HEALTHCARE ENTITY ESTIMATED FY 2015 UNREIMBURSED COSTS SHARP CHULA VISTA MEDICAL CENTER $56,723,662 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER $13,260,482 SHARP GROSSMONT HOSPITAL $86,691,098 SHARP MARY BIRCH HOSPITAL FOR WOMEN & NE WBORNS $3,923,260 SHARP MEMORIAL HOSPITAL $115,623,598 SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER $12,749,089 SHARP HEALTH PLAN $111,104 TOTAL FOR ALL ENTITIES $289,082,29 3 TABLE 3 INCLUDES A SUMMARY OF UNREIMBURSED COSTS FOR EACH SHARP ENTITY BASED ON THE CATE GORIES SPECIFICALLY IDENTIFIED IN SB 697 IN FY 2014, SHARP LED THE COMMUNITY IN UNREIMBUR SED MEDICAL CARE SERVICES AMONG SAN DIEGO COUNTY'S SB 697 HOSPITALS AND HEALTH CARE SYSTEM S TABLE 3 FY 2015 DETAILED ECONOMIC VALUE OF SB BILL 697 CATEGORIES SHARP HEALTHCARE ENT ITY SB 697 CATEGORY MEDICAL CARE SERVICES OTHER BENEFITS FOR VULNERABLE POPULATIONS OTHER BENEFITS FOR THE BROADER COMMUNITY HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS ESTIMA TED FY 2015 UNREIMBURSED COSTS SHARP CHULA VISTA MEDICAL CENTER $55,421,166 $292,952 $258, 397 $751,147 $56,723,662 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER $12,983,515 $28,819 $112,655 $135,493 $13,260,482 SHARP GROSSMONT HOSPITAL $84,104,983 $789,946 $676,825 $1,1 19,344 $86,691,098 SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS $3,493,414 $43,124 $153, 700 $233,022 $3,923,260 SHARP MEMORIAL HOSPITAL $113,420,436 $776,122 $513,155 $913,885 $1 15,623,598 SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER $11,734,863 $538,965 $224,2 79 $250,982 $12,749,089 SHARP HEALTH PLAN $0 $18,342 $84,595 $8,167 $111,104 ALL ENTITIES $281,158,377 $2,488,270 $2,023,606 $3,412,040 $289,082,293 SECTION 3 - COMMUNITY BENEFIT P LANNING PROCESS FOR THE PAST 19 YEARS, SHARP HEALT

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	HCARE HAS BASED ITS COMMUNITY BENEFIT PLANNING ON FINDINGS FROM A TRIENNIAL COMMUNITY HEAL TH NEEDS ASSESSMENT (CHNA) PROCESS AS WELL AS FROM THE COMBINATION OF EXPERTISE IN PROGRAM S AND SERVICES OF EACH SHARP HOSPITAL AND KNOWLEDGE OF THE POPULATIONS AND COMMUNITIES SER VED BY THOSE HOSPITALS METHODOLOGY TO CONDUCT THE 2013 SHARP HEALTHCARE COMMUNITY HEALTH NEEDS ASSESSMENTS SINCE 1995, SHARP HAS PARTICIPATED IN A COUNTYWIDE COLLABORATION THAT IN CLUDES A BROAD RANGE OF HOSPITALS, HEALTH CARE ORGANIZATIONS AND COMMUNITY AGENCIES TO CON DUCT A TRIENNIAL CHNA FINDINGS FROM THE CHNA, THE PROGRAM AND SERVICES EXPERTISE OF EACH SHARP HOSPITAL, AND KNOWLEDGE OF THE POPULATIONS AND COMMUNITIES SERVED BY THOSE HOSPITALS COMBINE TO PROVIDE A FOUNDATION FOR COMMUNITY BENEFIT PLANNING AND PROGRAM IMPLEMENTATION TO ADDRESS THE NEW REQUIREMENTS UNDER SECTION 501(R) WITHIN SECTION 9007 OF THE AFFORDAB LE CARE ACT, AND IRS FORM 990, SCHEDULE H FOR NOT-FOR-PROFIT HOSPITALS, SAN DIEGO COUNTY (SDC) HOSPITALS ENGAGED IN A NEW, COLLABORATIVE CHNA PROCESS THIS PROCESS GATHERED BOTH SA LIENT HOSPITAL DATA AND THE PERSPECTIVES OF HEALTH LEADERS AND RESIDENTS IN ORDER TO IDENT IFY AND PRIORITIZE HEALTH NEEDS FOR COMMUNITY MEMBERS ACROSS THE COUNTY, WITH A PARTICULAR FOCUS ON VULNERABLE POPULATIONS ADDITIONALLY, THE PROCESS AIMED TO HIGHLIGHT HEALTH ISSU ES THAT HOSPITALS COULD IMPACT THROUGH PROGRAMS, SERVICES AND COLLABORATION IN THIS ENDEA VOR, SHARP COLLABORATED 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 S DC HOSPITAL SYSTEMS, INCLUDING KAISER FOUNDATION HOSPITAL, SAN DIEGO, PALOMAR HEALTH, RADY CHILDREN'S HOSPITAL, SCRIPPS HEALTH, TRI-CITY MEDICAL CENTER AND UC SAN DIEGO HEALTH SYST EM THE COMPLETE REPORT OF THIS COLLABORATIVE PROCESS - THE HASD&IC 2013 CHNA - IS AVAILAB LE FOR PUBLIC VIEWING AT HTTP //WWW HASDIC ORG THE RESULTS OF THIS COLLABORATIVE PROCESS SIGNIFICANTLY INFORMED THE 2013 CHNAS FOR EACH SHARP HOSPITAL AND INDIVIDUAL HOSPITAL ASSE SSMENTS WERE FURTHER SUPPORTED BY ADDITIONAL DATA COLLECTION AND ANALYSIS AND COMMUNITY OU TREACH SPECIFIC TO THE PRIMARY COMMUNITIES SERVED BY EACH SHARP HOSPITAL ADDITIONALLY, IN ACCORDANCE WITH FEDERAL REGULATIONS, THE SHARP MEMORIAL HOSPITAL (SMH) 2013 CHNA ALSO INC LUDES NEEDS IDENTIFIED FOR COMMUNITIES SERVED BY SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEW BORNS (SMBHWN), AS THE TWO HOSPITALS SHARE A LICENSE, AND REPORT ALL UTILIZATION AND FINAN CIAL DATA AS A SINGLE ENTITY TO THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (O SHPD) AS SUCH, THE SMH 2013 CHNA SUMMARIZES THE PROCESSES AND FINDINGS FOR COMMUNITIES SE RVED BY BOTH HOSPITAL ENTITIES THE 2013 CHNAS FOR EACH SHARP HOSPITAL HELP INFORM CURRENT AND FUTURE COMMUNITY BENEFIT PROGRAMS AND SERVICES, ESPECIALLY FOR HIGH-NEED COMMUNITY ME MBERS THIS SECTION DESCRIBES THE GENERAL METHODOLOGY EMPLOYED FOR SHARP HEALTHCARE'S 2013 CHNAS DATA COLLECTION AND ANALYSIS AS THE STUDY AREA FOR BOTH THE COLLABORATIVE HASD&IC 2013 CHNA AND THE SHARP 2013 CHNAS COVER SDC, THE HASD&IC 2013 CHNA PROCESS AND FINDINGS S IGNIFICANTLY INFORMED SHARP'S CHNA PROCESS AND, AS SUCH, ARE DESCRIBED AS APPLICABLE THROU GHOUT THE VARIOUS CHNA REPORTS FOR COMPLETE DETAILS ON THE HASD&IC 2013 CHNA PROCESS, PLE ASE VISIT THE HASD&IC WEBSITE AT HTTP //WWW HASDIC ORG OR CONTACT LINDSEY WADE, VICE PRESI DENT, PUBLIC POLICY AT HASD&IC AT LWADE@HASDIC ORG FOR THE 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 THESE HEALTH NEEDS WERE PRIORITIZED BASED ON THE FOLLOWING CRITERIA * HAS A SIGNIFICANT PREVALENCE IN THE COMMUNITY * CONTRIBUTES SIGNIFICANTLY TO THE MORBIDITY AND MORTALITY IN SDC * DISPROPORTIONATELY IMPACTS VULNERABLE COMMUNITIES * REFLECTS A NEE D THAT EXISTS THROUGHOUT SDC * CAN BE AD

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	QUANTITATIVE DATA (SECONDARY SOURCES) FOR BOTH THE HASD&IC 2013 CHNA AND THE INDIVIDUAL SH ARP HOSPITAL CHNAS INCLUDED 2011 CALENDAR YEAR HOSPITAL DISCHARGE DATA AT THE ZIP CODE LEV EL, HEALTH STATISTICS FROM THE SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA), T HE U S CENSUS BUREAU, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND OTHERS THE VARI ABLES ANALYZED ARE INCLUDED IN TABLE 1 BELOW, AND WERE ANALYZED AT THE ZIP CODE LEVEL WHER EVER POSSIBLE TABLE 1 VARIABLES ANALYZED IN THE HASD&IC AND SHARP HEALTHCARE 2013 CHNAS SECONDARY DATA VARIABLES -INPATIENT HOSPITALIZATIONS BY CAUSE -EMERGENCY DEPARTMENT VISITS BY CAUSE -DEMOGRAPHIC DATA (SOCIOECONOMIC INDICATORS) -MORTALITY DATA -REGIONAL DISEASE-S PECIFIC HEALTH DATA (COUNTY HHSA) -SELF-REPORTED HEALTH DATA (CALIFORNIA HEALTH INTERVIEW SURVEY) -SPECIALIZED HEALTH DATA /REPORTS (VARIOUS) RECOGNIZING THAT HEALTH NEEDS DIFFER A CROSS THE REGION AND THAT SOCIOECONOMIC FACTORS IMPACT HEALTH OUTCOMES, BOTH HASD&IC'S 201 3 CHNA AND SHARP'S 2013 CHNA PROCESSES UTILIZED THE DIGNITY HEALTH/TRUVEN COMMUNITY NEED I NDEX (CNI) TO IDENTIFY COMMUNITIES IN SDC WITH THE HIGHEST LEVEL OF HEALTH DISPARITIES AND NEEDS RESIDENTS IN FIVE OF THESE HIGH-NEED NEIGHBORHOODS ACROSS SDC WERE ASKED TO PROVID E INPUT IN A COMMUNITY FORUM SETTING FOR THE HASD&IC 2013 CHNA, IPH CONDUCTED PRIMARY DAT A 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 AN D SOCIAL SERVICE PROVIDERS, ACADEMICS, COMMUNITY-BASED ORGANIZATIONS ASSISTING THE UNDERSE RVED AND OTHER PUBLIC HEALTH EXPERTS OVER THE WINTER AND SPRING OF 2013, FIVE COMMUNITY F ORUMS WERE HELD IN COMMUNITIES OF HIGH NEED ACROSS SDC, REACHING A TOTAL OF 106 COMMUNITY RESIDENTS IN ADDITION, IPH CONDUCTED FIVE KEY INFORMANT INTERVIEWS WITH INDIVIDUALS CHOSE N BY VIRTUE OF THEIR PROFESSIONAL DISCIPLINE AND KNOWLEDGE OF HEALTH ISSUES IN SDC KEY IN FORMANTS INCLUDED COUNTY PUBLIC HEALTH OFFICERS, HEALTH CARE AND SOCIAL SERVICE PROVIDERS AND MEMBERS OF COMMUNITY-BASED ORGANIZATIONS FOLLOWING CONSULTATION WITH THE CHNA PLANNIN G TEAMS AT EACH SHARP HOSPITAL, ADDITIONAL SPECIFIC FEEDBACK FROM ADDITIONAL KEY INFORMANT S 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 BA RRIERS THEY FACE IN MAINTAINING HEALTH AND WELL-BEING FINDINGS THROUGH THE COMBINED ANALY SES OF THE RESULTS FOR ALL OF THE DATA AND INFORMATION GATHERED, THE FOLLOWING CONDITIONS WERE IDENTIFIED AS PRIORITY HEALTH NEEDS FOR THE PRIMARY COMMUNITIES SERVED BY SHARP HOSPI TALS (LISTED IN ALPHABETICAL ORDER) * BEHAVIORAL HEALTH (MENTAL HEALTH) * CANCER * CARDIO VASCULAR DISEASE * DIABETES, TYPE 2 * HIGH-RISK PREGNANCY * OBESITY * ORTHOPEDICS * SENIOR HEALTH AS THE CHNAS WERE HOSPITAL-SPECIFIC, NOT ALL OF SHARP'S HOSPITALS IDENTIFIED ALL O F THE ABOVE PRIORITY HEALTH NEEDS THROUGH THEIR CHNA PROCESS, GIVEN THE SPECIFIC SERVICES THE INDIVIDUAL HOSPITALS PROVIDE TO THE COMMUNITY FOR INSTANCE, SHARP MESA VISTA HOSPITAL , THE LARGEST PROVIDER OF MENTAL HEALTH, CHEMICAL DEPENDENCY AND SUBSTANCE ABUSE TREATMENT IN SDC, IDENTIFIED BEHAVIORAL HEALTH AS A PRIORITY HEALTH NEED FOR THE COMMUNITY MEMBERS IT SERVES, HOWEVER, IT DID NOT IDENTIFY OTHER NEEDS, SUCH AS CANCER, HIGH-RISK PREGNANCY, ETC IN ADDITION, AS PART OF THE COLLABORATIVE CHNA PROCESS, THE IPH CONDUCTED A CONTENT A NALYSIS OF ALL QUALITATIVE FEEDBACK COLLECTED THROUGH THE HASD&IC 2013 CHNA PROCESS - KEY INFORMANTS, ONLINE SURVEY RESPONDENTS AND COMMUNITY MEMBERS - AND FOUND THAT THE INPUT FEL L INTO ONE OF THE FOLLOWING FIVE CATEGORIES * ACCESS TO CARE OR INSURANCE * CARE MANAGEME NT * EDUCATION * SCREENING SERVICES * COLLABORATION SHARP IS COMMITTED TO THE HEALTH AND W ELL-BEING OF THE COMMUNITY, AND THE FINDINGS OF SHARP'S 2013 CHNAS WILL HELP TO INFORM THE ACTIVITIES AND SERVICES PROVIDED BY SHARP TO IMPROVE THE HEALTH OF THE COMMUNITY MEMBERS IT SERVES 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 WHIL E NOT AN EXHAUSTIVE LIST OF THE AVAILABLE RESOURCES IN SAN DIEGO, THIS MAP WILL SERVE AS A RESOURCE FOR SHARP TO HELP CONTINUE, REFINE AND CREATE PROGRAMS THAT MEET THE NEEDS OF TH EIR MOST VULNERABLE COMMUNITY MEMBERS WITH THE CHALLENGING AND UNCERTAIN FUTURE OF HEALTH CARE, THERE ARE MANY FACTORS TO CONSIDER IN THE DEVELOPMENT OF PROGRAMS TO BEST SERVE MEM BERS OF THE SAN DIEGO COMMUNITY THE HEALTH CONDITIONS AND HEALTH ISSUES IDENTIFIED IN THI S CHNA, INCLUDING, BUT NOT LIMITED TO, HEALTH CARE AND INSURANCE ACCESS AND EDUCATION AND INFORMATION FOR ALL COMMUNITY MEMBERS WILL NOT BE RESOLVED WITH A QUICK FIX ON THE CONTRA RY, THESE RESOLUTIONS WILL BE A JOURNEY REQUIRING

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	TIME, PERSISTENCE, COLLABORATION AND INNOVATION IT IS A JOURNEY THAT THE ENTIRE SHARP SYS TEM IS COMMITTED TO MAKING, AND SHARP REMAINS STEADFASTLY DEDICATED TO THE CARE AND IMPROV EMENT OF HEALTH AND WELL-BEING FOR ALL SAN DIEGANS THE 2013 CHNAS FOR EACH SHARP HOSPITAL ARE AVAILABLE ONLINE AT HTTP://WWW SHARP COM/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSES SMENTS OR BY CONTACTING SHARP HEALTHCARE COMMUNITY BENEFIT AT COMMUNITYBENEFITS@SHARP COM DETERMINATION OF PRIORITY COMMUNITY NEEDS SHARP HEALTHCARE SHARP ENTITIES REVIEWED THEIR 2013 CHNAS AND USED THESE ASSESSMENTS TO HELP DETERMINE PRIORITY NEEDS FOR THE COMMUNITIE S SERVED BY THEIR HOSPITALS IN IDENTIFY ING THESE PRIORITIES, SHARP ENTITIES ALSO CONSIDER ED 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 SHARP'S SERVICE AREA AN D REGION STEPS COMPLETED TO PREPARE AN ANNUAL COMMUNITY BENEFIT REPORT ON AN ANNUAL BASIS , EACH SHARP HOSPITAL PERFORMS THE FOLLOWING STEPS IN PREPARATION OF ITS COMMUNITY BENEFIT REPORT * ESTABLISHES AND/OR REVIEWS HOSPITAL-SPECIFIC OBJECTIVES TAKING INTO ACCOUNT RES ULTS 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 COMMUNIT Y NEEDS OR ADDS NEW IDENTIFIED COMMUNITY NEEDS * REPORTS ON ACTIVITIES CONDUCTED IN THE PR IOR FISCAL YEAR - FY 2015 REPORT OF ACTIVITIES * DEVELOPS A PLAN FOR THE UPCOMING FISCAL Y EAR, INCLUDING SPECIFIC STEPS TO BE UNDERTAKEN - FY 2016 PLAN * REPORTS AND CATEGORIZES TH E ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED IN FY 2015, ACCORDING TO THE FRAMEWORK SPEC IFICALLY IDENTIFIED IN SB 697 * REVIEWS AND APPROVES A COMMUNITY BENEFIT PLAN * DISTRIBUTE S THE COMMUNITY BENEFIT PLAN AND REPORT TO MEMBERS OF THE SHARP BOARD OF DIRECTORS AND EAC H OF THE SHARP HOSPITAL BOARDS OF DIRECTORS, HIGHLIGHTING ACTIVITIES PROVIDED IN THE PRIOR FISCAL YEAR AS WELL AS SPECIFIC ACTION STEPS TO BE UNDERTAKEN IN THE UPCOMING FISCAL YEAR ONGOING COMMITMENT TO COLLABORATION IN SUPPORT OF ITS ONGOING COMMITMENT TO WORKING WITH OTHERS ON ADDRESSING COMMUNITY HEALTH PRIORITIES TO IMPROVE THE HEALTH STATUS OF SDC RESID ENTS, SHARP EXECUTIVE LEADERSHIP, OPERATIONAL EXPERTS AND OTHER STAFF ARE ACTIVELY ENGAGED IN THE NATIONAL AMERICAN HOSPITAL ASSOCIATION, STATEWIDE CALIFORNIA HOSPITAL ASSOCIATION, HASD&IC, AND OTHER LOCAL COLLABORATIVES, SUCH AS SAN DIEGANS FOR HEALTHCARE COVERAGE, THE SAN DIEGO FOOD SYSTEM ALLIANCE, HUNGER ADVOCACY NETWORK, 2-1-1 SAN DIEGO AND THE COMMUNIT Y HEALTH IMPROVEMENT PARTNERS BEHAVIORAL HEALTH WORK TEAM SECTION 4 - SHARP GROSSMONT HOS PITAL FY 2015 COMMUNITY BENEFIT PROGRAM HIGHLIGHTS SHARP GROSSMONT HOSPITAL (SGH) PROVIDED $86,691,098 IN COMMUNITY BENEFIT IN FY 2015 SEE TABLE 1 FOR A SUMMARY OF UNREIMBURSED CO STS BASED ON THE CATEGORIES IDENTIFIED IN SENATE BILL (SB 697) TABLE 1 ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED SHARP GROSSMONT HOSPITAL - FY 2015 SB 697 CATEGORY PROGRAMS AN D SERVICES INCLUDED IN SB 697 CATEGORY ESTIMATED FY 2015 UNREIMBURSED COSTS MEDICAL CARE S ERVICES SHORTFALL IN MEDI-CAL, FINANCIAL SUPPORT FOR ON-SITE WORKERS TO PROCESS MEDI-CAL E LIGIBILITY FORMS $30,177,479 SHORTFALL IN MEDICARE $43,995,016 SHORTFALL IN CHAMPVA/TRICAR E $1,554,177 CHARITY CARE AND BAD DEBT $8,378,311 OTHER BENEFITS FOR VULNERABLE POPULATION S PATIENT TRANSPORTATION, PROJECT HELP AND OTHER ASSISTANCE FOR THE NEEDY $789,946

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	OTHER BENEFITS FOR THE BROADER COMMUNITY HEALTH EDUCATION AND INFORMATION, HEALTH SCREENIN GS, HEALTH FAIRS, FLU VACCINATIONS, SUPPORT GROUPS, MEETING ROOM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZATIONS AND COST OF FUNDRAISING FOR COMMUNITY EVENTS $676,825 HEALTH RE SEARCH, EDUCATION AND TRAINING PROGRAMS EDUCATION AND TRAINING PROGRAMS FOR STUDENTS, INTE RNS AND HEALTH CARE PROFESSIONALS $1,119,344 TOTAL $86,691,098 SHARP GROSSMONT HOSPITAL - FY 2015 KEY HIGHLIGHTS * UNREIMBURSED MEDICAL CARE SERVICES INCLUDED UNCOMPENSATED CARE F OR PATIENTS WHO WERE UNABLE TO PAY FOR SERVICES, THE UNREIMBURSED COSTS OF PUBLIC PROGRAMS SUCH AS MEDI-CAL, MEDICARE AND CHAMPVA/TRICARE, AND FINANCIAL SUPPORT FOR ON-SITE WORKERS TO PROCESS MEDI-CAL ELIGIBILITY FORMS * OTHER BENEFITS FOR VULNERABLE POPULATIONS INCLUD ED VAN TRANSPORTATION FOR PATIENTS TO AND FROM MEDICAL APPOINTMENTS, COMPREHENSIVE PRENATA L CLINICAL AND SOCIAL SERVICES TO LOW-INCOME, LOW-LITERACY WOMEN WITH MEDI-CAL BENEFITS, F INANCIAL AND OTHER SUPPORT TO NEIGHBORHOOD HEALTHCARE, PROJECT HELP, PROJECT CARE, FLU VAC CINATION CLINICS FOR HIGH-RISK ADULTS, INCLUDING SENIORS, CONTRIBUTION OF TIME TO STAND DO WN FOR HOMELESS VETERANS AND THE SAN DIEGO FOOD BANK (SDFB), THE SHARP HUMANITARIAN SERVIC E PROGRAM, SUPPORT FOR MEALS-ON-WHEELS GREATER SAN DIEGO, THE PROVISION OF DURABLE MEDICAL EQUIPMENT (DME), SUPPORT SERVICES FOR DISCHARGED HOMELESS PATIENTS IN PARTNERSHIP WITH SA N DIEGO RESCUE MISSION (SDRM), THE CARE TRANSITIONS INTERVENTION (CTI) PROGRAM, AND OTHER ASSISTANCE FOR VULNERABLE AND HIGH-RISK COMMUNITY MEMBERS * OTHER BENEFITS FOR THE BROADE R COMMUNITY INCLUDED HEALTH EDUCATION AND INFORMATION ON A VARIETY OF TOPICS, SUPPORT GROU PS, PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EVENTS, HEALTH SCREENINGS FOR STROKE, BLOO D PRESSURE, DIABETES, FALL PREVENTION, HAND, LUNG FUNCTION AND CAROTID ARTERY DISEASE, COM MUNITY EDUCATION AND RESOURCES PROVIDED BY THE SGH CANCER PATIENT NAVIGATOR PROGRAM, AND S PECIALIZED EDUCATION AND FLU VACCINATIONS OFFERED THROUGH THE SGH SENIOR RESOURCE CENTER SGH ALSO COLLABORATED WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS AND DO NATED MEETING ROOM SPACE TO COMMUNITY GROUPS SGH STAFF ACTIVELY PARTICIPATED IN COMMUNITY BOARDS, COMMITTEES, AND CIVIC ORGANIZATIONS, INCLUDING ASSOCIATION OF CALIFORNIA NURSE LE ADERS (ACNL), EAST COUNTY CHAMBER OF COMMERCE HEALTH COMMITTEE, NEIGHBORHOOD HEALTHCARE CO MMUNITY CLINICS, SANTEE CHAMBER OF COMMERCE, MEALS-ON-WHEELS GREATER SAN DIEGO EAST COUNTY ADVISORY BOARD, SAN DIEGO COUNTY SOCIAL SERVICES ADVISORY BOARD, YMCA, CAREGIVER COALITIO N OF SAN DIEGO (THE CAREGIVER EDUCATION COMMITTEE) AND EAST COUNTY SENIOR SERVICE PROVIDER S (ECSSP) SEE APPENDIX A FOR A LISTING OF SHARP'S INVOLVEMENT IN COMMUNITY ORGANIZATIONS IN FY 2015 IN ADDITION, THE CATEGORY ALSO INCLUDED COSTS ASSOCIATED WITH PLANNING AND OPE RATING COMMUNITY BENEFIT PROGRAMS, SUCH AS COMMUNITY HEALTH NEEDS ASSESSMENTS AND ADMINIST RATION * HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS INCLUDED TIME DEVOTED TO EDUCAT ION AND TRAINING FOR HEALTH CARE PROFESSIONALS, STUDENT AND INTERN SUPERVISION AND TIME DE VOTED TO GENERALIZABLE, HEALTH-RELATED RESEARCH PROJECTS THAT WERE MADE AVAILABLE TO THE B ROADER HEALTH CARE COMMUNITY DEFINITION OF COMMUNITY SGH IS LOCATED AT 5555 GROSSMONT CEN TER DRIVE IN LA MESA, ZIP CODE 91942 THE COMMUNITY SERVED BY SGH INCLUDES THE ENTIRE EAST REGION OF SAN DIEGO COUNTY (SDC), INCLUDING THE SUB-REGIONAL AREAS OF JAMUL, SPRING VALLE Y, LEMON GROVE, LA MESA, EL CAJON, SANTEE, LAKESIDE, HARBISON CANYON, CREST, ALPINE, LAGUN A-PINE VALLEY AND MOUNTAIN EMPIRE. APPROXIMATELY FIVE PERCENT OF THE POPULATION LIVES IN R EMOTE OR RURAL AREAS OF THIS REGION FOR SGH'S 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CHN A) PROCESS, THE DIGNITY HEALTH/TRUVEN HEALTH COMMUNITY NEED INDEX (CNI) WAS UTILIZED TO ID ENTIFY VULNERABLE COMMUNITIES WITHIN THE COUNTY THE CNI IDENTIFIES THE SEVERITY OF HEALTH DISPARITY FOR EVERY ZIP CODE IN THE UNITED STATES BASED ON SPECIFIC BARRIERS TO HEALTH CA RE ACCESS INCLUDING EDUCATION, INCOME, CULTURE/LANGUAGE, INSURANCE AND HOUSING AS SUCH, T HE CNI DEMONSTRATES THE LINK BETWEEN COMMUNITY NEED, ACCESS TO CARE AND PREVENTABLE HOSPIT ALIZATIONS ACCORDING TO THE CNI, COMMUNITIES SERVED BY SGH WITH ESPECIALLY HIGH NEED INCL UDE, BUT ARE NOT LIMITED TO, LEMON GROVE, SPRING VALLEY AND EL CAJON DESCRIPTION OF COMMU NITY HEALTH IN SDC'S EAST REGION IN 2014, 99 2 PERCENT OF CHILDREN AGES 0 TO 11 AND 91 1 P ERCENT OF ADULTS AGES 18 TO 64 HAD HEALTH INSURANCE - FAILING TO MEET THE HEALTHY PEOPLE 2 020 (HP 2020) NATIONAL TARGETS FOR HEALTH INSURANCE COVERAGE. HOWEVER, 100 PERCENT OF CHIL DREN AGES 12 TO 17 HAD HEALTH INSURANCE AND 100 PERCENT OF CHILDREN AGES 0 TO 17 REPORTED HAVING A REGULAR SOURCE OF MEDICAL CARE, MEETING MULTIPLE HP 2020 TARGETS SEE TABLE 2 FOR A SUMMARY OF KEY INDICATORS OF ACCESS TO CARE, AND TABLE 3 FOR DATA REGARDING ELIGIBILITY FOR MEDI-CAL IN THE EAST REGION IN 2014, 10 6 PE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	RCENT OF ADULTS AGES 18 TO 64 DID NOT HAVE A USUAL SOURCE OF CARE AND 9 8 PERCENT OF THESE ADULTS HAD HEALTH INSURANCE IN ADDITION, 13 4 PERCENT REPORTED FAIR OR POOR HEALTH OUTCO MES FURTHER, 64 0 PERCENT LIVING AT 200 PERCENT BELOW THE FEDERAL POVERTY LEVEL (FPL) REP ORTED AS FOOD INSECURE TABLE 2 HEALTH CARE ACCESS IN SDC'S EAST REGION, 2014 DESCRIPTION RATE YEAR 2020 TARGET CURRENT HEALTH INSURANCE COVERAGE CHILDREN 0 TO 11 YEARS 99 2% 100% CHILDREN 12 TO 17 YEARS 100% 100% ADULTS 18 TO 64 YEARS 91 1% 100% REGULAR SOURCE OF MEDI CAL CARE CHILDREN 0 TO 11 YEARS 100% 100% CHILDREN 12 TO 17 YEARS 100% 100% ADULTS 18 TO 6 4 YEARS 89 4% 89 4% NOT CURRENTLY INSURED ADULTS 18 TO 64 YEARS 8 9% SOURCE 2013-2014 CAL IFORNIA HEALTH INTERVIEW SURVEY (CHIS) TABLE 3 MEDI-CAL (MEDICAID) ELIGIBILITY AMONG UNIN SURED IN SDC'S EAST REGION (ADULTS AGES 18 TO 64 YEARS), 2014 DESCRIPTION RATE MEDI-CAL EL IGIBLE 35 1% NOT ELIGIBLE 64 9% SOURCE 2013-2014 CHIS IN 2012, CANCER AND HEART DISEASE W ERE THE TOP TWO LEADING CAUSES OF DEATH IN SDC'S EAST REGION SEE TABLE 4 FOR A SUMMARY OF LEADING CAUSES OF DEATH IN THE EAST REGION FOR ADDITIONAL DEMOGRAPHIC AND HEALTH DATA FO R COMMUNITIES SERVED BY SGH, PLEASE REFER TO THE SGH 2013 CHNA AT HTTP //WWW SHARP COM/ABO UT/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS TABLE 4 LEADING CAUSES OF DEATH IN SDC'S EAST REGION, 2012 CAUSE OF DEATH NUMBER OF DEATHS PERCENT OF TOTAL DEATHS MALIGNANT NEOPLA SMS 885 24 0% DISEASES OF HEART 868 23 6% CHRONIC LOWER RESPIRATORY DISEASES 225 6 1% ACCI DENTS (UNINTENTIONAL INJURIES) 208 5 6% ALZHEIMER'S DISEASE 187 5 1% CEREBROVASCULAR DISEA SES 180 4 9% DIABETES MELLITUS 126 3 4% ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL DISEASE 67 1 8% INTENTIONAL SELF-HARM (SUICIDE) 61 1 7% CHRONIC LIVER DISEASE AND CI RRHOSIS 57 1 5% ALL OTHER CAUSES 820 22 3% TOTAL DEATHS 3,684 100 0% SOURCE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA), PUBLIC HEALTH SERVICES, EPIDEMIOLOGY & IMM UNIZATION SERVICES BRANCH COMMUNITY BENEFIT PLANNING PROCESS IN ADDITION TO THE STEPS OUTL INED IN SECTION 3 REGARDING COMMUNITY BENEFIT PLANNING, SGH * INCORPORATES COMMUNITY PRIO RITIES AND COMMUNITY INPUT INTO ITS STRATEGIC PLAN AND DEVELOPS SERVICE LINE-SPECIFIC GOAL S * ESTIMATES AN ANNUAL BUDGET FOR COMMUNITY PROGRAMS AND SERVICES BASED ON COMMUNITY NEED S, PREVIOUS YEARS' EXPERIENCE AND CURRENT FUNDING LEVELS * PREPARES AND DISTRIBUTES A MONT HLY REPORT OF COMMUNITY ACTIVITIES TO ITS BOARD OF DIRECTORS, DESCRIBING COMMUNITY BENEFIT PROGRAMS PROVIDED, SUCH AS EDUCATION, SCREENINGS AND FLU VACCINATIONS * PREPARES AND DIST RIBUTES INFORMATION ON COMMUNITY BENEFIT PROGRAMS AND SERVICES THROUGH ITS FOUNDATION AND COMMUNITY NEWSLETTERS * CONSULTS WITH REPRESENTATIVES FROM A VARIETY OF DEPARTMENTS TO DIS CUSS, PLAN AND IMPLEMENT COMMUNITY ACTIVITIES PRIORITY COMMUNITY NEEDS ADDRESSED IN COMMUN ITY BENEFIT REPORT - SGH 2013 CHNA THROUGH THE SGH 2013 CHNA, THE FOLLOWING PRIORITY HEALT H NEEDS WERE IDENTIFIED FOR THE COMMUNITIES SERVED BY SGH (IN ALPHABETICAL ORDER) * BEHAV IORAL HEALTH (MENTAL HEALTH) * CARDIOVASCULAR DISEASE * DIABETES, TYPE 2 * OBESITY * SENIO R HEALTH IN ALIGNMENT WITH THESE IDENTIFIED NEEDS, THE FOLLOWING PAGES DETAIL PROGRAMS THA T SPECIFICALLY ADDRESS CARDIOVASCULAR DISEASE, DIABETES AND SENIOR HEALTH SGH PROVIDES BE HAVIORAL HEALTH SERVICES TO SDC'S EAST REGION THROUGH CLINICAL PROGRAMS FOR ADULTS AND OLD ER ADULTS, INCLUDING INDIVIDUALS LIVING WITH PSYCHOSIS, DEPRESSION, GRIEF, ANXIETY, TRAUMA TIC STRESS AND OTHER DISORDERS SGH ALSO PROVIDES A DEDICATED PSYCHIATRIC ASSESSMENT TEAM IN THE EMERGENCY DEPARTMENT (ED) AND ACUTE CARE AS WELL AS HOSPITAL-BASED OUTPATIENT PROGR AMS THAT SERVE INDIVIDUALS DEALING WITH A VARIETY OF BEHAVIORAL HEALTH ISSUES

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	BEYOND THESE CLINICAL SERVICES, SGH LACKS THE RESOURCES TO COMPREHENSIVELY MEET THE NEED F OR COMMUNITY EDUCATION AND SUPPORT IN BEHAVIORAL HEALTH CONSEQUENTLY, THE COMMUNITY EDUCA TION 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 SG H THERE ARE ALSO PROGRAMS THAT ADDRESS A HEALTHY LIFESTYLE AS PART OF CARE FOR HEART DISE ASE, DIABETES AND OTHER HEALTH ISSUES INFLUENCED BY HEALTHY WEIGHT AND EXERCISE IN ADDITI ON, SHARP REES-STEALY CLINICS THROUGHOUT SDC PROVIDE STRUCTURED WEIGHT MANAGEMENT AND HEAL TH EDUCATION PROGRAMS TO COMMUNITY MEMBERS, SUCH AS SMOKING CESSATION AND STRESS MANAGEMEN T, LONG-TERM SUPPORT FOR WEIGHT MANAGEMENT AND FAT LOSS, AND PERSONALIZED WEIGHT-LOSS PROG RAMS THROUGH FURTHER ANALYSIS OF SGH'S COMMUNITY PROGRAMS AND IN CONSULTATION WITH SGH'S COMMUNITY RELATIONS TEAM, THIS SECTION ALSO ADDRESSES THE FOLLOWING PRIORITY HEALTH NEEDS FOR COMMUNITY MEMBERS SERVED BY SGH * 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 * SUPPOR T DURING THE TRANSITION OF CARE PROCESS FOR HIGH-RISK, UNDERSERVED AND UNDERFUNDED PATIENT S * COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS FOR EACH P RIORITY COMMUNITY NEED IDENTIFIED ABOVE, SUBSEQUENT PAGES INCLUDE A SUMMARY OF THE RATIONA LE AND IMPORTANCE OF THE NEED, OBJECTIVE(S), FY 2015 REPORT OF ACTIVITIES CONDUCTED IN SUP PORT OF THE OBJECTIVE(S), AND FY 2016 PLAN OF ACTIVITIES IDENTIFIED COMMUNITY NEED STROK E EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEAL TH NEEDS ASSESSMENT OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE IN DICATED RATIONALE * THE SGH 2013 CHNA IDENTIFIED CARDIOVASCULAR DISEASE (INCLUDING CEREBR OVASCULAR DISEASE/STROKE) AS ONE OF FIVE PRIORITY HEALTH ISSUES AFFECTING MEMBERS OF THE C OMMUNITIES SERVED BY SGH * THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (H ASD&IC) 2013 CHNA IDENTIFIED CARDIOVASCULAR DISEASE (INCLUDING CEREBROVASCULAR DISEASE/STR OKE) AS ONE OF THE TOP FOUR PRIORITY HEALTH ISSUES FOR COMMUNITY MEMBERS IN SDC * FEEDBAC K FROM KEY INFORMANT INTERVIEWS CONDUCTED DURING THE HASD&IC 2013 CHNA PROCESS ALIGNED ACC ESS TO CARE AND INSURANCE COVERAGE CLOSELY WITH CARE FOR CARDIOVASCULAR DISEASE * IN 2012 , HEART DISEASE WAS THE SECOND LEADING CAUSE OF DEATH FOR THE EAST REGION OF SDC CEREBROV ASCULAR DISEASE WAS THE FOURTH LEADING CAUSE OF DEATH FOR THE EAST REGION * IN 2013, THER E WERE 201 DEATHS DUE TO CEREBROVASCULAR DISEASES (STROKE) IN SDC'S EAST REGION THE EAST REGIONS' AGE-ADJUSTED RATE DUE TO CEREBROVASCULAR DISEASE WAS 37 3 PER 100,000 POPULATION THIS AGE-ADJUSTED DEATH RATE WAS THE HIGHEST IN ALL OF SDC AND HIGHER THAN THE OVERALL SD C AGE-ADJUSTED DEATH RATE DUE TO CEREBROVASCULAR DISEASE OF 35 3 PER 100,000 POPULATION * IN 2013, THERE WERE 1,312 HOSPITALIZATIONS DUE TO STROKE IN SDC'S EAST REGION THE AGE-AD JUSTED RATE OF HOSPITALIZATIONS IN THE EAST REGION WAS 250 3 PER 100,000 POPULATION, WHICH IS HIGHER THAN THE 2013 SDC OVERALL AGE-ADJUSTED RATE OF 203 9 PER 100,000 POPULATION TH E STROKE AGE-ADJUSTED HOSPITALIZATION RATE IN THE EAST REGION WAS THE HIGHEST IN COMPARISO N TO ALL SDC REGIONS * IN 2013, THERE WERE 256 STROKE-RELATED ED VISITS IN SDC'S EAST REG ION THE AGE-ADJUSTED RATE OF VISITS WAS 48 4 PER 100,000 POPULATION * ACCORDING TO THE 3 -4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, IF NO CHANGES ARE MADE IN RISK BEH AVIOR, BASED ON CURRENT DISEASE RATES, IT IS PROJECTED THAT BY THE YEAR 2020 THE TOTAL NUM BER OF DEATHS FROM HEART DISEASE AND STROKE WILL BOTH INCREASE BY 38 PERCENT * ACCORDING TO THE 2012 SAN DIEGO COUNTY HHSA'S REPORT TITLED CRITICAL PATHWAYS THE DISEASE CONTINUUM , THE MOST COMMON RISK FACTORS ASSOCIATED WITH STROKE INCLUDE PHY SICAL INACTIVITY, TOBACCO USE, ALCOHOL OR DRUG USE, POOR NUTRITION, POOR MEDICAL CARE, STRESS, DEPRESSION, HIGH CHO LESTEROL AND DIABETES * ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) , STROKE IS THE FOURTH LEADING CAUSE OF DEATH IN THE U S AND A MAJOR CAUSE OF ADULT DISAB ILITY ABOUT 800,000 PEOPLE IN THE U S HAVE A STROKE EACH YEAR SOME STROKE RISK FACTORS CANNOT BE CONTROLLED, SUCH AS HEREDITY, AGE, GENDER, AND ETHNICITY OTHERS CAN BE CONTROLL ED, SUCH AS AVOIDING SMOKING AND DRINKING TOO MUCH ALCOHOL, EATING A BALANCED DIET, AND EX ERCISING (CDC, 2014) OBJECTIVE * PROVIDE STROKE EDUCATION, SUPPORT AND SCREENING SERVICES FOR THE EAST REGION OF SDC FY 2015 REPORT OF ACTIVITIES NOTE SGH IS RECOGNIZED WITH ADVA NCED CERTIFICATION BY THE JOINT COMMISSION AS A PR

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	IMARY STROKE CENTER AND WAS RE-CERTIFIED IN JUNE 2014 THE PROGRAM IS NATIONALLY RECOGNIZE D FOR ITS OUTREACH, EDUCATION AND THOROUGH SCREENING PROCEDURES, AS WELL AS DOCUMENTATION OF ITS SUCCESS RATE SGH IS A RECIPIENT OF THE AMERICAN HEART ASSOCIATION (AHA)/AMERICAN S TROKE ASSOCIATION'S (ASA) GET WITH THE GUIDELINES (GWTG)-STROKE GOLD-PLUS QUALITY ACHIEVEM ENT AWARD AS WELL AS THE TARGET STROKE HONOR ROLL ELITE DESIGNATION THE AHA/ASA'S GWTG I S A NATIONAL EFFORT FOCUSED ON ENSURING THAT EVIDENCE-BASED THERAPIES ARE USED WITH STROKE PATIENTS THE AHA/ASA'S TARGET STROKE HONOR ROLL DESIGNATION FOCUSES ON IMPROVING THE TI MELINESS OF INTRAVENOUS TISSUE PLASMINOGEN ACTIVATOR (IV T-PA) ADMINISTRATION TO ELIGIBLE PATIENTS IN FY 2015, THE SGH STROKE CENTER CONDUCTED 12 EDUCATION AND SCREENING EVENTS IN SDC'S EAST REGION, PROVIDING MORE THAN 900 COMMUNITY MEMBERS WITH INFORMATION ABOUT STROK E RISK FACTORS, WARNING SIGNS AND APPROPRIATE INTERVENTIONS, INCLUDING ARRIVAL AT THE HOSP ITAL WITHIN EARLY ONSET OF SYMPTOMS EVENTS WERE HELD AT VARIOUS COMMUNITY SITES, INCLUDIN G BUT NOT LIMITED TO ST MICHAEL'S PARISH, LAKESIDE FIRE STATION, LA MESA FIRE STATION, C OLLEGE AVENUE BAPTIST CHURCH, FIRST BAPTIST CHURCH OF LEMON GROVE, WATERFORD TERRACE RETIR EMENT COMMUNITY, THE DR WILLIAM C HERRICK COMMUNITY HEALTH CARE LIBRARY, THE SPRING INT O HEALTHY LIVING EVENT AT CAMERON FAMILY YMCA, THE HEART HEALTH EXPO AT SGH, SAN DIEGO STA TE UNIVERSITY (SDSU), AND THE JEWISH FAMILY SERVICE OF SAN DIEGO'S HEALTH AND WELLNESS FAI R AT COLLEGE AVENUE CENTER SGH PROVIDED EDUCATION AND ADVISED BEHAVIOR MODIFICATION - INC LUDING SMOKING CESSATION, WEIGHT LOSS AND STRESS REDUCTION - UPON THE IDENTIFICATION OF HE ALTH RISK FACTORS DURING THE STROKE SCREENINGS IN APRIL, SHARP'S SYSTEMWIDE STROKE PROGRA M PARTICIPATED IN STRIKE OUT STROKE NIGHT AT THE PADRES, HELD AT PETCO PARK THIS ANNUAL E VENT IS ORGANIZED BY THE SAN DIEGO COUNTY STROKE CONSORTIUM, SAN DIEGO COUNTY HHSA, THE SA N DIEGO PADRES AND OTHER KEY PARTNERS TO PROMOTE STROKE AWARENESS AND CELEBRATE STROKE SUR VIVORS DURING THE BASEBALL GAME, SHARP OFFERED EDUCATION ABOUT THE WARNING SIGNS OF STROK E AND HOW TO RESPOND F A S T (FACE, ARMS, SPEECH, TIME) FREE GIVEAWAYS WERE PROVIDED THR OUGHOUT THE EVENING, WHILE STROKE EDUCATION WAS DISPLAYED ON THE JUMBOTRON TO THE ENTIRE S TADIUM OF MORE THAN 44,400 COMMUNITY MEMBERS IN MARCH, SHARP PROVIDED RISK EDUCATION AND STROKE SCREENINGS WITH PULSE CHECKS TO MORE THAN 80 ATTENDEES AT THE SHARP WOMEN'S HEALTH CONFERENCE HELD AT THE SHERATON SAN DIEGO HOTEL AND MARINA TOPICS INCLUDED DIFFERENT TYPE S OF STROKES, HOW TO IDENTIFY RISK FACTORS FOR STROKE, STRATEGIES FOR RISK REDUCTION AND S TROKE RECOGNITION IN FY 2015, SGH'S STROKE CENTER PROVIDED A LECTURE IN BOTH ENGLISH AND SPANISH ON STROKE RECOGNITION AND PREVENTION TO NEARLY 40 COMMUNITY MEMBERS AT THE CENTER FOR THE BLIND AND VISUALLY IMPAIRED IN MAY, A NEUROLOGIST PRESENTED TO NEARLY 40 COMMUNIT Y MEMBERS AT A MEET THE PHYSICIAN LECTURE TITLED STROKE IS A BRAIN ATTACK, ORGANIZED THROU GH THE SGH SENIOR RESOURCE CENTER EDUCATION INCLUDED EMERGENCY TREATMENT FOR STROKE, PREV ENTION AND WARNING SIGNS, AND F A S T TO HELP COMMUNITY MEMBERS RECOGNIZE THE SUDDEN SIGN S OF STROKE AND ACT ACCORDINGLY DURING THE EVENT, SGH'S STROKE CENTER COLLABORATED WITH G ROSSMONT COLLEGE CARDIOVASCULAR STUDENTS AND INSTRUCTORS TO CONDUCT A CAROTID SCREENING FO R MORE THAN 20 ATTENDEES

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	IN FY 2015, THE SGH OUTPATIENT REHABILITATION DEPARTMENT OFFERED A WEEKLY SUPPORT GROUP FO R STROKE SURVIVORS AND THEIR FAMILY MEMBERS THAT FOCUSED ON BRAIN INJURY SURVIVORS WITH AP HASIA OR OTHER SPEECH OR LANGUAGE DIFFICULTIES SGH ALSO ACTIVELY PARTICIPATED IN THE QUAR TERLY SAN DIEGO COUNTY STROKE CONSORTIUM, A COLLABORATIVE EFFORT TO IMPROVE STROKE CARE AN D DISCUSS ISSUES IMPACTING STROKE CARE IN SDC ADDITIONALLY, SGH COLLABORATED WITH THE COU NTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES (EMS) TO PROVIDE DATA FOR THE SDC STROKE REGIS TRY IN APRIL, THE SGH STROKE CENTER AND A PHYSICIAN PROVIDED STROKE EDUCATION AND RESOURC ES TO APPROXIMATELY 40 COMMUNITY MEMBERS AND ALLIED HEALTH PROFESSIONALS AT THE FIRST ANNU AL SAN DIEGO STROKE AWARENESS & INFORMATION DAY AT SDSU THE EVENT PROVIDED AN OVERVIEW OF THE MANY ASPECTS OF STROKE INCLUDING ETIOLOGY, EPIDEMIOLOGY, PREVENTION, ACUTE STROKE CAR E, ADAPTIVE RECREATIONAL THERAPY, THE USE OF ADAPTIVE TECHNOLOGY FOR LANGUAGE REHABILITATI ON AND MORE INFORMATION ABOUT COMMUNITY SUPPORT AFTER STROKE FY 2016 PLAN SGH STROKE CENT ER WILL DO THE FOLLOWING * PARTICIPATE IN STROKE SCREENING AND EDUCATION EVENTS IN THE EA ST REGION OF SDC * PROVIDE EDUCATION FOR INDIVIDUALS WITH IDENTIFIED STROKE RISK FACTORS * OFFER A STROKE SUPPORT GROUP IN CONJUNCTION WITH THE HOSPITAL'S OUTPATIENT REHABILITATION DEPARTMENT * PARTICIPATE WITH OTHER SDC HOSPITALS IN THE SAN DIEGO COUNTY STROKE CONSORTI UM * CONTINUE TO PROVIDE DATA TO THE SDC STROKE REGISTRY * CONTINUE TO COLLABORATE WITH TH E STATE OF CALIFORNIA TO DEVELOP A STROKE REGISTRY * PROVIDE AT LEAST ONE PHYSICIAN SPEAKI NG EVENT AROUND STROKE CARE AND PREVENTION * PROVIDE STROKE EDUCATION AND SCREENINGS AT TH E SHARP WOMEN'S HEALTH CONFERENCE IDENTIFIED COMMUNITY NEED HEART AND VASCULAR DISEASE ED UCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH N EEDS ASSESSMENT OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICA TED RATIONALE * THE SGH 2013 CHNA IDENTIFIED CARDIOVASCULAR DISEASE AS ONE OF FIVE PRIORI TY HEALTH ISSUES AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SGH * THE HASD&IC 2013 CH NA IDENTIFIED CARDIOVASCULAR DISEASE AS ONE OF THE TOP FOUR PRIORITY HEALTH ISSUES FOR COM MUNITY MEMBERS IN SDC * IN GENERAL, DATA PRESENTED IN THE HASD&IC 2013 CHNA REVEALED A HI GHER RATE OF HOSPITAL DISCHARGES DUE TO CARDIOVASCULAR DISEASE IN MORE VULNERABLE COMMUNIT IES WITHIN SDC'S EAST REGION * FEEDBACK FROM KEY INFORMANT INTERVIEWS CONDUCTED DURING TH E HASD&IC 2013 CHNA PROCESS ALIGNED ACCESS TO CARE AND INSURANCE COVERAGE CLOSELY WITH CAR E FOR CARDIOVASCULAR DISEASE * ACCORDING TO THE SGH 2013 CHNA, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CARDIOVASCULAR DISEASE AND STROKE ABOUT HALF OF ALL AMERICANS (49 PERCENT) HAVE AT LEAST ONE OF THESE THREE RISK FA CTORS ADDITIONAL RISK FACTORS INCLUDE ALCOHOL USE, OBESITY, DIABETES AND GENETIC FACTORS * IN 2012, HEART DISEASE WAS THE SECOND LEADING CAUSE OF DEATH FOR THE EAST REGION OF SDC CEREBROVASCULAR DISEASE WAS THE SIXTH LEADING CAUSE OF DEATH FOR THE EAST REGION * IN 2 013, THERE WERE 626 DEATHS DUE TO CORONARY HEART DISEASE IN SDC'S EAST REGION THE REGION' S AGE-ADJUSTED DEATH RATE DUE TO HEART DISEASE WAS 132 7 PER 100,000 POPULATION THIS WAS THE HIGHEST OF ALL SDC REGIONS AND WELL ABOVE THE SDC OVERALL AGE-ADJUSTED DEATH RATE OF 1 07 9 DEATHS PER 100,000 POPULATION AND THE HP 2020 TARGET OF 108 2 DEATHS PER 100,000 POPU LATION * IN 2013, THERE WERE 1,180 HOSPITALIZATIONS DUE TO CORONARY HEART DISEASE IN SDC' S EAST REGION THE RATE OF HOSPITALIZATIONS FOR HEART DISEASE WAS 250 2 PER 100,000 POPULA TION THE HOSPITALIZATION RATE IN THE REGION WAS THE HIGHEST IN SDC OVERALL AND WELL ABOVE THE SDC OVERALL AGE-ADJUSTED RATE OF 206 9 PER 100,000 POPULATION * IN 2013, THERE WERE 243 CORONARY HEART DISEASE ED DISCHARGES IN SDC'S EAST REGION THE RATE OF DISCHARGES WAS 51 5 PER 100,000 POPULATION, WHICH IS HIGHER THAN SDC'S AGE-ADJUSTED AVERAGE OF 33 2 PER 1 00,000 POPULATION * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPO RT, IF NO CHANGES ARE MADE IN RISK BEHAVIOR, BASED ON CURRENT DISEASE RATES, IT IS PROJECT ED THAT BY THE YEAR 2020 THE TOTAL NUMBER OF DEATHS FROM HEART DISEASE AND STROKE WILL BOT H INCREASE BY 38 PERCENT * ACCORDING TO THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS) IN 2014 9 3 PERCENT OF ADULTS LIVING IN SDC'S EAST REGION INDICATED THAT THEY WERE EVER DIAGN OSED WITH HEART DISEASE, WHICH IS HIGHER THAN SDC AT 5 6 PERCENT OBJECTIVES * PROVIDE HEA RT AND VASCULAR EDUCATION AND SCREENING SERVICES FOR THE COMMUNITY, WITH AN EMPHASIS ON AD ULTS, WOMEN AND SENIORS * PROVIDE EXPERTISE IN CARDIOVASCULAR CARE TO COMMUNITY HEALTH CAR E PROFESSIONALS THROUGH PARTICIPATION IN PROFESSIONAL CONFERENCES AND COLLABORATIVES * PAR TICIPATE IN PROGRAMS TO IMPROVE THE CARE AND OUTCOMES OF INDIVIDUALS WITH HEART AND VASCUL AR DISEASE FY 2015 REPORT OF ACTIVITIES SGH IS REC

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	OGNIZED AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE BY BLUE CROSS BLUE SHIELD FOR DEMONS TRATED EXPERTISE IN DELIVERING QUALITY CARDIAC HEALTH CARE IN FY 2015, SGH'S CARDIAC REHA BILITATION DEPARTMENT PROVIDED EDUCATION AND SUPPORT TO PATIENTS AND COMMUNITY MEMBERS IMP ACTED BY CONGESTIVE HEART FAILURE (CHF) A FREE, MONTHLY CHF CLASS AND SUPPORT GROUP, HELD AT THE GROSSMONT HEALTHCARE DISTRICT HERRICK COMMUNITY HEALTH CARE LIBRARY, PROVIDED APPR OXIMATELY 45 COMMUNITY MEMBERS WITH A SUPPORTIVE ENVIRONMENT TO DISCUSS VARIOUS TOPICS ABO UT LIVING WELL WITH CHF A FREE HEART AND VASCULAR RISK FACTORS EDUCATION CLASS WAS OFFERE D TWICE A MONTH TO INDIVIDUALS WHO WERE HOSPITALIZED WITHIN THE LAST SIX MONTHS DUE TO SEL ECT HEART CONDITIONS, REACHING NEARLY 180 INDIVIDUALS IN FY 2015 SGH'S CARDIAC TRAINING C ENTER AND CARDIAC REHABILITATION DEPARTMENTS PARTICIPATED IN A VARIETY OF COMMUNITY EVENTS THROUGHOUT SAN DIEGO IN FY 2015 TOGETHER, THEY OFFERED COMMUNITY MEMBERS FREE BLOOD PRES SURE SCREENINGS, CARDIOPULMONARY RESUSCITATION (CPR) DEMONSTRATIONS, AND EDUCATION AND RES OURCES ON CARDIAC HEALTH INCLUDING PREVENTION, SY MPTOM RECOGNITION, EVALUATION AND TREATME NT EVENTS INCLUDED THE ANNUAL SHARP WOMEN'S HEALTH CONFERENCE, HEALTH FAIR SATURDAY AT T HE GROSSMONT CENTER MALL, EAST COUNTY SENIOR SERVICE PROVIDERS 16TH ANNUAL SENIOR HEALTH F AIR AT SANTEE TROLLEY SQUARE, FIESTA DEL SOL FAMILY FESTIVAL, DECEMBER NIGHTS, THE SHARP D ISASTER PREPAREDNESS EXPO, THE SGH HEART HEALTH EXPO AND THE AHA HEART & STROKE WALK THE CARDIAC REHABILITATION TEAM ALSO PROVIDED FREE FLU SHOTS TO MORE THAN 20 COMMUNITY SENIORS DURING TWO FLU CLINICS HELD AT THE HOSPITAL IN OCTOBER AND NOVEMBER IN RECOGNITION OF TH E AHA'S GO RED FOR WOMEN DAY IN FEBRUARY, AN SGH-AFFILIATED CARDIOLOGIST SPOKE ON KUSI AND SAN DIEGO 6 NEWS STATIONS, REMINDING COMMUNITY MEMBERS THAT HEART DISEASE IS THE NUMBER O NE KILLER OF WOMEN AND EMPHASIZING THE IMPORTANCE OF HEART HEALTH ALSO IN FEBRUARY, THE T EAM COLLABORATED WITH THE SGH SENIOR RESOURCE CENTER TO EDUCATE 20 SENIORS AT THE HERRICK COMMUNITY HEALTH CARE LIBRARY ABOUT THE IMPORTANCE OF EXERCISE AND NUTRITION TO MAINTAIN A HEALTHY HEART THROUGHOUT THE YEAR, SGH PROVIDED EXPERT SPEAKERS ON HEART DISEASE AND HEA RT FAILURE FOR VARIOUS PROFESSIONAL EVENTS, INCLUDING SGH'S SIXTH ANNUAL HEART AND VASCULA R CONFERENCE MORE THAN 400 HEALTH CARE PROFESSIONALS ATTENDED THE CONFERENCE TO ENHANCE T HEIR KNOWLEDGE OF ADVANCES IN CARDIOVASCULAR CARE IN NOVEMBER AND MAY, SGH PARTICIPATED I N THE SEVENTH AND EIGHTH SEMIANNUAL MEETINGS OF SOUTHERN CALIFORNIA VOICE (VASCULAR OUTCOM ES IMPROVEMENT COLLABORATIVE), WHICH INCLUDES MORE THAN 40 REGIONAL VASCULAR PHY SICIANS, N URSES, EPIDEMIOLOGISTS, SCIENTISTS AND RESEARCH PERSONNEL WORKING TOGETHER TO COLLECT AND ANALYZE VASCULAR DATA IN AN EFFORT TO IMPROVE PATIENT CARE SGH SHARED ITS EXPERTISE ON RE GIONAL AND NATIONAL WEBINAR MANAGEMENT - A PROJECT THAT IMPROVES COMMUNICATION AND FACILIT ATES QUALITY DATA RETRIEVAL AND ANALYSIS IN JUNE, SGH'S CARDIAC PROFESSIONALS EDUCATED AP PROXIMATELY 40 NURSES ON POST-DISCHARGE CARE FOR CARDIAC SURGERY PATIENTS AT VILLA LAS PAL MAS HEALTHCARE CENTER

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	SGH PARTICIPATED IN SEVERAL PROGRAMS IN FY 2015 TO IMPROVE THE CARE AND OUTCOMES OF INDIVI DUALS WITH HEART AND VASCULAR DISEASE. TO ASSIST IN IMPROVING CARE FOR ACUTELY ILL PATIENT S IN SDC, SGH PROVIDED DATA ON STEMI (ST ELEVATION MYOCARDIAL INFARCTION OR ACUTE HEART AT TACK) TO SDC EMS. SHARP HEALTHCARE ALSO CONTINUES TO HOST THE QUARTERLY SDC EMS COUNTY ADV ISORY COUNCIL FOR STEMI AT SHARP'S CORPORATE OFFICE (SPECTRUM). SGH CONTINUED TO PROVIDE I TS PERIPHERAL VASCULAR DISEASE REHABILITATION PROGRAM IN FY 2015. THE PROGRAM PROVIDES EDU CATION AND COACHING ON EXERCISE, DIET AND MEDICATION MANAGEMENT AND IS DESIGNED TO KEEP PA TIENTS - PARTICULARLY LOW-INCOME PATIENTS - AT THE HIGHEST FUNCTIONAL LEVEL. THE PROGRAM I S FUNDED IN PART BY DONATIONS CONTRIBUTED TO THE SGH FOUNDATION, TO HELP DEFRAY COST FOR P ATIENTS WITH LIMITED RESOURCES. SGH'S CARDIAC TEAM IS COMMITTED TO SUPPORTING FUTURE HEALT H CARE LEADERS THROUGH ACTIVE PARTICIPATION IN STUDENT TRAINING AND INTERNSHIP PROGRAMS. I N FY 2015, THE TEAM MENTORED MORE THAN 30 STUDENTS FROM AZUSA PACIFIC UNIVERSITY (APU), SD SU, UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD), GROSSMONT COLLEGE, NATIONAL UNIVERSITY (NU) AND WESTERN UNIVERSITY OF HEALTH SCIENCES, INCLUDING STUDENTS WITH AN INTEREST IN A CARE ER AS A NURSE, CARDIOVASCULAR TECHNICIAN OR PHY SICIAN ASSISTANT. FY 2016 PLAN SGH WILL DO THE FOLLOWING * PROVIDE A FREE MONTHLY CHF CLASS AND SUPPORT GROUP * PROVIDE FREE BIMONTH LY HEART AND VASCULAR RISK FACTOR EDUCATION CLASSES * PROVIDE CARDIAC AND VASCULAR RISK FA CTOR EDUCATION AND SCREENING AT COMMUNITY EVENTS * PROVIDE ONE CARDIAC HEALTH LECTURE TO C OMMUNITY MEMBERS * OFFER EDUCATIONAL SPEAKERS TO THE PROFESSIONAL COMMUNITY ON TOPICS SUCH AS PERFORMANCE IMPROVEMENTS IN CHF AND ACUTE MYOCARDIAL INFARCTION, AND CARDIOVASCULAR TR EATMENT OPTIONS, AS INVITED * CONTINUE TO PARTICIPATE IN THE OPEN VERSUS ENDOVASCULAR REPA IR OF POPLITEAL ARTERY ANEURYSM TRIAL FOR POPLITEAL ANEURYSM PATIENTS * PURSUE ADDITIONAL RESEARCH OPPORTUNITIES TO BENEFIT PATIENTS AND COMMUNITY MEMBERS * PROVIDE A CONFERENCE ON HEART AND VASCULAR DISEASE FOR COMMUNITY PHY SICIANS AND OTHER HEALTH CARE PROFESSIONALS I N NOVEMBER 2015 * CONTINUE TO PROVIDE STUDENT LEARNING OPPORTUNITIES IDENTIFIED COMMUNITY NEED DIABETES EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 C OMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * THE SGH 2013 CHNA IDENTIFIED DIABETES AS ONE OF FIVE PRI ORITY HEALTH ISSUES FOR COMMUNITY MEMBERS SERVED BY SGH * THE HASD&IC 2013 CHNA IDENTIFIE D DIABETES AS ONE OF THE TOP FOUR PRIORITY HEALTH ISSUES FOR COMMUNITY MEMBERS IN SDC * I N GENERAL, DATA IN THE HASD&IC 2013 CHNA REVEALED A HIGHER RATE OF HOSPITAL DISCHARGES DUE TO DIABETES IN MORE VULNERABLE COMMUNITIES WITHIN SDC'S EAST REGION (E.G , EL CAJON, JACU MBA, ETC) * INPUT COLLECTED FROM SAN DIEGO COMMUNITY HEALTH LEADERS AND EXPERTS IN THE H ASD&IC 2013 CHNA STRONGLY ALIGNED ACCESS TO CARE, CARE MANAGEMENT, EDUCATION AND SCREENING WITH CARE FOR TYPE 2 DIABETES * IN 2012, DIABETES WAS THE SEVENTH LEADING CAUSE OF DEATH FOR RESIDENTS OF SDC'S EAST REGION * IN 2013, THERE WERE 120 DEATHS DUE TO DIABETES IN S DC'S EAST REGION. THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO DIABETES WAS 25 4 PER 100,00 0 POPULATION, THE HIGHEST RATE AMONG ALL OF THE REGIONS AND HIGHER THAN THE OVERALL SDC AG E-ADJUSTED RATE OF 19 5 DEATHS PER 100,000 POPULATION * IN 2013, THERE WERE 912 HOSPITALI ZATIONS DUE TO DIABETES IN SDC'S EAST REGION. THE AGE-ADJUSTED RATE OF HOSPITALIZATIONS FO R DIABETES WAS 193 3 PER 100,000 POPULATION. THIS RATE WAS THE THIRD HIGHEST IN SDC OVERAL L AND HIGHER THAN THE COUNTY AGE-ADJUSTED RATE OF 140 0 HOSPITALIZATIONS DUE TO DIABETES P ER 100,000 POPULATION * IN 2013, THERE WERE 786 DIABETES-RELATED ED DISCHARGES IN SDC'S E AST REGION. THE AGE-ADJUSTED RATE OF VISITS WAS 166 6 PER 100,000 POPULATION. THE DIABETES -RELATED ED DISCHARGE RATE IN THE EAST REGION WAS AMONG THE HIGHEST IN SDC AND HIGHER THAN THE AGE-ADJUSTED RATE OF 145 6 ED DISCHARGES PER 100,000 POPULATION FOR SDC OVERALL * AC CORDING TO THE CHIS, IN 2014, 11 1 PERCENT OF ADULTS LIVING IN SDC'S EAST REGION INDICATED THAT THEY WERE EVER DIAGNOSED WITH DIABETES, WHICH IS HIGHER THAN SDC OVERALL AT 6 8 PERC ENT AND THE STATE OF CALIFORNIA AT 8 9 PERCENT * THE 2014 NATIONAL DIABETES STATISTICS RE PORT FROM THE CDC REPORTS THAT A TOTAL OF 29 1 MILLION PEOPLE IN THE U S HAVE DIABETES. O F THOSE INDIVIDUALS, 21 MILLION ARE DIAGNOSED WHILE 8 1 MILLION ARE UNDIAGNOSED * ACCORDI NG TO THE AMERICAN DIABETES ASSOCIATION (ADA), IN 2012, THE PREVALENCE OF DIABETES IN THE U S WAS 29 1 MILLION, OR 9 3 PERCENT OF THE POPULATION. THE INCIDENCE OF DIABETES IN 2012 WAS 1 7 MILLION NEW DIAGNOSES * ACCORDING TO THE ADA, IN 2012, THE TOTAL COST OF DIAGNOS ED DIABETES IN THE U S WAS $245 BILLION, WITH $176 BILLION IN DIRECT MEDICAL COSTS AND $6 9 BILLION IN REDUCED PRODUCTIVITY * ACCORDING TO

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	THE 2012 REPORT FROM THE SAN DIEGO COUNTY HHSA TITLED CRITICAL PATHWAYS THE DISEASE CONTI NUUM, THE MOST COMMON RISK FACTORS ASSOCIATED WITH TYPE 2 DIABETES INCLUDE SUBSTANCE USE, PHYSICAL INACTIVITY, POOR NUTRITION, POOR MEDICAL CARE AND IRREGULAR HEALTH CHECKS (E.G , A1C, DENTAL, EYE AND FOOT) * ACCORDING TO THE CDC, DIABETES IS A MAJOR CAUSE OF HEART DIS EASE AND STROKE AS WELL AS THE LEADING CAUSE OF KIDNEY FAILURE, NON-TRAUMATIC LOWER-LIMB A MPUTATIONS AND NEW CASES OF BLINDNESS AMONG ADULTS IN THE U S (CDC, 2011) OBJECTIVES * P ROVIDE DIABETES EDUCATION AND SCREENING IN THE EAST REGION OF SDC * COLLABORATE WITH COMMU NITY ORGANIZATIONS AND PROJECTS TO PROVIDE DIABETES EDUCATION TO SDC'S VULNERABLE POPULATI ONS * PARTICIPATE IN LOCAL AND NATIONAL PROFESSIONAL CONFERENCES TO SHARE BEST PRACTICES I N DIABETES TREATMENT AND CONTROL WITH THE BROADER HEALTH CARE COMMUNITY FY 2015 REPORT OF ACTIVITIES THE SCVMC DIABETES EDUCATION PROGRAM IS RECOGNIZED BY THE ADA FOR MEETING NATIO NAL STANDARDS FOR EXCELLENCE AND QUALITY IN DIABETES EDUCATION THE PROGRAM PROVIDES INDIV IDUALS WITH THE SKILLS NEEDED TO SUCCESSFULLY SELF-MANAGE THEIR DIABETES AND LIVE A LONG, HEALTHY LIFE AND INCLUDES BLOOD SUGAR MONITORING, MEDICATIONS, INSULIN PUMP TRAINING AND W OUND PREVENTION SMALL GROUP AND ONE-ON-ONE CLASSES ARE ALSO OFFERED IN ENGLISH AND SPANIS H IN FY 2015, THE SGH DIABETES EDUCATION PROGRAM REACHED MORE THAN 1,770 COMMUNITY MEMBER S THROUGH EDUCATIONAL LECTURES AND BLOOD GLUCOSE SCREENINGS AT HOSPITAL AND OFF-SITE LOCAT IONS DIABETES LECTURES WERE HELD AT LIBRARIES, COMMUNITY CENTERS, EDUCATIONAL INSTITUTION S AND NATIONAL CONFERENCES BLOOD GLUCOSE SCREENINGS WERE PROVIDED AT SIX COMMUNITY EVENTS INCLUDING THE HEALTH & WELLNESS FAIR AT COLLEGE AVENUE CENTER, THE SANTEE CAMERON FAMILY HEALTH FAIR AT THE CAMERON FAMILY YMCA, THE HEALTHY FOOD CHOICES & DIABETES SCREENING AND LECTURE AT THE DR WILLIAM C HERRICK COMMUNITY HEALTH CARE LIBRARY, THE CUYAMACA COLLEGE HEALTH FAIR, THE WATERFORD TERRACE HEALTH FAIR AND THE 16TH ANNUAL SENIOR HEALTH FAIR AT T HE SANTEE TROLLEY SQUARE MORE THAN 250 COMMUNITY MEMBERS WERE SCREENED DURING THESE EVENT S AND, AS A RESULT, MORE THAN 30 COMMUNITY MEMBERS WERE IDENTIFIED WITH ELEVATED BLOOD GLU COSE LEVELS AND WERE PROVIDED WITH FOLLOW-UP RESOURCES OF THESE INDIVIDUALS, MORE THAN 50 DID NOT HAVE A PREEXISTING DIAGNOSIS OF DIABETES AT THE SHARP WOMEN'S HEALTH CONFERENCE, THE SHARP HEALTHCARE (SHC) DIABETES EDUCATION PROGRAM PROVIDED RESOURCES AND EDUCATION ON DIABETES MANAGEMENT AND NUTRITION IN OCTOBER, THE SHC DIABETES EDUCATION PROGRAM CONTINU ED TO SUPPORT THE ADA'S STEP OUT WALK TO STOP DIABETES AT MISSION BAY THROUGH FUNDRAISING AND TEAM PARTICIPATION THIS PAST YEAR, THE SHC DIABETES EDUCATION PROGRAM COLLABORATED W ITH FAMILY HEALTH CENTERS OF SAN DIEGO (FHCSD) TO CONDUCT OUTREACH AND EDUCATION TO VULNER ABLE COMMUNITY MEMBERS IN SDC'S EAST REGION SHARP DIABETES EDUCATORS SUPPORTED THE EXPANS ION OF FHCSD'S DIABETES MANAGEMENT CARE COORDINATION PROJECT (DMCCP), WHICH PROVIDES FHCSD PATIENTS WITH GROUP DIABETES EDUCATION AND ENCOURAGES PEER SUPPORT AND EDUCATION FROM PRO JECT "GRADUATES" TO CURRENT PATIENTS/PROJECT ENROLLEES THE PROJECT MONITORS ENROLLEES' A1 C LEVELS, AND HAS PROVEN SUCCESSFUL OUTCOMES IN LOWERING AND MAINTAINING THESE LEVELS THRO UGH EDUCATION AND PEER SUPPORT THE SHC DIABETES EDUCATION PROGRAM SUPPORTS THE PROJECT TH ROUGH THE PROVISION OF DIABETES LECTURES AT MULTIPLE FHCSD SITES IN SDC'S EAST REGION, TH E SHC DIABETES EDUCATION PROGRAM PROVIDED A DIABETES LECTURE TO NEARLY 15 ATTENDEES AT THE FHCSD LEMON GROVE SITE. TOPICS INCLUDED NUTRITION, PHYSICAL ACTIVITY, DIABETES MELLITUS, SELF-MANAGEMENT AND GOAL SETTING

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	NEW IN 2015, THE SHC DIABETES EDUCATION PROGRAM PROVIDED DIABETES EDUCATION TO FOOD INSECU RE ADULTS ENROLLED IN FEEDING AMERICA SAN DIEGO'S (FASD) DIABETES WELLNESS PROJECT, A COLL ABORATION BETWEEN UCSD'S STUDENT-RUN FREE CLINIC PROJECT, THE THIRD AVENUE CHARITABLE ORGA NIZATION (TACO) AND BAKER ELEMENTARY SCHOOL IN SOUTHEAST SAN DIEGO THE DIABETES WELLNESS PROJECT SCREENS ADULT CLINIC PATIENTS WITH TYPE 2 DIABETES FOR FOOD INSECURITY, AND PROVID ES THEM WITH ONGOING MEDICAL TREATMENT AND DIABETES MANAGEMENT THROUGH THE CLINIC IN ADDI TION, FASD PROVIDES DIABETES WELLNESS FOOD BOXES TO PROJECT PARTICIPANTS, IN CONJUNCTION W ITH A MONTHLY DIABETES AND NUTRITION EDUCATION COURSE AS WELL AS CALFRESH OUTREACH THROUG H THE PROJECT, THE SHC DIABETES EDUCATION PROGRAM PROVIDED DIABETES AND NUTRITION EDUCATIO N AT BOTH THE TACO AND BAKER ELEMENTARY SCHOOL SITES APPROXIMATELY 200 PARTICIPANTS ARE E NROLLED IN THE DIABETES WELLNESS PROJECT, AND EVALUATION - EXPECTED IN 2016 - WILL INCLUDE PRE- AND POST-ASSESSMENT SURVEYS FOR THE PATIENTS REGARDING DIABETES CONTROL, AN A1C BLOO D TEST, AND OTHER METRICS THE SHC DIABETES EDUCATION PROGRAM COLLABORATED WITH LA MAESTRA COMMUNITY HEALTH CENTERS TO EDUCATE AND ADVISE UNDERSERVED PREGNANT WOMEN AND BREASTFEEDI NG MOTHERS WITH TYPE 1, TYPE 2 OR GESTATIONAL DIABETES ON HOW TO MANAGE BLOOD SUGAR LEVELS THE SHC DIABETES EDUCATION PROGRAM PROVIDED LA MAESTRA PATIENTS WITH A VARIETY OF EDUCAT IONAL RESOURCES, INCLUDING GESTATIONAL DIABETES STATISTICS, NEW DIAGNOSTIC CRITERIA, TREA TMENT AND MANAGEMENT OF BLOOD GLUCOSE LEVELS, INSULIN REQUIREMENTS, SELF-CARE PRACTICES, I NFORMATION ON NUTRITION MANAGEMENT, WEIGHT GAIN, OBESITY AND DIABETES, AND THE RISKS OF UN CONTROLLED DIABETES AND COMPLICATIONS CLINIC PATIENTS ALSO RECEIVED LOGBOOKS TO TRACK AND MANAGE BLOOD SUGAR LEVELS THE SHC DIABETES EDUCATION PROGRAM EDUCATED CLINIC PATIENTS ON MEAL PLANNING, BLOOD GLUCOSE MONITORING, GOALS FOR BLOOD SUGAR LEVELS BEFORE AND AFTER A MEAL, MONITORING BABY MOVEMENTS AND KICKS, AND EXERCISING AFTER MEALS IN ADDITION, THE SH C DIABETES EDUCATION PROGRAM EVALUATED PATIENTS' MANAGEMENT OF THEIR BLOOD SUGAR LEVELS AN D COLLABORATED WITH LA MAESTRA'S OBSTETRICIAN/GYNECOLOGIST (OB/GYN) TO PREVENT COMPLICATIO NS AT SGH, THE SHC DIABETES EDUCATION PROGRAM COLLABORATED WITH THE HOSPITAL'S OB/GYN TO ASSIST MORE THAN 130 UNDERSERVED PREGNANT WOMEN WITH DIABETES OVER THE COURSE OF 530 VISIT S IN FY 2015, THE SHC DIABETES EDUCATION PROGRAM CONTINUED TO PROVIDE SERVICES AND RESOUR CES TO MEET THE NEEDS OF SAN DIEGO'S NEWLY IMMIGRATED IRAQI CHALDEAN POPULATION THE PROGR AM FACILITATED TRANSLATION AS WELL AS PROVIDED MATERIALS AND RESOURCES TO BETTER UNDERSTAN D CHALDEAN CULTURAL NEEDS MATERIALS INCLUDED A BINDER WITH VARIOUS EDUCATIONAL RESOURCES, SUCH AS HOW TO LIVE HEALTHY WITH DIABETES, WHAT YOU NEED TO KNOW ABOUT DIABETES, ALL ABOU T BLOOD GLUCOSE FOR PEOPLE WITH TYPE 2 DIABETES, ALL ABOUT CARBOHYDRATE COUNTING, GETTING THE VERY BEST CARE FOR YOUR DIABETES, ALL ABOUT INSULIN RESISTANCE, ALL ABOUT PHYSICAL ACT IVITY WITH DIABETES, GESTATIONAL DIABETES MELLITUS SEVEN-DAY MENU PLAN, AND FOOD GROUPS F OOD DIARIES AND LOGBOOKS WERE GIVEN OUT TO THE COMMUNITY HANDOUTS WERE PROVIDED IN ARABIC AS WELL AS SOMALI, TAGALOG, VIETNAMESE AND SPANISH EDUCATION WAS ALSO PROVIDED TO SHARP TEAM MEMBERS REGARDING THE DIFFERENT CULTURAL NEEDS OF THESE COMMUNITIES IN FY 2015, THE SHC DIABETES EDUCATION PROGRAM SUBMITTED ABSTRACTS AND POSTER PRESENTATIONS TO NATIONAL CO NFERENCES ON VARIOUS TOPICS THE SHC DIABETES EDUCATION PROGRAM WAS SELECTED BY THE JOINT COMMISSION TO CO-PRESENT AT THE INSTITUTE OF HEALTHCARE IMPROVEMENT CONFERENCE IN DECEMBER AT THIS CONFERENCE, THE SHC DIABETES EDUCATION PROGRAM PROVIDED A POSTER PRESENTATION ON THE SAFE AND EFFECTIVE USE OF INSULIN, INCLUDING IDENTIFIED RISK FACTORS PREDICTABLE OF P OOR GLYCEMIC CONTROL THIS PRESENTATION WAS ALSO DELIVERED AT THE 17TH ANNUAL NATIONAL PAT IENT SAFETY FOUNDATION PATIENT SAFETY CONGRESS ADDITIONALLY, THE SHC DIABETES EDUCATION P ROGRAM PROVIDED ANOTHER POSTER PRESENTATION TITLED IN SEARCH OF A SINGLE GLYCEMIC METRIC T O BENCHMARK INSTITUTIONAL DIABETES PERFORMANCE THE PERFECT DIABETIC DAY, AT THE ASSOCIATI ON OF CALIFORNIA NURSE LEADERS 37TH ANNUAL CONFERENCE THIS POSTER INCLUDED AN ASSESSMENT OF THE PROPORTION OF DIABETIC DAYS IN WHICH ALL BLOOD GLUCOSE MEASUREMENTS ARE WITHIN THE RECOMMENDED RANGE FOR HOSPITALIZED PATIENTS FURTHER, THE SHC DIABETES EDUCATION PROGRAM P UBLISHED ON THE PREDICTORS OF POOR BLOOD SUGAR CONTROL FOR HOSPITALIZED DIABETIC PATIENTS FY 2016 PLAN THE SGH DIABETES EDUCATION PROGRAM WILL DO THE FOLLOWING * CONDUCT DIABETES EDUCATION AT VARIOUS COMMUNITY VENUES IN SDC'S EAST REGION * CONTINUE TO COLLABORATE WITH FHCSD AND PROVIDE EDUCATION TO VULNERABLE COMMUNITY MEMBERS THROUGH THE DMCCP * CONTINUE TO COLLABORATE WITH FASD TO PROVIDE DIABETES EDUCATION TO FOOD INSECURE ADULTS IN SDC * CO NTINUE TO PROVIDE GESTATIONAL SERVICES AND RESOURC

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	ES TO UNDERSERVED PREGNANT WOMEN - BOTH AT THE HOSPITAL AND IN COLLABORATION WITH LA MAEST RA * CONDUCT MONTHLY DIABETES PREVENTION CLASSES * CONTINUE TO FOSTER RELATIONSHIPS WITH C OMMUNITY CLINICS TO PROVIDE EDUCATION AND RESOURCES TO COMMUNITY MEMBERS * CONTINUE TO PAR TICIPATE IN ADA'S STEP OUT WALK TO STOP DIABETES * KEEP CURRENT ON RESOURCES TO PROVIDE C OMMUNITY MEMBERS SUPPORT OF DIABETES TREATMENT AND PREVENTION - PARTICULARLY LANGUAGE AND CULTURALLY APPROPRIATE RESOURCES * CONTINUE TO PARTICIPATE IN LOCAL AND NATIONAL PROFESSIO NAL CONFERENCES TO SHARE BEST PRACTICES IN DIABETES TREATMENT AND CONTROL WITH THE BROADER HEALTH CARE COMMUNITY * CONDUCT EDUCATIONAL OUTPATIENT AND INPATIENT SY MPOSIUMS FOR HEALT H CARE PROFESSIONALS IDENTIFIED COMMUNITY NEED HEALTH EDUCATION, SCREENING AND SUPPORT FO R SENIORS RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NEEDS ASSESSM ENT OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONA LE * 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 DISE ASE WERE IDENTIFIED AMONG THE TOP 15 PRIORITY HEALTH CONDITIONS SEEN IN SDC HOSPITALS * A TTENDEES OF COMMUNITY FORUMS HELD DURING THE HASD&IC 2013 CHNA PROCESS IDENTIFIED ALZHEIME R'S DISEASE AND DEMENTIA AS PRIORITY HEALTH NEEDS FOR SDC * IN SDC'S EAST REGION, THERE W ERE MORE THAN 60,000 RESIDENTS, 13 6 PERCENT OF THE TOTAL POPULATION WERE AGES 65 YEARS O R OLDER IN 2013 BY THE YEAR 2020, THE REGION EXPECTS A 51 PERCENT INCREASE AMONG THE 65 A ND OLDER POPULATION * IN 2012, THE LEADING CAUSES OF DEATH AMONG SENIOR ADULTS AGES 65 YE ARS AND OLDER IN SDC INCLUDED CANCER, HEART DISEASE, CHRONIC LOWER RESPIRATORY DISEASES, D IABETES, STROKE, UNINTENTIONAL INJURIES, CHRONIC LIVER DISEASE AND CIRRHOSIS, ALZHEIMER'S DISEASE, PARKINSON'S DISEASE, HY PERTENSION AND HY PERTENSIVE RENAL DISEASE, INFLUENZA, PNEU MONIA AND SEPTICEMIA * IN 2014, INFLUENZA RANKED AS THE ELEVENTH LEADING CAUSE OF DEATH I N ALL REGIONS OF SDC * IN 2011, 97,647 SENIORS AGES 65 AND OVER WERE HOSPITALIZED IN SDC SENIORS IN SDC'S EAST REGION EXPERIENCED HIGHER RATES OF HOSPITALIZATION FOR FALLS, CORON ARY HEART DISEASE, STROKE, PNEUMONIA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES AND INFLUENZA, WHEN COMPARED TO SDC OVERALL * ACCORDING TO THE SAN DIEGO COUNTY SENIOR HEALTH REPORT, SIGNIFICANT HEALTH ISSUES FOR SENIORS INCLUDE OBESITY, DIABETES, STROKE, CHRONIC LOWER RESPIRATORY DISEASES, INFLUENZA AND PNEUMONIA, MENTAL HEALTH ISSUES (INCLUDING DEMEN TIA AND ALZHEIMER'S DISEASE), CANCER AND HEART DISEASE IN ADDITION, SENIORS ARE AT HIGH R ISK FOR FALLS, WHICH IS THE LEADING CAUSE OF DEATH DUE TO UNINTENTIONAL INJURY (HHSA, 2015) * ACCORDING TO THE SAN DIEGO COUNTY SENIOR FALLS REPORT, ADULTS AGES 65 AND OLDER ARE T HE LARGEST CONSUMERS OF HEALTH CARE SERVICES, AS THE PROCESS OF AGING BRINGS UPON THE NEED FOR MORE FREQUENT CARE (HHSA, 2012) * IN 2011, 68,817 CALLS WERE MADE TO 911 FOR SENIORS AGES 65 YEARS AND OLDER IN NEED OF PRE-HOSPITAL (AMBULANCE) CARE IN SDC, WHICH REPRESENTS A CALL FOR ONE OUT OF EVERY FIVE SENIORS SENIORS IN SDC USE THE 911 SYSTEM AT HIGHER RAT ES THAN ANY OTHER AGE GROUP * AMONG THE POPULATIONS THAT THE CDC RECOMMENDS ANNUAL VACCIN ATION AGAINST INFLUENZA ARE PEOPLE AGES 50 YEARS AND OLDER, ADULTS WITH A CHRONIC HEALTH C ONDITION, PEOPLE WHO LIVE IN NURSING HOMES AND OTHER LONG-TERM CARE FACILITIES, AND PEOPLE WHO LIVE WITH OR CARE FOR THOSE AT HIGH RISK FOR COMPLICATIONS FROM FLU, INCLUDING HOUSEH OLD CONTACTS OF PERSONS AT HIGH RISK FOR COMPLICATIONS FROM THE FLU FLU CLINICS OFFERED I N COMMUNITY SETTINGS AT NO OR LOW COST IMPROVE ACCESS FOR THOSE WHO MAY EXPERIENCE TRANSPO RTATION, COST OR OTHER BARRIERS * WHILE RESEARCHERS HAVE LONG KNOWN THAT CAREGIVING CAN H AVE HARMFUL MENTAL HEALTH EFFECTS FOR CAREGIVERS, RESEARCH SHOWS THAT CAREGIVING CAN HAVE SERIOUS PHYSICAL HEALTH CONSEQUENCES AS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	OBJECTIVES * PROVIDE A VARIETY OF SENIOR HEALTH EDUCATION AND SCREENING PROGRAMS * PRODUCE AND MAIL QUARTERLY ACTIVITY CALENDARS TO COMMUNITY MEMBERS * ACT AS THE LEAD AGENCY FOR E AST COUNTY PROJECT CARE, ENSURING THE SAFETY OF HOMEBOUND SENIORS AND DISABLED ADULTS IN S DC'S EAST REGION * IN COLLABORATION WITH COMMUNITY PARTNERS, OFFER SEASONAL FLU VACCINATIO N CLINICS AT CONVENIENT LOCATIONS FOR SENIORS AND HIGH-RISK ADULTS IN THE COMMUNITY * PROV IDE HEALTH EDUCATION MATERIALS AT SEASONAL FLU CLINICS AS WELL AS INFORMATION ABOUT ADDITI ONAL SHARP SENIOR RESOURCE CENTER PROGRAMS * SERVE AS A REFERRAL RESOURCE TO ADDITIONAL SU PPORT SERVICES IN THE COMMUNITY FOR SENIOR RESIDENTS IN SDC'S EAST REGION * PROVIDE EDUCAT ION AND COMMUNITY RESOURCES TO CAREGIVERS FY 2015 REPORT OF ACTIVITIES SHARP SENIOR RESOUR CE CENTERS MEET THE UNIQUE NEEDS OF SENIORS AND THEIR CAREGIVERS BY CONNECTING THEM - THRO UGH EMAIL, PHONE AND IN-PERSON CONSULTATIONS - TO A VARIETY OF FREE AND LOW-COST PROGRAMS AND SERVICES THE SHARP SENIOR RESOURCE CENTERS' COMPASSIONATE STAFF AND VOLUNTEERS PROVID E PERSONALIZED SUPPORT AND CLEAR, ACCURATE INFORMATION REGARDING HEALTH EDUCATION AND SCRE ENINGS, COMMUNITY REFERRALS AND CAREGIVER RESOURCES IN ADDITION, THE SGH SENIOR RESOURCE CENTER DEVELOPS AND MAILS QUARTERLY CALENDARS THAT HIGHLIGHT ITS PROGRAMS AND SERVICES TO MORE THAN 7,100 HOUSEHOLDS IN SDC'S EAST REGION IN FY 2015, THE SGH SENIOR RESOURCE CENTE R PROVIDED MORE THAN 30 FREE HEALTH EDUCATION PROGRAMS AT THE SGH CAMPUS, THE GROSSMONT HE ALTHCARE DISTRICT CONFERENCE CENTER AND COMMUNITY SITES IN SDC'S EAST REGION, REACHING NEA RLY 800 COMMUNITY MEMBERS PROGRAMS WERE PRESENTED BY VARIOUS PROFESSIONALS, INCLUDING PHY SICAL THERAPISTS, SPEECH THERAPISTS, A PSY CHOLOGIST, A REGISTERED DIETITIAN, AN RN, A CARD IOLOGIST, AN AUDIOLOGIST AND AN ATTORNEY, AS WELL AS BY EXPERTS FROM COMMUNITY ORGANIZATIO NS HEALTH EDUCATION TOPICS INCLUDED BALANCE AND FALL PREVENTION, DIET AND FITNESS FOR A H EALTHY HEART, DIABETES, SENIOR SERVICES, PATIENT-PROVIDER COMMUNICATION, PROJECT CARE, VIA LS OF LIFE, FINANCIAL ISSUES, MEMORY LOSS, CAREGIVER RESOURCES, BEREAVEMENT, ADVANCE CARE PLANNING, MEDICARE, SLEEP DISORDERS, COPING WITH GRIEF DURING THE HOLIDAY SEASON, PARKINSO N'S DISEASE, ALZHEIMER'S DISEASE, MAINTAINING A HEALTHY VOICE, PREDIABETES, OSTEOPOROSIS A ND BONE HEALTH EXERCISES, PREVENTING FRACTURES, HOW TO TALK TO A DOCTOR AND BRAIN HEALTH AS PART OF THEIR EDUCATIONAL OFFERINGS, THE SGH SENIOR RESOURCE CENTER ALSO PROVIDED A SER IES OF PHYSICIAN LECTURES IN FY 2015, COVERING TOPICS SUCH AS CHRONIC PAIN MANAGEMENT, DEP RESSION, STROKE, DIGITAL HEARING AIDS AND HEARING LOSS AND TINNITUS IN TOTAL, NEARLY 130 COMMUNITY MEMBERS ATTENDED THESE LECTURES IN FY 2015, THE SGH SENIOR RESOURCE CENTER PROV IDED 14 HEALTH SCREENING EVENTS AT VARIOUS SITES IN SDC'S EAST REGION, REACHING MORE THAN 250 MEMBERS OF THE SENIOR COMMUNITY THIS INCLUDED FOUR BALANCE AND FALL PREVENTION SCREEN INGS, FOUR HAND SCREENINGS, A CAROTID ARTERY SCREENING, MEDICATION REVIEW AS WELL AS SCREE NINGS FOR LUNG FUNCTION, DIABETES AND STROKE IN ADDITION, THE SGH SENIOR RESOURCE CENTER OFFERED MORE THAN 40 FREE BLOOD PRESSURE SCREENING OPPORTUNITIES AT THE SGH CAMPUS, A LIBR ARY, A YMCA, TWO LOCAL SENIOR CENTERS, HEALTH FAIRS AND SPECIAL EVENTS, SCREENING NEARLY 5 80 COMMUNITY MEMBERS THE SGH SENIOR RESOURCE CENTER IS THE LEAD AGENCY FOR PROJECT CARE I N SDC'S EAST REGION PROJECT CARE IS A COMMUNITY PROGRAM THAT INCLUDES THE COUNTY OF SAN D IEGO'S AGING AND INDEPENDENCE SERVICES (AIS), JEWISH FAMILY SERVICES, SAN DIEGO GAS AND EL ECTRIC (SDG&E), LOCAL SENIOR CENTERS, SHERIFF AND POLICE, AND MANY OTHERS THROUGH ITS FRE E COMPONENT SERVICES, PROJECT CARE HELPS PEOPLE LIVE INDEPENDENTLY IN THEIR HOMES AS PART OF PROJECT CARE, THE SGH SENIOR RESOURCE CENTER DISTRIBUTED APPROXIMATELY 4,000 VIALS OF LIFE IN FY 2015 VIALS OF LIFE ARE SMALL VINYL SLEEVES, OFTEN MAGNETICALLY PLACED ON A REF RIGERATOR, THAT PROVIDE CRITICAL MEDICAL INFORMATION TO EMERGENCY PERSONNEL FOR SENIORS AN D DISABLED PEOPLE LIVING IN THEIR HOMES ALSO, THE SGH SENIOR RESOURCE CENTER PROVIDED DAI LY ARE YOU OK? PHONE CALLS TO APPROXIMATELY 25 ISOLATED OR HOMEBOUND SENIORS IN SDC'S EAST REGION ARE YOU OK? PARTICIPANTS SELECT REGULARLY SCHEDULED TIMES TO RECEIVE COMPUTERIZED PHONE CALLS AT THEIR HOME IN THE EVENT THAT STAFF MEMBERS - SUPPORTED BY THE SGH SENIOR RESOURCE CENTER AND VOLUNTEERS - DO NOT CONNECT WITH PARTICIPANTS THROUGH THESE PHONE CALL S, THE PARTICIPANTS' FAMILY OR FRIENDS ARE CONTACTED TO ENSURE THEIR SAFETY IN FY 2015, N EARLY 6,100 ARE YOU OK? CALLS WERE PLACED TO SENIORS OR DISABLED COMMUNITY MEMBERS, AND NE ARLY 100 FOLLOW-UP PHONE CALLS WERE MADE TO THEIR FAMILY OR FRIENDS IN COLLABORATION WITH THE CAREGIVER COALITION OF SAN DIEGO, THE SGH SENIOR RESOURCE CENTER PROVIDED A CONFERENC E TITLED FINDING THE BALANCE IN CAREGIVING TO MORE THAN 100 FAMILY CAREGIVERS AT THE COLLE GE AVENUE BAPTIST CHURCH IN SAN DIEGO THIS CONFER

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	ENCE PROVIDED EDUCATION ON EMOTIONAL AND LEGAL ISSUES, FALL PREVENTION AND SAFETY, HOSPICE CARE, HOW TO COMMUNICATE WITH LOVED ONES, INCONTINENCE AND MEDICARE AS WELL AS COMMUNITY RESOURCES AT THIS CONFERENCE, THE SENIOR RESOURCE CENTER COORDINATOR SPOKE ON THE EMOTION AL ISSUES OF CAREGIVING IN ADDITION, THE SGH SENIOR RESOURCE CENTER PARTICIPATED IN THE A GING AND INDEPENDENCE SERVICES VITAL AGING 2015 BOOSTING YOUR BRAINPOWER CONFERENCE, WHIC H EXPLORED HOW NUTRITION, EXERCISE, MENTAL STIMULATION, AND SOCIAL CONNECTION AFFECT MEMOR Y, MOOD AND COGNITIVE FUNCTIONING THE SUMMIT'S KEYNOTE PRESENTATION WAS GIVEN BY A NATION ALLY ACCLAIMED NEUROPSYCHOLOGIST, AND INDOOR AND OUTDOOR ACTIVITIES WERE FEATURED OTHER T OPICS INCLUDED, BUT WERE NOT LIMITED TO, ALZHEIMER'S DISEASE, FOOD AND MOOD, EXERCISE, LIF ELONG LEARNING, AND ELEMENTS OF HEALTH AND WELL-BEING THE SGH SENIOR RESOURCE CENTER PROV IDED A RESOURCE BOOTH AT THE EVENT WITH INFORMATION ON VIALS OF LIFE, SCREENING EVENTS AND OTHER SRC PROGRAMS FOR SENIORS AND CAREGIVERS THE SGH SENIOR RESOURCE CENTER PARTICIPATE D IN THE SAN DIEGO COMMUNITY ACTION NETWORK (SANDI-CAN) END-OF-LIFE CONFERENCE AT THE BALB OA PARK CLUB TITLED PLANNING AHEAD CRUCIAL CONVERSATIONS HELPING FAMILIES & SENIORS NAV IGATE END-OF-LIFE DECISIONS APPROXIMATELY 85 COMMUNITY MEMBERS ATTENDED THE FREE CONFEREN CE, WHERE THEY RECEIVED EDUCATION ON HOW TO MAKE EDUCATED AND INFORMED HEALTH CARE DECISIO NS FROM A VARIETY OF END-OF-LIFE CARE PROFESSIONALS THE CONFERENCE FOCUSED ON ASSISTANCE FOR COMMUNITY MEMBERS TO PLAN AHEAD REGARDING BURIAL, ADVANCE DIRECTIVES AND FINANCIAL MAN AGEMENT AS WELL AS A TALK ON BEREAVEMENT AND HOW TO REINVENT ONESELF AFTER LOSS IN ADDITI ON, THE SGH SENIOR RESOURCE CENTER PARTICIPATED IN THE CAREGIVER COALITION OF SAN DIEGO'S BATTER UP! ARE YOUR BASES COVERED? CONFERENCE, A FREE EVENT FOR MALE FAMILY CAREGIVERS HEL D AT THE FIRST UNITED METHODIST CHURCH THE SGH SENIOR RESOURCE CENTER PROVIDED A LECTURE ON CAREGIVING AT HOME, WHICH INCLUDED STRATEGIES TO HELP MANAGE PHYSICAL CARE NEEDS, SUCH AS SAFELY TRANSFERRING, BATHING, DRESSING AND USING THE RIGHT EQUIPMENT AS WELL AS PROVIDE D RESOURCES TO MORE THAN 60 COMMUNITY MEMBERS IN FY 2015, THE SGH SENIOR RESOURCE CENTER PARTNERED WITH SHARP HOSPICECARE, GROSSMONT POST ACUTE CARE, GROSSMONT GARDENS SENIOR LIVI NG COMMUNITY AND THE CITY OF LA MESA TO PROVIDE RIGHT CHOICES AT THE RIGHT TIME, A CONFERE NCE FOR SENIORS AND THEIR FAMILIES ON HOW TO APPROACH AGING FROM A HEALTHY PERSPECTIVE HE LD AT THE POINT LOMA COMMUNITY PRESBYTERIAN CHURCH IN APRIL AND THE LA MESA COMMUNITY CENT ER IN MAY, THE CONFERENCE PROVIDED MORE THAN 200 COMMUNITY MEMBERS WITH EDUCATION ON A VAR IETY OF TOPICS, INCLUDING HOSPICE SERVICES, LEAVING A LEGACY BY PLANNING FOR THE FUTURE, C ARE CHOICES, ADVANCE CARE PLANNING AND FINDING HOPE AND HEALING AFTER A LOSS THE CONFEREN CE INCLUDED EDUCATIONAL PRESENTATIONS BY A PHYSICIAN, ATTORNEY AND ADVANCE CARE PLANNING S PECIALIST, AS WELL AS EDUCATION FROM OTHER EXPERTS IN THE FIELD OF AGING AND HEALTH CARE, TO HELP SENIORS EFFECTIVELY NAVIGATE THEIR LATER YEARS THROUGHOUT FY 2015, THE SGH SENIOR RESOURCE CENTER PARTICIPATED IN HEALTH FAIRS IN EL CAJON, RANCHO SAN DIEGO, LAKESIDE, SAN TEE, LA MESA, SPRING VALLEY, THE COLLEGE AREA AND SAN DIEGO POPULATIONS SERVED AT THESE F AIRS INCLUDED SENIORS AND CAREGIVERS IN RURAL AREAS, LESBIAN, GAY, BISEXUAL AND TRANSGENDE R (LGBT) SENIORS, AND IN HOME SUPPORTIVE SERVICES EMPLOYEES WHO PROVIDE IN-HOME, NON-MEDIC AL CARE FOR FRAIL AND AT-RISK SENIORS THROUGH PARTICIPATION IN THESE EVENTS, THE SGH SENI OR RESOURCE CENTER PROVIDED BLOOD PRESSURE SCREENINGS AS WELL AS EDUCATIONAL RESOURCES ON SENIOR AND CAREGIVER SERVICES TO MORE THAN 3,280 COMMUNITY MEMBERS HEALTH FAIRS AND EVENT S INCLUDED THE SHARP HOSPICECARE RESOURCE & EDUCATION EXPO AT THE COLLEGE AVENUE BAPTIST C HURCH, SENIOR HEALTH FAIR AT THE LAKESIDE COMMUNITY CENTER, JEWISH FAMILY SERVICES COLLEGE AVENUE CENTER HEALTH FAIR, SUPERFOOD FO

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	IN OCTOBER, THE SGH SENIOR RESOURCE CENTER PARTICIPATED IN THE SENIOR EXPO AT THE LA MESA COMMUNITY CENTER, WHICH HIGHLIGHTED TRANSPORTATION OPTIONS, SAFETY RESOURCES, ELDER ABUSE AND FRAUD PREVENTION THE SGH SENIOR RESOURCE CENTER ALSO PARTICIPATED IN THE SOUTHERN CAR EGIVER RESOURCE CENTER'S (SCRC'S) CARING FOR THE CAREGIVER, AN INFORMATIONAL WORKSHOP FOR FAMILY CAREGIVERS THAT INCLUDED A RESOURCE FAIR AS WELL AS EDUCATION ON PREVENTING SENIOR SCAMS, STRESS MANAGEMENT TECHNIQUES AND CAREGIVING AT THE FIRST UNITED METHODIST CHURCH A T THE LGBT SENIOR FAIR, THE SGH SENIOR RESOURCE CENTER PROVIDED COMMUNITY RESOURCES, BLOOD PRESSURE CHECKS, VIALS OF LIFE, AND CAREGIVER AND COMMUNITY RESOURCES IN ADDITION, THE S GH SENIOR RESOURCE CENTER PARTICIPATED IN THE SHARP WOMEN'S HEALTH CONFERENCE HELD AT THE SHERATON SAN DIEGO HOTEL AND MARINA WHERE THEY PROVIDED VIALS OF LIFE, CAREGIVER INFORMATI ON AND COMMUNITY RESOURCES ALSO IN FY 2015, SGH'S SENIOR RESOURCE CENTER COORDINATED THE NOTIFICATION OF AVAILABILITY AND PROVISION OF SEASONAL FLU VACCINES IN SELECTED COMMUNITY SETTINGS SENIORS WERE ALERTED THROUGH ACTIVITY REMINDERS, COLLABORATIVE OUTREACH CONDUCTE D BY THE FLU CLINIC SITE, SHARP COM AND PAPER AND ELECTRONIC NEWSPAPER NOTICES THE SGH SE NIOR RESOURCE CENTER PROVIDED MORE THAN 550 SEASONAL FLU VACCINATIONS AT 17 COMMUNITY SITE S TO HIGH-RISK ADULTS WITH LIMITED ACCESS TO HEALTH CARE RESOURCES, INCLUDING SENIORS WITH OUT TRANSPORTATION AND THOSE WITH CHRONIC ILLNESSES AS WELL AS CAREGIVERS SITES INCLUDED SENIOR CENTERS, COMMUNITY CENTERS, CHURCHES, THE SALVATION ARMY, THE SGH CAMPUS, SENIOR NU TRITION SITES AND FOOD BANKS AT THE COMMUNITY SITES, THE SGH SENIOR RESOURCE CENTER ALSO PROVIDED ITS ACTIVITY CALENDARS DETAILING UPCOMING COMMUNITY EVENTS AND PROGRAMS, INCLUDIN G BLOOD PRESSURE AND FLU CLINICS, HEALTH SCREENINGS, VIALS OF LIFE, COMMUNITY SENIOR PROGR AMS AND PROJECT CARE AT THE FOOD BANKS, THE SGH SENIOR RESOURCE CENTER PROVIDED VACCINES NOT ONLY TO SENIORS, BUT ALSO TO PREGNANT WOMEN AND HIGH-RISK COMMUNITY MEMBERS, MANY OF W HOM WERE UNINSURED OR HAD LIMITED ACCESS TO TRANSPORTATION IN FY 2015, THE SGH SENIOR RES OURCE CENTER MAINTAINED ACTIVE RELATIONSHIPS WITH ORGANIZATIONS THAT SERVE SENIORS, ENHANC E NETWORKING AMONG PROFESSIONALS IN SDC'S EAST REGION AND PROVIDE QUALITY PROGRAMMING FOR SENIORS THESE ORGANIZATIONS INCLUDED THE CAREGIVER COALITION OF SAN DIEGO (THE CAREGIVER EDUCATION COMMITTEE), THE AGING DISABILITY RESOURCE CONNECTION, PROJECT CARE, EAST COUNTY ACTION NETWORK (ECAN), ECSSP AND MEALS-ON-WHEELS GREATER SAN DIEGO EAST COUNTY ADVISORY BO ARD FY 2016 PLAN SGH SENIOR RESOURCE CENTER WILL DO THE FOLLOWING * PROVIDE RESOURCES AN D SUPPORT TO ADDRESS RELEVANT CONCERNS OF SENIORS AND CAREGIVERS IN THE COMMUNITY THROUGH IN-PERSON AND PHONE CONSULTATIONS * PROVIDE COMMUNITY HEALTH INFORMATION AND RESOURCES THR OUGH EDUCATIONAL PROGRAMS, MONTHLY BLOOD PRESSURE CLINICS AND AT LEAST FIVE TY PES OF HEALT H SCREENINGS ANNUALLY * UTILIZE SHARP EXPERTS AND COMMUNITY PARTNERS TO PROVIDE APPROXIMAT ELY 35 SEMINARS PER Y EAR THAT FOCUS ON ISSUES OF CONCERN TO SENIORS * PARTICIPATE IN 20 CO MMUNITY HEALTH FAIRS AND SPECIAL EVENTS TARGETING SENIORS * COLLABORATE WITH EAST COUNTY Y MCA, AIS AND ECAN ON A HEALTHY LIVING FOR SENIORS CONFERENCE * COORDINATE TWO CONFERENCES - ONE DEDICATED TO FAMILY CAREGIVER ISSUES IN COLLABORATION WITH THE CAREGIVER COALITION O F SAN DIEGO AND ONE IN COLLABORATION WITH SHARP HOSPICECARE * PROVIDE TELEPHONE REASSURANC E CALLS TO SENIORS AND DISABLED ADULTS IN SDC'S EAST REGION THROUGH THE ARE YOU OK? PROGRA M AND PROVISION OF APPROXIMATELY 4,000 VIALS OF LIFE TO SENIOR COMMUNITY MEMBERS * PRODUCE AND DISTRIBUTE QUARTERLY CALENDARS HIGHLIGHTING EVENTS OF INTEREST TO SENIORS AND FAMILY CAREGIVERS * IN COLLABORATION WITH SHARP'S ADVANCE CARE PLANNING PROGRAM, PRESENT AN ADVAN CE DIRECTIVES AND HEALTH CARE DECISIONS PROGRAM TO INFORM SENIORS ABOUT ADVANCED DIRECTIVE S AND OTHER NECESSARY DOCUMENTS AVAILABLE TO COMMUNICATE THEIR END-OF-LIFE WISHES * AS FUN DING ALLOWS, PROVIDE SEASONAL FLU VACCINATIONS TO THE COMMUNITY * MAINTAIN ACTIVE RELATION SHIPS WITH OTHER ORGANIZATIONS SERVING SENIORS IN SDC'S EAST REGION IDENTIFIED COMMUNITY N EED CANCER EDUCATION AND SUPPORT, AND PARTICIPATION IN CLINICAL TRIALS RATIONALE REFERENC ES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SDC C OMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * IN THE HASD&IC 2013 CHN A, VARIOUS TY PES OF CANCER WERE IDENTIFIED AMONG THE TOP PRIORITY HEALTH CONDITIONS SEEN I N SDC HOSPITALS IN 2013, CANCER WAS THE LEADING CAUSE OF DEATH IN SDC'S EAST REGION * IN 2013, THERE WERE 907 DEATHS DUE TO CANCER IN SDC'S EAST REGION THE EAST REGION'S AGE-ADJ USTED DEATH RATE DUE TO CANCER WAS 192 3 DEATHS PER 100,000 POPULATION, WHICH IS HIGHER TH AN THE OVERALL SDC AGE-ADJUSTED RATE DUE TO CANCER OF 159 5 PER 100,000 POPULATION AND HIG HER THAN THE HP 2020 TARGET OF 161 4 DEATHS PER 10

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	0,000 POPULATION * IN 2011, 25 PERCENT OF ALL CANCER DEATHS IN SDC'S EAST REGION WERE DUE TO LUNG CANCER, NINE PERCENT TO COLORECTAL CANCER, EIGHT PERCENT TO FEMALE BREAST CANCER, FIVE PERCENT TO PROSTATE CANCER, AND LESS THAN ONE PERCENT TO CERVICAL CANCER * IN 2012, THE DEATH RATES FOR COLORECTAL, FEMALE BREAST CANCER, LUNG CANCER, CERVICAL CANCER, AND P ROSTATE CANCER IN SDC'S EAST REGION WERE ALL HIGHER WHEN COMPARED TO THE AGE-ADJUSTED DEAT H RATES FOR THESE SPECIFIC CANCERS IN SDC OVERALL * FROM 2010 TO 2013, CANCER WAS THE LEA DING CAUSE OF DEATH IN SDC, RESPONSIBLE FOR NEARLY 20,000 DEATHS OVERALL * HP 2020 HAS MU LTIPLE OBJECTIVES FOR REDUCING VARIOUS CANCER TYPES, WITH AN OVERALL CANCER DEATH RATE RED UCTION GOAL OF 10 PERCENT, FROM 179 3 CANCER DEATHS PER 100,000 IN 2007 (AGE-ADJUSTED TO 2 ,000 STANDARD POPULATION) TO 161 4 DEATHS PER 100,000 POPULATION * ACCORDING TO THE CALIF ORNIA CANCER REGISTRY (CCR) 2014 REPORT, CALIFORNIA CANCER FACTS & FIGURES, IN THAT YEAR, THE PREDICTED NUMBER OF NEW CANCER CASES FOR ALL SITES IN SDC WAS 13,455 EXPECTED CANCER DEATHS IN SDC FOR 2014 WERE PREDICTED TO BE 4,815 * ACCORDING TO THE AMERICAN CANCER SOCI ETY (ACS), A TOTAL OF 1,658,370 NEW CANCER CASES AND 589,430 CANCER DEATHS WERE PROJECTED TO OCCUR IN THE U S IN 2015 CALIFORNIA WAS PROJECTED TO HAVE THE MOST NEW CANCER CASES (172,090) AND THE HIGHEST NUMBER OF DEATHS (58,180) IN 2015 * ACCORDING TO THE ACS 2015 CA NCER FACTS & FIGURES REPORT, IN 2015 THERE ARE AN ESTIMATED 25,270 NEW CASES OF BREAST CAN CER AND AN ESTIMATED 4,320 BREAST CANCER DEATHS FOR FEMALES IN CALIFORNIA THIS IS FAR HIG HER THAN ANY OTHER TYPE OF NEW CANCER CASES IN THE STATE * ACCORDING TO THE 2015 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT, THE MORTALITY RATE OF BR EAST CANCER IN SDC IS 22 7 DEATHS PER 100,000 WOMEN THIS RATE IS HIGHER THAN THE HP2020 T ARGET OF 20 7 BREAST CANCER DEATHS PER 100,000 WOMEN * THE 2015 SUSAN G KOMEN FOR THE CU RE SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT REVEALS SDC HAS A HIGHER INCIDENCE RATE (1 28 6 PER 100,000) FOR BREAST CANCER THAN THE U S AND THE STATE OF CALIFORNIA (122 1 AND 1 22 0, RESPECTIVELY) * ACCORDING TO THE 2015 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIA TE COMMUNITY PROFILE REPORT, IN SDC THERE ARE 46 1 LATE-STAGE CASES OF BREAST CANCER PER 1 00,000 WOMEN, EXCEEDING THE HP2020 TARGET OF 42 1 CASES PER 100,000 WOMEN IT IS EXPECTED THAT SDC WILL TAKE APPROXIMATELY FIVE YEARS TO MEET THE HP2020 TARGET * ACCORDING TO THE 2015 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT, IN SDC BLAC K WOMEN HAVE THE HIGHEST DEATH RATES (27 7 PER 100,000 WOMEN) AND THE HIGHEST LATE-STAGE D IAGNOSES RATES (51 6 PER 100,000 WOMEN) FOR BREAST CANCER WHITE WOMEN HAVE THE SECOND HIG HEST RATES OF BREAST CANCER DEATHS AND LATE-STAGE DIAGNOSIS, FOLLOWED BY ASIAN-PACIFIC ISL ANDER (API) WOMEN LATINA WOMEN SHOWED LOWER RATES FOR BREAST CANCER DEATH AND LATE-STAGE DIAGNOSIS COMPARED TO NON-LATINA WOMEN * THE SAME REPORT IDENTIFIED THE FOLLOWING BARRIER S FOR SAN DIEGO COMMUNITY MEMBERS IN ACCESSING BREAST HEALTH CARE CULTURAL AND LANGUAGE BA RRIERS, SOCIOECONOMIC STATUS, EDUCATION AND AWARENESS, FINANCIAL BARRIERS INCLUDING INSURA NCE, HMO AUTHORIZATION, TRANSPORTATION AND CHILDCARE, LACK OF SELF-CARE, FEAR OF SCREENING /AND OR OTHER ASPECTS OF THE MEDICAL SYSTEM, HOMELESSNESS AND JOBLESSNESS THE STUDY FINDI NGS INDICATE A CRITICAL NEED FOR CULTURALLY COMPETENT OUTREACH, ESPECIALLY FOR HISPANIC, M IDDLE EASTERN, AND AFRICAN AMERICAN WOMEN COMMUNITY EFFORTS SHOULD ALSO FOCUS ON IMPROVIN G TRANSPORTATION AND EDUCATION TO REDUCE FEAR AND UNCERTAINTY

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	* ACCORDING TO THE 2015 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT, APPROXIMATELY 81 9 PERCENT OF WOMEN IN SDC BETWEEN THE AGES OF 50 AND 74 REPORTED HAVING A MAMMOGRAM IN THE PAST TWO YEARS, EXCEEDING THE HEALTHY PEOPLE 2020 TARGET OF 81 1 PERCENT FOR BREAST CANCER SCREENINGS * ACCORDING TO A 2014 REPORT FROM THE ACS, CALIFORN IA CANCER FACTS & FIGURES, SCREENING OFFERS THE ABILITY FOR SECONDARY PREVENTION BY DETECT ING CANCER EARLY REGULAR SCREENING THAT ALLOWS FOR THE EARLY DETECTION AND REMOVAL OF PRE CANCEROUS GROWTH IS KNOWN TO REDUCE MORTALITY FOR CANCERS OF THE CERVIX, COLON, AND RECTUM FIVE-YEAR RELATIVE SURVIVAL RATES FOR COMMON CANCERS ARE 93 TO 100 PERCENT IF THEY ARE D ISCOVERED BEFORE HAVING SPREAD BEY OND THE ORGAN WHERE THE CANCER BEGAN * THE ACS RECOMMEN DS MOST WOMEN SHOULD START ANNUAL BREAST CANCER SCREENINGS BETWEEN THE AGES OF 45 AND 54 A ND BIANNUALLY AFTER AGE 55, BUT WOMEN SHOULD HAVE THE OPTION TO CONTINUE ANNUAL SCREENINGS PREVIOUSLY, THE ACS RECOMMENDED WOMEN BEGIN ANNUAL BREAST CANCER SCREENINGS AT AGE 40 R ESEARCH SHOWS THAT BREAST CANCER IS UNCOMMON FOR THAT AGE GROUP AND MANY FALSE ALARMS ARE MORE LIKELY (OEFFINGER ET AL , JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION (JAMA), 2015) * ACCORDING TO A 2013 STUDY PUBLISHED IN THE JOURNAL OF CLINICAL ONCOLOGY, NEWLY DIAGNOSED CANCER PATIENTS WHO RECEIVE SUPPORT FROM A PATIENT NAVIGATOR TEND TO EXPERIENCE HIGHER SA TISFACTION OF CARE AND FEWER PROBLEMS WITH PSY CHOLOGICAL AND SOCIAL CARE, COORDINATION OF CARE, AND HEALTH INFORMATION WITH PATIENT NAVIGATION SERVICES, PATIENTS REPORTED FEELING MORE INVOLVED IN THEIR CARE, MORE INFORMED AND BETTER PREPARED FOR THE FUTURE (WAGNER ET A L , 2013) * A STUDY PUBLISHED IN THE JAMA FOUND THAT EVEN THOUGH MORTALITY FROM BREAST CA NCER HAS DECLINED SINCE 1990 DUE TO IMPROVEMENTS IN EARLY DETECTION AND TREATMENT, AN ESTI MATED 40,290 WOMEN IN THE U S WILL DIE OF BREAST CANCER IN 2015 (OEFFINGER ET AL , 2015) * ACCORDING TO THE NATIONAL INSTITUTES OF HEALTH (NIH), CLINICAL TRIALS ARE PART OF CLINI CAL RESEARCH AND ARE AT THE HEART OF ALL MEDICAL ADVANCES CLINICAL TRIALS LOOK AT NEW WAY S TO PREVENT, DETECT OR TREAT DISEASE, WITH THE GOAL TO DETERMINE THE SAFETY AND EFFICACY OF A NEW TEST CLINICAL TRIALS ALSO EXAMINE OTHER ASPECTS OF CARE, SUCH AS IMPROVING THE Q UALITY OF LIFE FOR PEOPLE WITH CHRONIC ILLNESSES IF CLINICAL TRIALS ARE TO BE SUCCESSFUL, IT IS CRITICAL THAT MORE PEOPLE ARE INVOLVED OBJECTIVES * PROVIDE CANCER EDUCATION AND S UPPORT SERVICES TO THE COMMUNITY * PARTICIPATE IN CANCER CLINICAL TRIALS, INCLUDING SCREEN ING AND ENROLLING PATIENTS FY 2015 REPORT OF ACTIVITIES NOTE THE DAVID AND DONNA LONG CEN TER FOR CANCER TREATMENT CENTER AT SGH (SGH CANCER CENTER) IS ACCREDITED BY THE NATIONAL A CCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) THE NAPBC GRANTS ACCREDITATION ONLY TO TH OSE CENTERS THAT VOLUNTARILY COMMIT TO PROVIDING THE BEST POSSIBLE CARE TO PATIENTS WITH D ISEASES OF THE BREAST THE SGH CANCER CENTER IS ALSO ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER (COC) AS A COMPREHENSIVE COMMUNITY CANCER CENTER COC ACCRE DITATION STANDARDS PROMOTE COMPREHENSIVE CANCER SERVICES, INCLUDING CONSULTATION AMONG SUR GEONS, MEDICAL AND RADIATION ONCOLOGISTS, DIAGNOSTIC RADIOLOGISTS, PATHOLOGISTS AND OTHER CANCER SPECIALISTS, RESULTING IN IMPROVED PATIENT CARE AS PART OF ITS JOURNEY IN COMPREHE NSIVE CANCER CARE, THE SGH CANCER CENTER PROVIDES PATIENTS WITH NUTRITIONAL AND GENETIC CO UNSELING IN FY 2015, THE SGH CANCER CENTER PROVIDED BREAST SELF-EXAMINATIONS AND CANCER E DUCATION AND RESOURCES FROM THE ACS AND NATIONAL CANCER INSTITUTE (NCI) TO MORE THAN 500 I NDIVIDUALS AT COMMUNITY EVENTS, INCLUDING THE CUY AMACA COLLEGE HEALTH & WELLNESS FAIR, EAS T COUNTY SENIOR SERVICE PROVIDERS 16TH ANNUAL SENIOR HEALTH FAIR AT SANTEE TROLLEY SQUARE, THE SOUTHERN INDIAN HEALTH COUNCIL, INC WOMEN'S WELLNESS HEALTH FAIR, SHARP'S ANNUAL WOM EN'S HEALTH CONFERENCE, SHARP HOSPICECARE RESOURCE & EDUCATION EXPO AND THE WATERFORD TERR ACE RETIREMENT COMMUNITY HEALTH FAIR IN ADDITION, SGH CANCER CENTER STAFF WALKED ALONGSID E CANCER PATIENTS AND FAMILIES IN THE ACS MAKING STRIDES AGAINST BREAST CANCER WALK IN OCT OBER SGH HELPED RAISE COMMUNITY AWARENESS OF CANCER THROUGH A VARIETY OF MEDIA OUTLETS IN FY 2015 IN RECOGNITION OF BREAST CANCER AWARENESS MONTH IN OCTOBER, AN SGH-AFFILIATED ON COLOGIST AND FORMER CANCER PATIENT JOINED A LIVE NEWS INTERVIEW ON SAN DIEGO 6 NEWS STATIO N TO EXPRESS THE IMPORTANCE OF RECEIVING A BREAST CANCER SCREENING AND PERFORMING ONE'S OW N BREAST SELF-EXAMINATION NEWS CONTRIBUTIONS WERE ALSO PROVIDED TO KPBS RADIO AND TELEVIS ION, KUSI NEWS, AND SAN DIEGO 6 ON THE FOLLOWING TOPICS, THE OVERTREATMENT OF DUCTAL CARCI NOMA IN SITU, A TYPE OF NONINVASIVE BREAST CANCER, SKIN CANCER PREVENTION, AND THE INCREAS ED RISK OF CANCER DUE TO E-CIGARETTES A VARIETY OF FREE SUPPORT GROUPS REACHED APPROXIMAT ELY 1,000 COMMUNITY MEMBERS IMPACTED BY CANCER OF

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	FERED TWICE PER MONTH, THE BREAST CANCER SUPPORT GROUP ALLOWED WOMEN IN ALL STAGES OF BREA ST CANCER TO SHARE EXPERIENCES AND DISCOVER COPING STRATEGIES IN ADDITION, TWO MONTHLY SU PPORT GROUPS, ONE FOR LUNG CANCER AND ONE FOR BRAIN TUMORS, WERE OFFERED TO MEET THE EDUCA TIONAL AND EMOTIONAL NEEDS OF PEOPLE LIVING WITH OR CARING FOR SOMEONE WITH THESE CANCERS BEGINNING IN THE SPRING OF 2015, THE WEEKLY ART AND CHAT SUPPORT GROUP OFFERED CANCER PAT IENTS, SURVIVORS AND THEIR LOVED ONES A COMBINATION OF CHAT AND RELAXING DRAWING METHODS T O INCREASE FOCUS, CREATIVITY, SELF-CONFIDENCE AND PERSONAL WELL-BEING THE SGH CANCER CENT ER ALSO OFFERED THE WEEKLY CHAPLAIN-LED SACRED CIRCLE SPIRITUALITY AND CANCER SUPPORT GRO UP, THROUGH WHICH CANCER PATIENTS USED A MIXTURE OF EXPRESSIVE ARTS MODALITIES, PRAYER, AN D DISCUSSION OF PERSONAL AND SPIRITUAL TOPICS TO RESTORE THEIR SPIRITS FURTHERING ITS SUP PORT FOR THOSE WITH CANCER, IN FY 2015, THE SGH CANCER INSTITUTE CREATED THE WALL OF HOPE AND INSPIRATION - A SPECIAL ART INSTALLATION FOR PATIENTS AND VISITORS TO WRITE WORDS OF W ISDOM, ADVICE AND ENCOURAGEMENT TO THOSE WITH CANCER THE SGH CANCER CENTER HOSTED EDUCATI ONAL CLASSES AT NO COST FOR PATIENTS AND COMMUNITY MEMBERS FACING CANCER OFFERED MONTHLY BETWEEN JUNE AND SEPTEMBER, THE CHAIR YOGA AND RELAXATION CLASS TAUGHT INDIVIDUALS IN ALL STAGES OF CANCER YOGA POSTURES, BREATHING AND MEDITATION TECHNIQUES TO HELP LOWER STRESS A ND CALM THE NERVOUS SYSTEM IN ADDITION, SIX LOOK GOOD FEEL BETTER CLASSES TAUGHT APPROX IMATELY 30 WOMEN TECHNIQUES TO MANAGE APPEARANCE-RELATED SIDE EFFECTS OF CANCER TREATMENT AND BOOST SELF-CONFIDENCE OFFERED THROUGH THE ACS, THE LOOK GOOD FEEL BETTER CLASSES IN CLUDED A COMPLIMENTARY MAKEUP KIT FOR ATTENDEES AND INSTRUCTION FROM A LICENSED BEAUTY PRO FESSIONAL ON MAKEUP APPLICATION, SKIN CARE, AND WEARING WIGS AND HEADWEAR THE SGH CANCER CENTER ALSO OFFERED A 12-MONTH SURVIVORSHIP LUNCH AND LEARN SERIES IN FY 2015, REACHING AP PROXIMATELY 10 INDIVIDUALS PER SESSION ONCE A MONTH, COMMUNITY MEMBERS, PATIENTS AND FAMI LIES WERE INVITED TO HEAR LOCAL EXPERTS SPEAK ABOUT A UNIQUE CANCER-RELATED TOPIC - SUCH A S COPING WITH THE HOLIDAYS, APPROACHING SURVIVORSHIP WITH CONFIDENCE, AND COMPLEMENTARY TH ERAPIES - AND PARTICIPATE IN A Q&A SESSION WHILE ENJOYING A COMPLIMENTARY LUNCH AS PART O F THE SGH CANCER CENTER TEAM, A LICENSED CLINICAL SOCIAL WORKER (LCSW), CANCER PATIENT NAV IGATORS (CPN), GENETICS COUNSELOR AND CERTIFIED DIETICIAN HELP GUIDE AND SUPPORT PATIENTS AND THEIR FAMILIES BEFORE, DURING AND AFTER THE COURSE OF TREATMENT THE LCSW OFFERS PSYCH OSOCIAL SERVICES (ASSESSMENTS, CRISIS INTERVENTION, COUNSELING AND STRESS MANAGEMENT), SUP PORT GROUP LEADERSHIP, AND ADVOCACY AND RESOURCES FOR TRANSPORTATION, PALLIATIVE CARE AND HOSPICE, FOOD AND FINANCIAL ASSISTANCE IN FY 2015 THIS INCLUDED IMPROVING PATIENT AND FAM ILY CONNECTIONS TO COMMUNITY SERVICES, SUCH AS ACS, SAN DIEGO BRAIN TUMOR FOUNDATION, LEUK EMIA AND LY MPHOMA SOCIETY, LUNG CANCER ALLIANCE, MAMA'S KITCHEN, 2-1-1 SAN DIEGO, FEEDING AMERICA SAN DIEGO, SDFB AND JEWISH FAMILY SERVICE OF SAN DIEGO'S BREAST CANCER CASE MANAGE MENT PROGRAM, AND OTHER FOOD AND FINANCIAL ASSISTANCE PROGRAMS THE LCSW SERVED APPROXIMAT ELY 230 PATIENTS AND FAMILY MEMBERS IN FY 2015, WHILE AN ADDITIONAL 25 COMMUNITY MEMBERS C ONTACTED THE LCSW FOR CONSULTATION REGARDING SUPPORT GROUPS AND OTHER SGH CANCER CENTER SE RVICES AND COMMUNITY RESOURCES

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	THE BREAST CPN IS AN RN CERTIFIED IN BREAST HEALTH WHO PERSONALLY ASSISTS BREAST CANCER PA TIENTS AND THEIR FAMILIES IN THEIR NAVIGATION OF THE HEALTH CARE SYSTEM THE BREAST CPN OF FERS SUPPORT, GUIDANCE, FINANCIAL ASSISTANCE REFERRALS AND CONNECTION TO COMMUNITY RESOURC ES THROUGH COLLABORATION WITH COMMUNITY CLINICS - INCLUDING FHCSD, NEIGHBORHOOD HEALTHCAR E AND BORREGO HEALTH - THE BREAST CPN REFERS UNFUNDED OR UNDERFUNDED WOMEN FOR A COVERED D IAGNOSTIC MAMMOGRAM OR IMMEDIATE MEDI-CAL INSURANCE SHOULD THEIR BIOPSY PROVE POSITIVE AND REQUIRE TREATMENT THE BREAST CPN ALSO IDENTIFIES PATIENTS WHO MAY BENEFIT FROM THE BREAS T AND CERVICAL CANCER TREATMENT PROGRAM, A PROGRAM OFFERED THROUGH THE CALIFORNIA DEPARTME NT OF HEALTH CARE SERVICES TO PROVIDE URGENTLY NEEDED CANCER TREATMENT COVERAGE, INCLUDING REFERRING PATIENTS TO LOCAL CLINICS WHO HELP COMPLETE THE ENROLLMENT PROCESS PATIENTS NE EDING PSYCHOSOCIAL SUPPORT MAY BE REFERRED TO VARIOUS LOCAL OR NATIONAL SUPPORT GROUPS, TH E JEWISH FAMILY SERVICE OF SAN DIEGO'S BREAST CANCER CASE MANAGEMENT PROGRAM OR THE SGH CA NCER CENTER RADIATION ONCOLOGY DEPARTMENT'S LCSW IN FY 2015, THE BREAST CPN FACILITATED A CCESS TO CARE FOR MORE THAN 180 BREAST CANCER PATIENTS IN NEED - MANY WITH LATE-STAGE CANC ER DIAGNOSES - THROUGH THE PROVISION OF REFERRALS TO VARIOUS COMMUNITY AND NATIONAL ORGANI ZATIONS SINCE 2014, A CPN HAS BEEN DESIGNATED FOR PATIENTS WITH CANCERS OTHER THAN BREAST THE CPN PRIMARILY SERVES PATIENTS WITH HEAD AND NECK CANCERS AND LUNG CANCER, BUT ALSO A SSISTS THOSE WITH ANAL AND ESOPHAGEAL CANCERS AS WELL AS ANY CANCER PATIENT WITH COMPLEX C ARE NEEDS THE CPN SUPPORTS PATIENTS AND THEIR FAMILY MEMBERS THROUGH CARE COORDINATION AN D CONNECTION TO NEEDED RESOURCES, INCLUDING TRANSPORTATION, TRANSLATION NEEDS, FINANCIAL A SSISTANCE, SPEECH THERAPY, NUTRITIONAL SUPPORT, FEEDING TUBE SUPPORT, SOCIAL WORK SERVICES AND MORE IN ADDITION, THE CPN OFFERS PSYCHOSOCIAL SUPPORT AND EDUCATION ABOUT THE SIDE E FFECTS OF RADIATION THERAPY THE CPN HAS ASSISTED NEARLY 160 PATIENTS AND THEIR FAMILIES S INCE THE INCEPTION OF THE PROGRAM THE GENETICS COUNSELOR ASSISTS PATIENTS AND FAMILY MEMB ERS AT SGH, SMH AND SCVMC THROUGH RISK ASSESSMENT, COUNSELING, GENETICS TESTING FOR PERSON AL AND FAMILY HISTORY OF CANCER, AND REFERRALS FOR HIGH-RISK PATIENTS IN FY 2015, THE GEN ETICS COUNSELOR SERVED APPROXIMATELY 250 INDIVIDUALS, AND DEDICATED NEARLY 450 HOURS TO GE NETICS COUNSELING, ACROSS EACH ENTITY THE SGH CANCER CENTER CERTIFIED DIETICIAN ASSISTS P ATIENTS RECEIVING RADIATION THERAPY OR COMBINED RADIATION AND CHEMOTHERAPY WHO ARE AT HIGH -RISK FOR MALNUTRITION THIS MOST OFTEN INCLUDES PATIENTS WITH HEAD AND NECK, ESOPHAGEAL, LUNG, PANCREATIC AND PELVIC CANCERS - INCLUDING SOME CERVICAL AND RECTAL IN FY 2015, THE DIETICIAN PROVIDED ONE-ON-ONE NUTRITION ASSESSMENTS, EDUCATION AND FOLLOW-UP TO APPROXIMAT ELY 280 PATIENTS THE SGH CANCER CENTER CONDUCTS ONCOLOGY CLINICAL TRIALS TO SUPPORT THE D ISCOVERY OF NEW AND IMPROVED TREATMENTS TO HELP INDIVIDUALS OVERCOME CANCER AND TO ENHANCE SCIENTIFIC KNOWLEDGE FOR THE LARGER HEALTH AND RESEARCH COMMUNITIES IN FY 2015, THE SGH CANCER CENTER SCREENED MORE THAN 100 PATIENTS FOR PARTICIPATION IN ONCOLOGY CLINICAL TRIAL S AS A RESULT, 21 PATIENTS WERE ENROLLED IN CANCER RESEARCH STUDIES WHILE APPROXIMATELY 9 0 PATIENTS CONTINUED TO RECEIVE FOLLOW-UP CARE THROUGH THE STUDIES THE SGH CANCER CENTER SUPPORTED LEARNING OPPORTUNITIES FOR COMMUNITY PHYSICIANS AND OTHER HEALTH CARE PROFESSION ALS THROUGH PARTICIPATION IN PROFESSIONAL CONFERENCES THIS INCLUDED THE 2014 BINATIONAL C ONGRESS BREAST AND CERVICAL CANCER, SPONSORED BY SHC AND LAS DAMAS DE SAN DIEGO FOUNDATIO N IN COLLABORATION WITH THE UNITED STATES-MEXICO BORDER HEALTH COMMISSION THIS FREE, EDUC ATIONAL EVENT WAS DESIGNED TO RAISE CANCER AWARENESS AMONG THE BAJA CALIFORNIA, MEXICO, AN D SOUTHERN CALIFORNIA COMMUNITIES BY PROMOTING EARLY CANCER DETECTION PROGRAMS, HEALTH ADV OCACY, EDUCATION AND GOODWILL THE SGH CANCER CENTER ALSO SUPPORTED SHARP'S 2015 CONFERENC E TITLED COLORECTAL CANCER FROM DIAGNOSIS TO SURVIVORSHIP, TO EDUCATE COMMUNITY PHYSICIAN S AND OTHER HEALTH PROFESSIONALS ABOUT THE EARLY IDENTIFICATION OF PATIENTS AT RISK FOR CO LORECTAL CANCER, THE LATEST IN SCREENING, DIAGNOSIS, STAGING AND TREATMENT, AND ONGOING SU RVEILLANCE OF CANCER SURVIVORS FY 2016 PLAN THE SGH CANCER CENTER WILL DO THE FOLLOWING * CONTINUE TO PROVIDE CANCER EDUCATION, RESOURCES AND DEMONSTRATIONS ON BREAST SELF-EXAMS AT COMMUNITY HEALTH FAIRS AND EVENTS * CONTINUE TO PROVIDE A FREE BIWEEKLY BREAST CANCER S UPPORT GROUP FOR WOMEN IN ALL STAGES OF BREAST CANCER * PROVIDE FREE COMMUNITY SUPPORT GRO UPS, INCLUDING GROUPS FOR COMMUNITY MEMBERS WITH LUNG CANCER AND THEIR CAREGIVERS, A SUPP ORT GROUP FOR MEN WITH CANCER, A SUPPORT GROUP FOR YOUNG CANCER PATIENTS, WITH A FOCUS ON THOSE AGES 45 AND UNDER, AS WELL AS ART- AND SPIRITUALLY-THEMED SUPPORT GROUPS * CONTINUE TO HOST A FREE MONTHLY LUNCH AND LEARN EDUCATIONAL

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	SERIES FOR CANCER PATIENTS, SURVIVORS AND THEIR LOVED ONES * PROVIDE SIX LOOK GOOD FEEL BETTER CLASSES TO HELP FEMALE CANCER PATIENTS MANAGE APPEARANCE-RELATED SIDE EFFECTS OF C ANCER TREATMENT * OFFER A 5K TRAINING GROUP TO SUPPORT THE PHYSICAL ACTIVITY GOALS OF PATI ENTS AND COMMUNITY MEMBERS WITH CANCER * CONTINUE TO PROVIDE ONGOING PERSONALIZED EDUCATIO N AND INFORMATION, SUPPORT AND GUIDANCE TO CANCER PATIENTS AND THEIR LOVED ONES AS THEY MO VE THROUGH THE CONTINUUM OF CARE * CONTINUE TO PROVIDE EDUCATION AND RESOURCES TO THE COMM UNITY WITH PATIENT NAVIGATORS FOR CANCERS INCLUDING BREAST, HEAD AND NECK, LUNG, ANAL AND ESOPHAGEAL AS WELL AS CANCER PATIENTS WITH COMPLEX CARE NEEDS * CONTINUE TO CONNECT INDIVI DUALS WITH SERVICES AND COMMUNITY RESOURCES TO ASSIST THEM IN MANAGING THEIR ILLNESS * IN COLLABORATION WITH THE SHARP ADVANCE CARE PLANNING PROGRAM, PROVIDE AN ADVANCE CARE PLANNI NG CLINIC TO ASSIST PATIENTS AND COMMUNITY MEMBERS WITH CANCER, AND THEIR LOVED ONES, IN C OMPLETING AN ADVANCE DIRECTIVE * SCREEN AND ENROLL CANCER PATIENTS IN CLINICAL TRIALS FOR RESEARCH STUDIES * PROVIDE EDUCATIONAL INFORMATION ON CANCERS AND AVAILABLE TREATMENTS THR OUGH COMMUNITY RESIDENTS AND COMMUNITY PHYSICIAN LECTURES * PROVIDE INTERNSHIPS TO NU RADI ATION THERAPY STUDENTS IDENTIFIED COMMUNITY NEED BONE HEALTH - ORTHOPEDIC/OSTEOPOROSIS ED UCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH N EEDS ASSESSMENT OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICA TED RATIONALE * IN THE HASD&IC 2013 CHNA, BACK PAIN WAS IDENTIFIED AMONG THE TOP 15 PRIOR ITY HEALTH CONDITIONS SEEN IN SDC HOSPITALS * IN SDC'S EAST REGION IN 2013, THE NUMBER OF ARTHRITIS-RELATED HOSPITALIZATIONS TOTALED 2,047, AN AGE-ADJUSTED RATE OF 387 5 PER 100,0 00 POPULATION THIS IS THE HIGHEST IN THE COUNTY AND ABOVE THE COUNTY OVERALL AGE-ADJUSTED RATE OF 321 5 PER 100,000 POPULATION * IN SDC'S EAST REGION IN 2013, THE NUMBER OF ARTHR ITIS ED DISCHARGES TOTALED 3,231, WHICH IS AN AGE-ADJUSTED RATE OF 672 1 PER 100,000 POPUL ATION THIS WAS THE SECOND HIGHEST RATE IN SDC AND ABOVE THE OVERALL AGE-ADJUSTED RATE OF 518 3 PER 100,000 POPULATION * IN SDC'S EAST REGION IN 2013, FEMALES HAD HIGHER ARTHRITIS -RELATED ED DISCHARGES THAN MALES (761 3 AND 606 4 PER 100,000 POPULATION, RESPECTIVELY) BLACKS HAD A HIGHER ARTHRITIS RELATED ED DISCHARGE RATE THAN OTHER RACE/ETHNICITY GROUPS, AND PERSONS AGES 65 AND OLDER HAD HIGHER ARTHRITIS-RELATED ED DISCHARGES THAN THOSE IN OTH ER AGE GROUPS * ACCORDING TO THE CDC, ARTHRITIS IS THE NATION'S MOST COMMON CAUSE OF DISA BILITY AN ESTIMATED 52 5 MILLION U S ADULTS (MORE THAN ONE IN FIVE) REPORT DOCTOR-DIAGNO SED ARTHRITIS AS THE U S POPULATION AGES, THESE NUMBERS ARE EXPECTED TO INCREASE TO 67 M ILLION BY 2030, AND MORE THAN ONE-THIRD OF THESE ADULTS WILL REPORT ARTHRITIS-ATTRIBUTABLE ACTIVITY LIMITATIONS IN ADDITION, A RECENT STUDY INDICATED THAT SOME FORM OF ARTHRITIS O R OTHER RHEUMATIC CONDITION AFFECTS ONE IN EVERY 250 CHILDREN UNDER THE AGE OF 18 (CDC, 20 15) * ALONG WITH THE FINANCIAL COSTS, OSTEOPOROSIS CAN REDUCE QUALITY OF LIFE FOR MANY PE OPLE WHO SUFFER FRACTURES IT CAN ALSO AFFECT THE LIVES OF FAMILY MEMBERS AND FRIENDS WHO SERVE AS CAREGIVERS (NIH, 2014) * SOME OF THE RISK FACTORS FOR DEVELOPING OSTEOPOROSIS IN CLUDE BODY SIZE, FAMILY HISTORY, AGE, SEX HORMONE DEFICIENCIES, DIET LOW IN CALCIUM AND VI TAMIN D, CERTAIN MEDICATIONS, PHYSICAL INACTIVITY, SMOKING AND EXCESSIVE ALCOHOL USE (NIH, 2014) * FIFTY PERCENT OF PEOPLE WHO FRACTURE A HIP WILL BE UNABLE TO WALK WITHOUT ASSIST ANCE AND ABOUT ONE IN FIVE HIP FRACTURE PATIENTS OVER AGE 50 DIE IN THE YEAR FOLLOWING THE IR FRACTURE AS A RESULT OF ASSOCIATED MEDICAL COMPLICATIONS VERTEBRAL FRACTURES CAN ALSO HAVE SERIOUS CONSEQUENCES, INCLUDING CHRONIC BACK PAIN AND DISABILITY THESE FRACTURES HAV E ALSO BEEN LINKED TO INCREASED MORTALITY IN OLDER PEOPLE (NIH, 2014) * ACCORDING TO THE CDC, THERE ARE 250,000 HOSPITAL ADMISSIO

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	OBJECTIVE * PROVIDE EDUCATION ON ORTHOPEDICS AND OSTEOPOROSIS TO THE COMMUNITY FY 2015 REP ORT OF ACTIVITIES NOTE SGH WAS RE-CERTIFIED IN JUNE 2014 BY THE JOINT COMMISSION IN DISEA SE-SPECIFIC CARE FOR ITS TOTAL KNEE AND TOTAL HIP REPLACEMENT PROGRAMS THE PROGRAMS ARE N ATIONALLY RECOGNIZED FOR THEIR OUTREACH, EDUCATION AND UTILIZATION OF EVIDENCE-BASED PRACT ICES AS WELL AS DOCUMENTATION OF THEIR PERFORMANCE MEASURES AND SUCCESS RATES IN FY 2015, SGH OFFERED EDUCATIONAL SESSIONS ON HIP, BACK, KNEE AND SHOULDER PROBLEMS TO NEARLY 400 C OMMUNITY MEMBERS TOPICS INCLUDED MANAGEMENT OF ARTHRITIS AS WELL AS HIP AND KNEE REPAIR A ND TREATMENT, INCLUDING DISCUSSIONS OF NONSURGICAL OPTIONS AND MINIMALLY-INVASIVE SURGERY USING THE LATEST TECHNOLOGY HELD AT THE GROSSMONT HEALTHCARE DISTRICT CONFERENCE CENTER A ND THE SGH AUDITORIUM, ATTENDANCE RANGED FROM 15 TO 70 INDIVIDUALS PER EVENT SGH PROVIDED THREE SEMINARS ON THE TREATMENT OF SHOULDER PAIN, REACHING NEARLY 180 COMMUNITY MEMBERS, INCLUDING EDUCATION ON ARTHRITIS, TORN ROTATOR CUFF, BURSITIS AND FROZEN SHOULDER, AS WELL AS TREATMENT OPTIONS IN ADDITION, IN MARCH, SGH PROVIDED EDUCATION TO 80 COMMUNITY MEMBE RS AT A SEMINAR TITLED THE BRITTLE TRUTH - OSTEOPOROSIS FACTS AND TIPS FOR HEALTHY BONES TOPICS INCLUDED RISK FACTORS SUCH AS DIET, LIFESTYLE, AGE, FAMILY HISTORY, TREATMENTS AND PHYSICAL ACTIVITY TO HELP MAINTAIN BONE HEALTH ADDITIONALLY, SHARP PROVIDED MORE THAN 225 COMMUNITY MEMBERS WITH OSTEOPOROSIS HEEL SCREENINGS AND EDUCATION ON CALCIUM AND VITAMIN D REQUIREMENTS AS WELL AS EXERCISE TIPS FOR OSTEOPOROSIS TREATMENT AND PREVENTION AT THE S HARP WOMEN'S HEALTH CONFERENCE FY 2016 PLAN SGH WILL DO THE FOLLOWING * CONTINUE TO OFFE R ORTHOPEDIC, ARTHRITIS, JOINT HEALTH AND OSTEOPOROSIS EDUCATIONAL PRESENTATIONS TO THE CO MMUNITY * PROVIDE A PHYSICIAN-LED SESSION ON OSTEOPOROSIS PREVENTION AND EDUCATION AT THE SHARP WOMEN'S HEALTH CONFERENCE IDENTIFIED COMMUNITY NEED WOMEN'S AND PRENATAL HEALTH SER VICES AND EDUCATION RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NEE DS ASSESSMENT OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATE D RATIONALE * IN THE HASD&IC 2013 CHNA, HIGH-RISK PREGNANCY WAS IDENTIFIED AS ONE OF THE TOP 15 PRIORITY HEALTH CONDITIONS SEEN IN SDC HOSPITALS * IN 2013, SDC'S EAST REGION HAD 438 LOW BIRTH WEIGHT (LBW) BIRTHS, 6 8 PERCENT OF TOTAL BIRTHS FOR THE REGION LBW BIRTHS WERE HIGHER AMONG FEMALE INFANTS THAN MALE INFANTS INFANTS OF BLACK MOTHERS HAD AN 11 PER CENT LBW, THE HIGHEST PERCENTAGE WHEN COMPARED TO MOTHERS OF OTHER RACES AND ETHNICITIES * IN 2013, 36 INFANTS DIED BEFORE THEIR FIRST BIRTHDAY IN SDC'S EAST REGION THE INFANT MO RTALITY RATE WAS 5 5 INFANT DEATHS PER 1,000 LIVE BIRTHS, WHICH IS HIGHER THAN THE INFANT MORTALITY RATE FOR SDC OVERALL * THERE WERE 673 HOSPITALIZATIONS DUE TO MATERNAL COMPLICA TIONS IN SDC'S EAST REGION IN 2013 THE EAST REGION'S AGE-ADJUSTED RATE WAS 301 6 PER 100, 000 POPULATION, WHICH WAS LOWER THAN THE AGE-ADJUSTED RATE FOR SDC OVERALL (306 7 PER 100, 000 POPULATION) * IN 2013, THERE WERE 5,217 LIVE BIRTHS WITH EARLY PRENATAL CARE IN SDC'S EAST REGION, WHICH TRANSLATES TO 81 1 PERCENT OF LIVE BIRTHS FOR THE REGION THIS WAS SLI GHTLY LOWER THAN THE PERCENTAGE OF LIVE BIRTHS RECEIVING EARLY PRENATAL CARE IN SDC OVERAL L (84 8 PERCENT) * IN 2013, 84 8 PERCENT OF WOMEN IN SDC INITIATED PRENATAL CARE DURING T HEIR PREGNANCY * ACCORDING TO 2014 CHIS DATA, 24 2 PERCENT OF WOMEN (AGES 18 TO 65 YEARS) WERE OBESE (BMI > 30) * ACCORDING TO HP 2020, THE RISK OF MATERNAL AND INFANT MORTALITY AND PREGNANCY-RELATED COMPLICATIONS CAN BE REDUCED BY INCREASING ACCESS TO QUALITY PRECONC EPTION AND INTER-CONCEPTION CARE * ACCORDING TO A RECENT STUDY IN THE JAMA, ONE IN SEVEN WOMEN HAVE DEPRESSION IN THE YEAR AFTER THEY GIVE BIRTH (JAMA, 2013) * ACCORDING TO THE C DC'S 2014 BREASTFEEDING REPORT CARD, BREASTFEEDING PROVIDES MANY KNOWN BENEFITS FOR INFANT S, CHILDREN, AND MOTHERS PROFESSIONAL LACTATION SUPPORT CAN HELP MOTHERS INITIATE AND CON TINUE BREASTFEEDING * THE AMERICAN ACADEMY OF PEDIATRICS (AAP) RECOMMENDS THAT BABIES BE EXCLUSIVELY BREASTFED FOR APPROXIMATELY THE FIRST SIX MONTHS OF LIFE, FOLLOWED BY CONTINUE D BREASTFEEDING WITH COMPLEMENTARY FOODS FOR ONE YEAR OR LONGER (AAP, 2012) * ACCORDING T O THE CDC'S 2014 BREASTFEEDING REPORT CARD, 63 1 PERCENT OF MOTHERS IN CALIFORNIA WERE BRE ASTFEEDING AT SIX MONTHS, WHILE ONLY 25 4 PERCENT WERE EXCLUSIVELY BREASTFEEDING AT SIX MO NTHS (CDC, 2014) * IN CALIFORNIA, SDC IS RANKED 22ND OUT OF 50 COUNTIES FOR EXCLUSIVE BRE ASTFEEDING (CALIFORNIA WOMEN, INFANTS AND CHILDREN (WIC) ASSOCIATION AND UC DAVIS HUMAN LA CTATION CENTER, A POLICY UPDATE ON CALIFORNIA BREASTFEEDING AND HOSPITAL PERFORMANCE, 2013) * NEARLY TWO-THIRDS OF CALIFORNIA WOMEN PLAN TO BREASTFEED EXCLUSIVELY, BUT LESS THAN 4 0 PERCENT ARE DOING SO AT ONE MONTH POSTPARTUM HOSPITALS, HEALTH CARE PROVIDERS, PUBLIC H EALTH AGENCIES AND SUPPORT GROUPS MUST WORK TOGETH

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	ER TO ENSURE ALL MOTHERS HAVE THE NEEDED RESOURCES TO BREASTFEED IN THE HOSPITAL AND AT HO ME (CALIFORNIA WIC ASSOCIATION AND UC DAVIS HUMAN LACTATION CENTER, A POLICY UPDATE ON CAL IFORNIA BREASTFEEDING AND HOSPITAL PERFORMANCE, 2013) * ACCORDING TO THE CDC, MATERNAL HE ALTH 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 OUT COMES INCLUDE UNCONTROLLED DIABETES AROUND THE TIME OF CONCEPTION, MATERNAL OBESITY, MATER NAL SMOKING DURING PREGNANCY AND MATERNAL DEFICIENCY OF FOLIC ACID (CDC, 2015) * PRETERM BIRTH IS THE BIRTH OF AN INFANT PRIOR TO 37 WEEKS OF PREGNANCY IN 2014, PRETERM BIRTH AFF ECTED ABOUT ONE OF EVERY 10 INFANTS BORN IN THE U S PRETERM BIRTH IS THE GREATEST CONTRIB UTOR TO INFANT DEATH, WITH MOST PRETERM-RELATED DEATHS OCCURRING AMONG BABIES WHO WERE BOR N BEFORE 32 WEEKS PRETERM BIRTH IS ALSO A LEADING CAUSE OF LONG-TERM NEUROLOGICAL DISABIL ITIES IN CHILDREN * CONTRIBUTING FACTORS ASSOCIATED WITH PRETERM BIRTH INCLUDE MATERNAL A GE, RACE, SOCIOECONOMIC STATUS, TOBACCO AND ALCOHOL USE, SUBSTANCE ABUSE, STRESS, HIGH BLO OD PRESSURE, PRIOR PRE-TERM BIRTHS, CARRYING MORE THAN ONE BABY, INFECTION AND LATE PRENAT AL CARE (CDC, 2015) OBJECTIVES * CONDUCT OUTREACH AND EDUCATION ACTIVITIES FOR WOMEN ON A VARIETY OF HEALTH TOPICS, INCLUDING PRENATAL CARE AND PARENTING SKILLS * DEMONSTRATE BEST PRACTICES IN BREASTFEEDING AND MATERNITY CARE, AND PROVIDE EDUCATION AND SUPPORT TO NEW M OTHERS ON THE IMPORTANCE OF BREASTFEEDING * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO HE LP RAISE AWARENESS OF WOMEN'S HEALTH ISSUES AND SERVICES, AS WELL AS TO PROVIDE LOW-INCOME AND UNDERSERVED WOMEN IN THE SAN DIEGO COMMUNITY WITH CRITICAL PRENATAL SERVICES * PARTIC IPATE IN PROFESSIONAL ASSOCIATIONS RELATED TO WOMEN'S SERVICES AND PRENATAL HEALTH AND DIS SEMINATE RESEARCH FY 2015 REPORT OF ACTIVITIES IN FY 2015, THE SGH WOMEN'S HEALTH CENTER P ROVIDED EDUCATION, OUTREACH AND SUPPORT TO HELP MEET THE UNIQUE NEEDS OF WOMEN, MOTHERS AN D NEWBORNS THROUGHOUT THE COMMUNITY FREE SUPPORT GROUPS ASSISTED WOMEN AND FAMILIES WITH THE CHALLENGES AND ADAPTATIONS OF HAVING A NEWBORN OFFERED TWICE PER WEEK, THE BREASTFEED ING SUPPORT GROUP PROVIDES A COMFORTABLE ENVIRONMENT TO DISCUSS THE JOYS AND CHALLENGES OF BREASTFEEDING AS WELL AS TIPS TO IMPROVE BREASTFEEDING SUCCESS AT HOME FACILITATED BY RN LACTATION CONSULTANTS, THE GROUP SERVED APPROXIMATELY 16 ATTENDEES PER SESSION IN FY 2015 , INCLUDING FATHERS WHO WERE WELCOME TO ATTEND A WEEKLY POSTPARTUM SUPPORT GROUP, LED BY THE SGH WOMEN'S HEALTH CENTER'S SOCIAL WORKERS, SUPPORTED APPROXIMATELY 10 MOTHERS PER SES SION IN FY 2015 THROUGH THE SUPPORT GROUP, MOTHERS WITH BABIES UP TO 12 MONTHS OF AGE WHO ARE SUFFERING FROM "BABY BLUES" SY MPTOMS, DEPRESSION AND/OR ANXIETY CAN SHARE THEIR EXPER IENCES, LEARN COPING STRATEGIES AND RECEIVE PROFESSIONAL REFERRALS IN ADDITION, THE WEEKL Y LITTLE WONDERS SUPPORT GROUP HELPED NEW PARENTS TRANSITION INTO THEIR ROLE AS A MOTHER O R FATHER LED BY A PERINATAL EDUCATOR, THE GROUP REACHED APPROXIMATELY 11 PARENTS PER SESS ION, AND COVERED TOPICS SUCH AS CALMING TECHNIQUES AND SLEEP STRATEGIES TO HELP ENHANCE KN OWLEDGE AND CONFIDENCE IN NEW PARENTS EDUCATIONAL CLASSES COVERED A VARIETY OF PARENTING AND NEWBORN CARE TOPICS THROUGH THE BREASTFEEDING CLASS, MOMS-TO-BE LEARNED BASIC BREASTF EEDING TIPS, INCLUDING UNDERSTANDING THE ADVANTAGES OF BREASTFEEDING, POSITIONING AND THE USE OF BREAST PUMPS DESIGNED FOR FIRST-TIME PARENTS, THE BABY CARE BASICS CLASS PROVIDED EDUCATION ON INFANT CARE, INCLUDING CAR-SEAT SAFETY, INFANT NUTRITION AND BATHING, AS WELL AS HANDS-ON PRACTICE WITH DIAPERING, DRESSING AND SWADDLING OTHER OFFERINGS BY THE SGH W OMEN'S HEALTH CENTER IN FY 2015 INCLUDED CLASSES ON CESAREAN DELIVERY PREPARATION, CHILDBI RTH PREPARATION, INFANT AND CHILD CPR, AND PREPARING NEW BROTHERS, SISTERS AND GRANDPARENT S THE SGH WOMEN'S HEALTH CENTER ALSO SU

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	SGH ANTICIPATES BABY-FRIENDLY USA DESIGNATION IN EARLY-TO MID-2016 THROUGH THE IMPLEMENTAT ION OF EVIDENCE-BASED MATERNITY CARE PRACTICES ESTABLISHED BY THE UNITED NATIONS CHILDREN 'S FUND (UNICEF) AND THE WORLD HEALTH ORGANIZATION (WHO) IN 1991, THE BABY-FRIENDLY HOSPIT AL INITIATIVE (BFHI) RECOGNIZES AND ENCOURAGES HOSPITALS AND BIRTHING CENTERS THAT OFFER H IGH-QUALITY BREASTFEEDING CARE THE BFHI HAS BEEN IMPLEMENTED IN MORE THAN 170 COUNTRIES, RESULTING IN THE DESIGNATION OF MORE THAN 20,000 BIRTHING FACILITIES SGH HAS COMPLETED RE QUIREMENTS FOR BABY-FRIENDLY USA DESIGNATION INCLUDING TRAINING HEALTH CARE STAFF TO PROPE RLY IMPLEMENT A BREASTFEEDING POLICY, PROVIDING EDUCATION TO PREGNANT WOMEN ON THE BENEFIT S OF BREASTFEEDING, DEMONSTRATING HOW TO BREASTFEED AND MAINTAIN LACTATION TO NEW MOTHERS, ENCOURAGING BREASTFEEDING ON DEMAND, ALLOWING MOTHERS AND INFANTS TO REMAIN TOGETHER 24 H OURS A DAY, AND ESTABLISHING BREASTFEEDING SUPPORT GROUPS AND REFERRING MOTHERS TO THESE R ESOURCES FOLLOWING DISCHARGE FROM THE HOSPITAL OR CLINIC THE SGH WOMEN'S HEALTH CENTER HA S IMPLEMENTED SEVERAL CRITICAL PROCESS IMPROVEMENTS TO INCREASE BREASTFEEDING RATES AMONG NEW MOTHERS AND CONTINUES TO EXPLORE AND PARTICIPATE IN OPPORTUNITIES TO SHARE THESE BEST PRACTICES WITH THE BROADER HEALTH CARE COMMUNITY THIS BEGAN IN 2012 WITH IMPLEMENTATION O F THE TEN STEPS TO SUCCESSFUL BREASTFEEDING, AND CONTINUED IN 2013 THROUGH VARIOUS OTHER Q UALITY STRATEGIES TO PROMOTE EXCLUSIVE BREASTFEEDING AND EXCLUSIVE BREAST MILK IN THE NEON ATAL INTENSIVE CARE UNIT (NICU) IN ADDITION, EDUCATIONAL RESOURCES PROVIDED AT COMMUNITY CLINICS AND IN THE HOSPITAL'S CHILDBIRTH EDUCATION CLASSES HAVE BEEN UPDATED TO REFLECT BE ST PRACTICES IN BREASTFEEDING FOR MOTHERS AND THEIR FAMILIES NICU NURSES ALSO CONTINUED T O ENCOURAGE MOTHERS TO USE A PUMP LOG TO DOCUMENT AND INCREASE ACCOUNTABILITY OF THEIR 24- HOUR BREAST MILK VOLUMES EARLY INTERVENTION STRATEGIES WERE INCORPORATED TO PROMOTE THE E STABLISHMENT OF BREAST MILK IN THE FIRST COUPLE OF WEEKS THE SGH WOMEN'S HEALTH CENTER AL SO CONTINUED TO TRACK MOTHERS OF PREMATURE INFANTS 28 TO 34 WEEKS WHO ESTABLISHED BREAST M ILK SUPPLY AT TWO WEEKS AS A RESULT OF THESE COMPREHENSIVE EFFORTS, THE SGH WOMEN'S HEALT H CENTER INCREASED THE EXCLUSIVE BREASTFEEDING RATE AT DISCHARGE FOR NEWBORNS FROM 49 PERC ENT IN 2011 TO 68 1 PERCENT IN 2015 THE DOCUMENTATION FOR 24-HOUR BREAST MILK PRODUCTION BY MOTHERS WITH PREMATURE INFANTS IN THE NICU ALSO PROGRESSED FROM 85 PERCENT IN 2012 TO 9 8 PERCENT IN 2015 IN ADDITION, THROUGH THE PROVISION OF CONSISTENT BREASTFEEDING EDUCATIO N DURING HIGH-RISK WOMEN'S PRENATAL CARE, THE SGH WOMEN'S HEALTH CENTER'S PRENATAL CLINIC (SGH PRENATAL CLINIC) INCREASED THE EXCLUSIVE BREASTFEEDING RATE AT DISCHARGE FROM 54 PERC ENT IN 2013 TO AS HIGH AS 75 PERCENT IN 2015 IN FY 2015, STAFF CONTRIBUTED EXPERTISE IN B REASTFEEDING MEASUREMENT TO A REPORT DEVELOPED BY UC SAN DIEGO'S LACTATION SUPPORTIVE ENVI RONMENTS INITIATIVE TITLED BREASTFEEDING MEASUREMENT IN THE OUTPATIENT ELECTRONIC HEALTH R ECORD CURRENT PRACTICES AND FUTURE POSSIBILITIES THE REPORT IS EXPECTED TO BE AVAILABLE FOR DISTRIBUTION IN EARLY 2016 IN ADDITION, IN 2015, THE SGH PRENATAL CLINIC JOINED THE B REASTFEEDING-FRIENDLY COMMUNITY HEALTH CENTERS PROJECT (BFCHC) - AN INITIATIVE OF SDC'S LI VE WELL SAN DIEGO AND FUNDED THROUGH A GRANT FROM THE FIRST 5 COMMISSION OF SAN DIEGO THR OUGH THE BFCHC COLLABORATION, THE SGH PRENATAL CLINIC WAS SELECTED AS THE PILOT CLINIC - O UT OF SIX PARTICIPATING CLINICS - TO HELP ESTABLISH BABY-FRIENDLY USA GUIDELINES AROUND BR EASTFEEDING DURING THE PRENATAL PERIOD AND AFTER DISCHARGE AND SUPPORT OTHER PRENATAL CLIN ICS IN ACHIEVING BABY-FRIENDLY USA STANDARDS SGH DELIVERS MORE THAN 800 BABIES FROM COMMU NITY CLINICS EACH YEAR THE SGH PRENATAL CLINIC OFFERS A VARIETY OF PRENATAL SUPPORT FOR H IGH-RISK AND UNDERSERVED WOMEN IN SDC THROUGHOUT FY 2015, SGH PRENATAL CLINIC MIDWIVES PR OVIDED IN-KIND HELP AT NEIGHBORHOOD HEALTH CENTERS IN EL CAJON TO SUPPORT THE UNDERSERVED POPULATION IN SDC'S EAST REGION THIS INCLUDED APPROXIMATELY 1,610 HOURS OF CARE FOR PREGN ANT WOMEN FIVE DAYS PER WEEK THE SGH PRENATAL CLINIC ALSO CONTINUED TO PARTICIPATE IN THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) COMPREHENSIVE PERINATAL SERVICES PROGRAM TO OFFER COMPREHENSIVE PRENATAL CLINICAL AND SOCIAL SERVICES TO LOW-INCOME, LOW-LITERACY WOM EN WITH MEDI-CAL BENEFITS SERVICES INCLUDED HEALTH EDUCATION, NUTRITIONAL GUIDANCE, AND P SYCHOLOGICAL AND SOCIAL ISSUE SUPPORT AS WELL AS TRANSLATION SERVICES FOR NON-ENGLISH-SPEA KING WOMEN NUTRITION CLASSES WERE OFFERED AS PART OF THIS EFFORT IN ORDER TO REDUCE THE N UMBER OF WOMEN WHO REACH GESTATIONAL DIABETIC CRITERIA WOMEN WITH A CURRENT DIABETES DIAG NOSIS WERE REFERRED TO THE SGH DIABETES EDUCATION PROGRAM, WHILE THOSE WITH NUTRITION ISSU ES WERE REFERRED TO AN SGH REGISTERED DIETICIAN (RD) OR THE SGH DIABETES EDUCATION PROGRAM AS APPROPRIATE AT-RISK WOMEN WITH ELEVATED BMIS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	RECEIVED EDUCATION AND GLUCOMETERS IN ORDER TO MEASURE THEIR BLOOD SUGAR AND PREVENT THE D EVELOPMENT OF GESTATIONAL DIABETES IN ADDITION, EDUCATION ON GESTATIONAL DIABETES WAS PRO VIDED TO PREGNANT MEMBERS OF THE COMMUNITY THE SGH WOMEN'S HEALTH CENTER CONTINUED ITS PA RTNERSHIP WITH VISTA HILL PARENTCARE TO ASSIST DRUG-ADDICTED PATIENTS WITH PSYCHOLOGICAL A ND SOCIAL ISSUES DURING PREGNANCY THESE APPROACHES HAVE BEEN SHOWN TO REDUCE BOTH LBW RAT ES AND HEALTH CARE COSTS IN WOMEN AND INFANTS THE SGH WOMEN'S HEALTH CENTER ALSO PROVIDED WOMEN WITH REFERRALS TO A VARIETY OF COMMUNITY RESOURCES INCLUDING, BUT NOT LIMITED TO, C ALIFORNIA TERATOGEN INFORMATION SERVICE (CTIS), WIC, AND THE SDC PUBLIC HEALTH NURSE IN F Y 2015, THE SGH WOMEN'S HEALTH CENTER PARTICIPATED IN AND PARTNERED WITH SEVERAL COMMUNITY ORGANIZATIONS AND ADVISORY BOARDS FOR MATERNAL AND CHILD HEALTH, INCLUDING THE LOCAL CHAP TER OF THE ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC AND NEONATAL NURSES (AWHONN), WIC, CTI S, PARTNERSHIP FOR SMOKE-FREE FAMILIES, SAN DIEGO COUNTY BREASTFEEDING COALITION ADVISORY BOARD, THE BEACON COUNCIL'S PATIENT SAFETY COLLABORATIVE, ACNL, THE REGIONAL PERINATAL CAR E NETWORK, PERINATAL SAFETY COLLABORATIVE, AND THE PUBLIC HEALTH NURSE ADVISORY BOARD THE SGH WOMEN'S HEALTH CENTER ALSO RECENTLY JOINED THE CALIFORNIA MATERNAL QUALITY CARE COLLA BORATIVE TO IMPROVE MORBIDITY AND MORTALITY IN WOMEN AS WELL AS THE CALIFORNIA PERINATAL Q UALITY CARE COLLABORATIVE TO IMPROVE ANTIBIOTIC STEWARDSHIP IN THE NICU FY 2016 PLAN SGH WILL DO THE FOLLOWING * PROVIDE FREE BREASTFEEDING, POSTPARTUM AND NEW PARENT SUPPORT GRO UPS * PROVIDE PARENTING EDUCATION CLASSES * PARTICIPATE IN WELLNESS EVENTS FOR WOMEN WITH A FOCUS ON LIFESTYLE TIPS TO ENHANCE OVERALL HEALTH * SHARE EVIDENCE-BASED MATERNITY CARE PRACTICES THROUGH PRESENTATIONS AT PROFESSIONAL CONFERENCES * IMPLEMENT EVIDENCE-BASED MAT ERNITY CARE PRACTICES REQUIRED TO ACHIEVE BABY-FRIENDLY USA DESIGNATION * WITH GRANT FUNDI NG FROM THE FIRST 5 COMMISSION OF SAN DIEGO, PARTICIPATE IN THE BFCHC PROJECT TO HELP ESTA BLISH BABY-FRIENDLY USA GUIDELINES FOR BREASTFEEDING DURING THE PRENATAL PERIOD AND AFTER DISCHARGE * PROVIDE PRENATAL CLINICAL AND SOCIAL SERVICES AS WELL AS EDUCATION TO VULNERAB LE, COMMUNITY CLINIC PATIENTS THROUGH THE SGH PRENATAL CLINIC * PROVIDE A NICU GRADUATE RE UNION FOR FORMER NICU PATIENTS AND THEIR FAMILY MEMBERS IDENTIFIED COMMUNITY NEED HEALTH EDUCATION AND WELLNESS RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDIC ATED

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	RATIONALE * THE SGH 2013 CHNA IDENTIFIED CARDIOVASCULAR DISEASE AND OBESITY AMONG ITS SIX PRIORITY HEALTH ISSUES AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SGH * SENIOR COMMUN ITY RESIDENT FEEDBACK IN THE SGH 2013 CHNA IDENTIFIED THE FOLLOWING PRIORITY HEALTH ISSUES AND TOPICS ALZHEIMER'S DISEASE, DEMENTIA, DIABETES, CARDIOVASCULAR HEALTH, CANCER, FALLS , VACCINES, DIET AND EXERCISE, CARE OPTIONS AND RESOURCES, AND PREVENTIVE CARE COMMUNITY INPUT SPECIFIED THE NEED FOR ADDITIONAL EDUCATION IN EACH AREA THROUGH IN-PERSON LECTURES AND SCREENINGS * THE HASD&IC 2013 CHNA PROCESS IDENTIFIED THE FOLLOWING AS TOP PRIORITY H EALTH CONDITIONS FOR SDC HOSPITALS DIABETES, OBESITY, CARDIOVASCULAR DISEASE AND STROKE, MENTAL HEALTH AND MENTAL DISORDERS, UNINTENTIONAL INJURY, HIGH-RISK PREGNANCY, ASTHMA, CAN CER, BACK PAIN, INFECTIOUS DISEASE AND RESPIRATORY DISEASES * PARTICIPANTS IN THE HASD&IC 2013 CHNA COMMUNITY FORUMS RECOMMENDED INCREASED HEALTH INFORMATION AND COMMUNITY HEALTH EDUCATION AS THE MOST IMPORTANT FACTOR IN MAINTAINING HEALTH HEALTH EDUCATION WAS ALSO SP ECIFICALLY RECOMMENDED BY PARTICIPANTS IN THE COMMUNITY FORUMS HELD IN EL CAJON * DATA IN THE HASD&IC 2013 CHNA REVEALED A HIGHER RATE OF HOSPITAL DISCHARGES DUE TO CARDIOVASCULAR DISEASE AND OBESITY WITHIN SDC'S MORE VULNERABLE COMMUNITIES (EL CAJON, ETC) * ACCORDIN G TO DATA PRESENTED IN THE SGH 2013 CHNA, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL AND SMOKIN G ARE ALL RISK FACTORS THAT COULD LEAD TO CARDIOVASCULAR DISEASE AND STROKE ABOUT HALF OF AMERICANS (49 PERCENT) HAVE AT LEAST ONE OF THESE THREE RISK FACTORS ADDITIONAL RISK FAC TORS INCLUDE ALCOHOL USE, OBESITY, DIABETES AND GENETIC FACTORS * ACCORDING TO 2014 DATA FROM THE CHIS, THE SELF-REPORTED OBESITY RATE FOR ADULTS AGES 18 AND OLDER IN SDC'S EAST R EGION WAS 20 9 PERCENT, WHICH IS LOWER THAN THE COUNTY RATE OF 24 8 PERCENT * IN 2014, 15 1 PERCENT OF ADULTS AGES 18 AND OLDER IN SDC'S EAST REGION SELF-REPORTED EATING AT FAST-F OOD RESTAURANTS FOUR OR MORE TIMES EACH WEEK, WHICH IS HIGHER THAN THE COUNTY RATE OF 11 1 PERCENT (CHIS, 2014) * OBESITY INCREASES THE RISK OF MANY HEALTH CONDITIONS, INCLUDING CORONARY HEART DISEASE, STROKE, TYPE 2 DIABETES, AND VARIOUS CANCERS OBESITY IS ALSO LINK ED TO ENVIRONMENTAL FACTORS, SUCH AS ACCESSIBILITY AND AFFORDABILITY OF FRESH FOODS, PARK AVAILABILITY, SOCIAL COHESION AND NEIGHBORHOOD SAFETY (UCLA CENTER FOR HEALTH POLICY RESEA RCH, 2015) * ACCORDING TO THE CDC, SOME OF THE LEADING CAUSES OF PREVENTABLE DEATH INCLUD E OBESITY-RELATED CONDITIONS, SUCH AS HEART DISEASE, STROKE, TYPE 2 DIABETES, AND CERTAIN TYPES OF CANCER THE CDC REPORTS THAT APPROXIMATELY 35 PERCENT OF U S ADULTS WERE OBESE B ETWEEN 2011 AND 2012 OBJECTIVES * PROVIDE A VARIETY OF HEALTH AND WELLNESS EDUCATION AND SERVICES AT EVENTS AND SITES THROUGHOUT THE COMMUNITY * OFFER HEALTH AND WELLNESS EDUCATIO N TO THE COMMUNITY THROUGH VARIOUS MEDIA OUTLETS FY 2015 REPORT OF ACTIVITIES THROUGHOUT F Y 2015, SGH PARTICIPATED IN COMMUNITY EVENTS, OFFERED PRESENTATIONS AT NEIGHBORHOOD SITES, AND PARTNERED WITH LOCAL MEDIA SOURCES TO EDUCATE COMMUNITY MEMBERS ABOUT A VARIETY OF HE ALTH AND WELLNESS TOPICS IN SEPTEMBER, SGH PARTICIPATED IN THE KIDS CARE FEST AT THE LAKE SIDE RODEO GROUNDS, A FREE FAMILY EVENT HOSTED BY THE GROSSMONT HEALTHCARE DISTRICT AND TH E CITY OF LA MESA THE EVENT FEATURED INTERACTIVE HEALTH EDUCATION FOR CHILDREN AND FAMILI ES, INCLUDING CHILDHOOD FEVER MANAGEMENT FROM THE SGH ED, AND INJURY PREVENTION FROM THINK FIRST/SHARP ON SURVIVAL IN MARCH, STAFF FROM A RANGE OF HOSPITAL DEPARTMENTS PARTICIPATED IN SHARP'S ANNUAL WOMEN'S HEALTH CONFERENCE, WHERE THEY OFFERED WELLNESS EDUCATION AND SE RVICES TO APPROXIMATELY 500 ATTENDEES, INCLUDING ACUPUNCTURE, BALANCE SCREENINGS, FALL PRE VENTION EDUCATION, NUTRITION EDUCATION, HEALTHY RECIPES, FOOD SAMPLES AND MORE IN APRIL, AN SGH RD PROVIDED NUTRITION EDUCATION TO APPROXIMATELY 200 COMMUNITY MEMBERS AT THE YMCA HEALTHY KIDS DAY EVENT AT THE CAMERON FAMILY YMCA IN SANTEE AS WELL AS PRESENTED ON THE BE NEFITS OF MINDFUL EATING TO APPROXIMATELY 250 COMMUNITY HEALTH PROVIDERS AT SHARP'S OBESIT Y CRISIS CONFERENCE IN MAY SGH HELPED INCREASE AWARENESS ABOUT CURRENT NEWS AND TRENDS IM PACTING THE HEALTH AND SAFETY OF COMMUNITY MEMBERS THROUGH TELEVISION INTERVIEWS ON KUSI N EWS, FOX 5 NEWS, NBC 7 NEWS, CBS NEWS 8, SAN DIEGO 6, AND CHANNEL 10 NEWS AS WELL AS THROU GH VARIOUS RADIO STATIONS AND PRINTED ARTICLES IN THE SAN DIEGO UNION-TRIBUNE INFORMATION WAS SHARED THROUGH THESE OUTLETS BY HOSPITAL PHY SICIANS FROM A VARIETY OF SPECIALTIES, IN CLUDING EMERGENCY MEDICINE, SLEEP MEDICINE, INFECTIOUS DISEASE, OB/GYN, CARDIOLOGY, GASTRO ENTEROLOGY, DERMATOLOGY, ONCOLOGY, HEMATOLOGY AND NEUROSURGERY TOPICS INCLUDED, BUT WERE NOT LIMITED TO, THE EBOLA VIRUS, AVOIDING THE NOROVIRUS, STRESS AND HEALTH-RELATED HAIR LO SS IN WOMEN, STAYING SAFE DURING THE HOLIDAYS, THE RELATIONSHIP BETWEEN SMOKING AND MEDICA L CONDITIONS, HEART HEALTH, THE RELATIONSHIP BETWE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	EN POOR PHONE POSTURE AND NECK AND BACK PAIN, THE IMPORTANCE OF AUTOMATED EXTERNAL DEFIBRI LLATORS FOR DECREASING BRAIN DAMAGE AFTER A HEART ATTACK, ACID REFLUX, SKIN CANCER AWARENE SS, THE RISKS OF E-CIGARETTES, THE EFFECTS OF EXCESSIVE IRON INTAKE ON LIVER AND HEART FUN CTION, THE HAZARDS OF BURN TATTOOS - A DANGEROUS TREND OF BURNING PATTERNS INTO THE SKIN, THE RISK OF SOCCER-RELATED CONCUSSIONS, PROPER HY DRATION DURING A HEAT WAVE AND RISK FACTO RS FOR HEAT-RELATED HEALTH ISSUES, ENSURING CHILDREN GET ENOUGH SLEEP AS THEY HEAD BACK TO SCHOOL, AND THE IMPORTANCE OF VACCINATIONS, REGULAR SCREENING AND LIFESTY LE BEHAVIORS IN REPRODUCTIVE HEALTH ALSO THROUGH THESE MEDIA OUTLETS, AN END-OF LIFE CARE PROFESSIONAL TA LKED ABOUT THE IMPORTANCE OF ADVANCE CARE PLANNING AND COMPLETING AN ADVANCE DIRECTIVE, WH ILE AN SGH RD SHARED NUTRITION-RELATED EDUCATION, INCLUDING HEALTHY FOOD CHOICES DURING TH E HOLIDAYS, POTENTIAL CAUSES AND TREATMENT OPTIONS FOR EATING DISORDERS, ENVIRONMENTAL AND ECONOMIC BENEFITS OF FARM-TO-TABLE STY LE EATING, THE BAN ON TRANS FATS AND CHOOSING THE R IGHT AMOUNTS AND TY PES OF DIETARY FAT FY 2016 PLAN SGH WILL DO THE FOLLOWING * CONTINUE TO PROVIDE HEALTH AND WELLNESS OFFERINGS TO COMMUNITY MEMBERS AT A VARIETY OF COMMUNITY EV ENTS AND OTHER SITES * CONTINUE TO PROVIDE HEALTH AND WELLNESS EDUCATION THROUGH LOCAL NEW S SOURCES IDENTIFIED COMMUNITY NEED PREVENTION OF UNINTENTIONAL INJURIES RATIONALE REFERE NCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * IN THE HASD&IC 2013 C HNA, UNINTENTIONAL INJURY WAS IDENTIFIED AS ONE OF THE TOP PRIORITY HEALTH CONDITIONS SEEN IN SDC HOSPITALS * IN 2013, ACCIDENTS (UNINTENTIONAL INJURIES) WERE THE FIFTH LEADING CA USE OF DEATH FOR SDC'S EAST REGION * UNINTENTIONAL INJURIES - MOTOR VEHICLE ACCIDENTS, FA LLS, PEDESTRIAN-RELATED, FIREARMS, FIRE/BURNS, DROWNING, EXPLOSION, POISONING (INCLUDING D RUGS AND ALCOHOL, GAS, CLEANERS AND CAUSTIC SUBSTANCES), CHOKING/SUFFOCATION, CUT/PIERCE, EXPOSURE TO ELECTRIC CURRENT/RADIATION/FIRE/SMOKE, NATURAL DISASTERS AND INJURIES AT WORK - ARE ONE OF THE LEADING CAUSES OF DEATH FOR SDC RESIDENTS OF ALL AGES, REGARDLESS OF GEND ER, RACE OR REGION * BETWEEN 2010 AND 2013, NEARLY 4,000 SAN DIEGANS DIED AS A RESULT OF UNINTENTIONAL INJURIES * IN 2013, THERE WERE 192 DEATHS DUE TO UNINTENTIONAL INJURY IN SD C'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO UNINTENTIONAL INJURIES WAS 37 4 DEATHS PER 100,000 POPULATION, THE HIGHEST OF ALL REGIONS IN SDC AND ABOVE THE SDC AGE- ADJUSTED RATE OF 30 6 DEATHS PER 100,000 POPULATION * IN 2013, THERE WERE 3,995 HOSPITALI ZATIONS RELATED TO UNINTENTIONAL INJURY IN SDC'S EAST REGION THE AGE-ADJUSTED RATE OF HOS PITALIZATIONS WAS 785 0 PER 100,000 POPULATION, WHICH IS ABOVE THE COUNTY AGE-ADJUSTED AVE RAGE OF 691 5 PER 100,000 POPULATION * IN 2013, THERE WERE 28,007 ED VISITS RELATED TO UN INTENTIONAL INJURY IN SDC'S EAST REGION THE AGE-ADJUSTED RATE FOR THE EAST REGION WAS 5,9 68 2 PER 100,000 POPULATION, WHICH IS THE HIGHEST OF ALL REGIONS AND ABOVE THE SDC AGE-ADJ USTED AVERAGE OF 4,984 5 ED VISITS PER 100,000 POPULATION * ACCORDING TO THE CALIFORNIA D EPARTMENT OF PUBLIC HEALTH'S BURDEN OF CHRONIC DISEASE AND INJURY REPORT CALIFORNIA, 2013 INJURY, INCLUDING BOTH INTENTIONAL AND UNINTENTIONAL, IS THE NUMBER ONE KILLER AND DISABL ER OF PERSONS AGES ONE TO 44 IN CALIFORNIA * THE SAME REPORT STATES THAT EVERY YEAR IN CA LIFORNIA, INJURIES CAUSE MORE THAN 16,000 DEATHS, 75,000 CASES OF PERMANENT DISABILITY, 24 0,000 HOSPITALIZATIONS, AND 2 3 MILLION ED VISITS * ACCORDING TO HP 2020, MOST EVENTS RES ULTING IN INJURY, DISABILITY OR DEATH ARE PREDICTABLE AND PREVENTABLE THERE ARE MANY RISK FACTORS FOR UNINTENTIONAL INJURY AND VIOLENCE, INCLUDING INDIVIDUAL BEHAVIORS AND CHOICES , SUCH AS ALCOHOL USE OR RISK-TAKING, THE PHY SICAL ENVIRONMENT BOTH AT HOME AND IN THE COM MUNITY, ACCESS TO HEALTH SERVICES AND SY

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	OBJECTIVE * OFFER AN INJURY AND VIOLENCE PREVENTION PROGRAM FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS IN SDC'S EAST REGION FY 2015 REPORT OF ACTIVITIES IN FY 2015, THINKFIRST/SHAR P ON SURVIVAL PARTICIPATED IN APPROXIMATELY 50 PROGRAMS, SERVING NEARLY 3,800 ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS IN SDC'S EAST REGION THE PROGRAMS CONSISTED OF ONE- TO TW O-HOUR CLASSES COVERING TOPICS SUCH AS THE MODES OF INJURY, DISABILITY AWARENESS, AND THE ANATOMY AND PHY SIOLOGY OF THE BRAIN AND SPINAL CORD THE PROGRAMS INCLUDED PERSONAL TESTIM ONIES FROM INDIVIDUALS WITH TRAUMATIC BRAIN INJURY (TBI) OR SPINAL CORD INJURY (SCI), KNOW N AS VOICES FOR INJURY PREVENTION (VIPS) IN ADDITION, THINKFIRST/SHARP ON SURVIVAL OFFERE D SCHOOLS MULTIPLE OPPORTUNITIES FOR LEARNING THROUGH A VARIETY OF LESSON PLANS, INCLUDING INFORMATION ON PHY SICAL REHABILITATION AND CAREERS IN HEALTH CARE, AND DISABILITY AWARENE SS PANELS TO MEET THE NEEDS OF SPECIFIC CLASS CURRICULA SPECIFICALLY, ELEMENTARY SCHOOL S TUDENTS LEARNED ABOUT THE IMPORTANCE OF USING BOOSTER SEATS AND HELMETS, PROPER PEDESTRIAN SAFETY AND SAFE PRACTICES WHILE ON THE PLAYGROUND AND AT-RISK TEENS LEARNED ABOUT THE CO NSEQUENCES OF RECKLESS DRIVING, VIOLENCE AND POOR DECISION MAKING THINKFIRST/SHARP ON SUR VIVAL PROVIDED EDUCATION TO YOUTH AND THEIR PARENTS THROUGH PARTICIPATION IN THE ANNUAL KI DS CARE FEST AT THE LAKESIDE RODEO GROUNDS WITH SPONSORSHIP FROM THE GROSSMONT HEALTHCARE DISTRICT DURING THE EVENT, THINKFIRST/SHARP ON SURVIVAL EDUCATED MORE THAN 400 CHILDREN A ND THEIR PARENTS ON INJURY PREVENTION TOPICS, INCLUDING PROPER HELMET-FITTING, BOOSTER AND CAR SEAT USE, BRAIN AND SPINAL CORD INJURIES AND STATE LAWS WITH THE PARTNERSHIP AND FIN ANCIAL SUPPORT OF THE HEALTH AND SCIENCE PIPELINE INITIATIVE (HASPI), MORE THAN A DOZEN SC HOOLS THROUGHOUT SDC PROVIDED THINKFIRST/SHARP ON SURVIVAL SPEAKERS TO THEIR STUDENTS THE PROGRAM OFFERED CLASSROOM PRESENTATIONS, SMALL ASSEMBLIES AND THE OPPORTUNITY TO PARTICIP ATE IN A HALF-DAY TOUR OF THE SMH REHABILITATION CENTER DESIGNED SPECIFICALLY FOR STUDENTS INTERESTED IN PURSUING CAREERS IN HEALTHCARE IN TOTAL, MORE THAN 1,200 HASPI STUDENTS FR OM SCHOOLS IN SDC'S EAST REGION BENEFITED FROM THINKFIRST/SHARP ON SURVIVAL EDUCATION IN F Y 2015 ADDITIONALLY, THINKFIRST/ SHARP ON SURVIVAL PRESENTED ON INJURY PREVENTION, TBI, S CI AND DISABILITY AWARENESS TO MORE THAN 1,200 COLLEGE STUDENTS IN SDSU'S DISABILITY IN SO CIETY COURSES DURING THE ANNUAL HASPI TEACHER CONFERENCE HELD AT GROSSMONT COLLEGE, THINK FIRST/SHARP ON SURVIVAL PARTICIPATED IN A PANEL OF INDUSTRY PARTNERS, INCLUDING SCRIPPS HE ALTH AND SDSU, TO ADDRESS PREPARING STUDENTS FOR HEALTHCARE CAREERS AND INTERNSHIPS APPRO XIMATELY 100 HASPI SCIENCE TEACHERS ACROSS THE COUNTY ATTENDED THE EVENT FURTHERMORE, THI NKFIRST/SHARP ON SURVIVAL'S COMMUNITY HEALTH EDUCATOR AND VIPS PRESENTED TO MEMBERS OF THE EL CAJON, LAKESIDE AND SUNRISE OPTIMIST GROUPS, HELD AT THE CASA DE ORO CLUB LOCATION FY 2016 PLAN THINKFIRST/SHARP ON SURVIVAL WILL DO THE FOLLOWING * WITH FUNDING SUPPORT FROM GRANTS, PROVIDE EDUCATIONAL PROGRAMMING AND PRESENTATIONS FOR LOCAL SCHOOLS AND ORGANIZAT IONS * USING GRANT FUNDING, INCREASE COMMUNITY AWARENESS OF THINKFIRST/SHARP ON SURVIVAL T HROUGH ATTENDANCE AND PARTICIPATION AT COMMUNITY EVENTS AND HEALTH FAIRS * AS PART OF THE HASPI PARTNERSHIP, CONTINUE TO EVOLVE PROGRAM CURRICULA TO MEET THE NEEDS OF HEALTH CAREER PATHWAY CLASSES * GROW PARTNERSHIP WITH HASPI THROUGH PARTICIPATION IN CONFERENCES, ROUND TABLE EVENTS AND COLLABORATION ON LETTERS OF SUPPORT FOR VARIOUS FUNDING OPPORTUNITIES * CONTINUE TO PROVIDE BOOSTER SEAT EDUCATION TO ELEMENTARY SCHOOL CHILDREN AND THEIR PARENTS WITH FUNDING SUPPORT FROM GRANTS * CONTINUE TO PROVIDE COLLEGE STUDENTS WITH INJURY PREVE NTION EDUCATION THROUGH SDSU'S DISABILITY IN SOCIETY COURSE * EXPLORE FURTHER OPPORTUNITIE S TO PROVIDE EDUCATION TO HEALTH CARE PROFESSIONALS AND COLLEGE STUDENTS INTERESTED IN HEA LTH CARE CAREERS * AS APPROPRIATE AND WITH FUNDING, CONTINUE TO EXPLORE OPPORTUNITIES FOR CONCUSSION EDUCATION IN SDC'S EAST REGION IDENTIFIED COMMUNITY NEED SUPPORT DURING THE TR ANSITION OF CARE PROCESS FOR HIGH-RISK, UNDERSERVED AND UNDERFUNDED PATIENTS RATIONALE REF ERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * COMMUNITY HEALTH L EADERS PARTICIPATING IN THE HASD&IC 2013 CHNA PROCESS STRONGLY ALIGNED AND RECOMMENDED FUR THER WORK IN ACCESS TO CARE, HEALTH INSURANCE AND CARE MANAGEMENT WITH EACH OF THE PRIORIT Y HEALTH ISSUES IDENTIFIED FOR SDC (CARDIOVASCULAR DISEASE, TYPE 2 DIABETES, MENTAL/BEHAVI ORAL HEALTH AND OBESITY) * PARTICIPANTS IN THE HASD&IC 2013 CHNA COMMUNITY FORUMS HELD TH ROUGHOUT SDC ALSO STRONGLY ALIGNED ACCESS TO CARE AND CARE MANAGEMENT WITH MAINTAINING HEA LTH * IN 2012, SDC'S EAST REGION PRESENTED A HIGHER RATE OF UNEMPLOY MENT (10 68 PERCENT I N 2012) WHEN COMPARED TO SDC OVERALL (9 16 PERCENT

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	IN 2012) * ACCORDING TO CHIS DATA, 8 9 PERCENT OF THOSE 18 TO 64 YEARS OF AGE IN SDC'S E AST REGION WERE CURRENTLY NOT INSURED IN 2014 COMPARED TO 20 1 PERCENT IN 2011 * THE SAME DATA INDICATES THAT IN SDC'S EAST REGION IN 2014 FOR THOSE 18 TO 64 YEARS OF AGE, THE MOS T COMMON SOURCES OF HEALTH INSURANCE COVERAGE INCLUDED EMPLOY MENT-BASED COVERAGE (58 2 PER CENT) AND PUBLIC PROGRAMS (23 1 PERCENT) * IN 2013, 32 5 PERCENT OF THE POPULATION IN SDC 'S EAST REGION WAS LIVING BELOW THE POVERTY LEVEL * IN 2014, 30 4 PERCENT OF CHILDREN IN SDC RECEIVED FOOD STAMPS/SNAP/CALFRESH BENEFITS AND 14 9 PERCENT OF CHILDREN WERE LIVING A T OR BELOW 200 PERCENT FEDERAL POVERTY LEVEL (FPL) IN THE EAST REGION, BOTH OF THESE NUMB ERS ARE HIGHER, WITH 44 7 PERCENT OF CHILDREN RECEIVING FOOD STAMPS/SNAP/CALFRESH BENEFITS AND 34 0 PERCENT OF CHILDREN LIVING IN THE EAST REGION AT OR BELOW 200 PERCENT FPL * ACC ORDING TO 2014 CHIS DATA, 91 1 PERCENT OF ADULTS IN SDC'S EAST REGION HAVE A USUAL SOURCE OF CARE AMONG THESE ADULTS, 16 9 PERCENT UTILIZE A COMMUNITY CLINIC, GOVERNMENT CLINIC OR COMMUNITY HOSPITAL AS THEIR USUAL SOURCE OF CARE * AS OF SEPTEMBER 2015, THE AVERAGE UNE MPLOY MENT RATE IN THE CITIES OF EL CAJON, LA MESA, LAKESIDE, LEMON GROVE, SANTEE, AND SPRI NG VALLEY WAS 5 3 PERCENT (LABOR MARKET INFORMATION, STATE OF CALIFORNIA EMPLOY MENT DEVELO PMENT DEPARTMENT, HTTP WWW LABORMARKETINFO EDD CA GOV) * IN NOVEMBER 2015, THE OVERALL UN EMPLOY MENT RATE IN SDC WAS 4 8 PERCENT, FALLING BELOW THE UNEMPLOY MENT RATE FOR THE STATE OF CALIFORNIA IN DECEMBER 2015 OF 5 8 PERCENT (BUREAU OF LABOR STATISTICS (BLS), 2015) * THE COST OF LIVING IN CALIFORNIA IS 35 PERCENT ABOVE THE U S AVERAGE, WITH HEALTH SPENDIN G PER CAPITA IN CALIFORNIA GROWING BY 5 9 PERCENT BETWEEN 1994 TO 2004 (CALIFORNIA HOSPITA L ASSOCIATION SPECIAL REPORT, OCTOBER 2011) * ACCORDING TO COMMUNITY HEALTH IMPROVEMENT P ARTNERS (CHIP), BETWEEN 2006 AND 2009, DEMAND FOR ED SERVICES IN SDC INCREASED BY 11 9 PER CENT, FROM 582,129 TO 651,595 VISITS (CHIP, 2010) * IN 2015, THE HEALTH INSURANCE BENEFIT S UNDER THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) COST A SINGLE PERSON IN CALIFORNIA BETWEEN $511 AND $625 PER MONTH, FOR THREE OR MORE PARTICIPANTS ON THE PLAN IN CALIFORNIA, COBRA COSTS RANGED FROM $1,687 TO $1,961 PER MONTH (2015 COBRA SELF-PAY RATES , MOTION PICTURE INDUSTRY PENSION & HEALTH PLANS) * BETWEEN 2009 AND 2014, COMMUNITY CLIN ICS IN CALIFORNIA HAVE EXPERIENCED RISING RATES OF PRIMARY CARE CLINIC UTILIZATION THE NU MBER OF PERSONS UTILIZING THE CLINICS INCREASED BY 5 9 PERCENT BETWEEN 2013 AND 2014 (OFFI CE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT, 2015) * CONSISTENT WITH DEMAND, THE NUMB ER OF COMMUNITY CLINICS IN CALIFORNIA ROSE FROM 1,010 IN 2009 TO 1,289 (OR 27 62 PERCENT) IN 2014 (OSPHD, 2014)

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	OBJECTIVES * CONNECT HIGH-RISK, UNDERFUNDED PATIENTS AND COMMUNITY MEMBERS TO LOCAL RESOUR CES AND ORGANIZATIONS FOR LOW-COST MEDICAL EQUIPMENT, HOUSING OPTIONS AND FOLLOW-UP CARE * ASSIST ECONOMICALLY DISADVANTAGED INDIVIDUALS THROUGH TRANSPORTATION AND FINANCIAL ASSIST ANCE FOR PHARMACEUTICALS * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE SERVICES TO CHRONICALLY HOMELESS INDIVIDUALS * THROUGH THE CARE TRANSITIONS INTERVENTION PILOT, PROVI DE HIGH-RISK, UNDER AND UNFUNDED PATIENTS WITH HEALTH COACHING, SUPPORT AND RESOURCES TO E NSURE SAFE TRANSITION HOME AND MAINTAINED HEALTH AND SAFETY FY 2015 REPORT OF ACTIVITIES I N FY 2015, SGH CONTINUED TO PROVIDE POST-ACUTE CARE FACILITATION FOR HIGH-RISK PATIENTS, I NCLUDING INDIVIDUALS WHO WERE HOMELESS OR WITHOUT A SAFE HOME ENVIRONMENT INDIVIDUALS REC EIVED REFERRALS TO AND ASSISTANCE FROM A VARIETY OF LOCAL RESOURCES AND ORGANIZATIONS THE SE GROUPS PROVIDED SUPPORT WITH TRANSPORTATION, PLACEMENT, MEDICAL EQUIPMENT, MEDICATIONS, OUTPATIENT DIALYSIS AND NURSING HOME STAYS SGH REFERRED HIGH-RISK PATIENTS, FAMILIES, AN D COMMUNITY MEMBERS TO CHURCHES, SHELTERS AND OTHER COMMUNITY RESOURCES FOR FOOD, SAFE SHE LTER AND OTHER RESOURCES FOR UNEMPLOYED AND UNDERFUNDED PATIENTS, OR FOR THOSE WHO SIMPLY CANNOT AFFORD THE EXPENSE OF A WHEELCHAIR, WALKER OR CANE DUE TO A FIXED INCOME, SGH HAS COMMITTED TO IMPROVING ACCESS TO DME FOR HIGH-RISK PATIENTS UPON DISCHARGE SGH CASE MANAG ERS ACTIVELY RECRUIT DME DONATIONS FROM THE COMMUNITY IN ORDER TO PROVIDE FOR PATIENTS IN NEED, AND IN 2015, SGH PROVIDED MORE THAN 150 DME ITEMS SGH CASE MANAGERS AND SOCIAL WORK ERS CONTINUE TO PROVIDE DME ITEMS TO PATIENTS WHO ARE UNINSURED, UNDERINSURED OR WHO ARE O THERWISE UNABLE TO AFFORD THE EQUIPMENT REQUIRED TO KEEP THEM SAFE AND HEALTHY TO ASSIST ECONOMICALLY DISADVANTAGED INDIVIDUALS, SGH PROVIDED MORE THAN $174,300 IN FREE MEDICATION S, TRANSPORTATION, LODGING AND FINANCIAL ASSISTANCE THROUGH ITS PROJECT HELP FUNDS THESE FUNDS ASSISTED NEARLY 5,300 INDIVIDUALS IN FY 2015 IN ADDITION, SGH PHARMACISTS ASSISTED MORE THAN 730 ECONOMICALLY DISADVANTAGED PATIENTS WITH MORE THAN 840 OUTPATIENT PRESCRIPTI ONS VALUED AT APPROXIMATELY $374,000 BEGINNING IN 2014, SGH PILOTED A CARE TRANSITIONS IN TERVENTION (CTI) PROGRAM FOR ITS HIGH-RISK, MEDI-CAL AND UNFUNDED PATIENTS MODELED AFTER THE COUNTYWIDE COMMUNITY CARE TRANSITIONS PROGRAM (CCTP) FUNDED BY MEDICARE, THE CTI PROGR AM PROVIDES 30-DAY COACHING BY AN RN AT NO COST TO MEDI-CAL OR UNFUNDED PATIENTS WHO ARE I DENTIFIED AS HIGHLY VULNERABLE THROUGH A COMPREHENSIVE RISK ASSESSMENT TOOL THE ASSESSMEN T TOOL EVALUATES PATIENTS FOR MULTIPLE FACTORS INCLUDING ISOLATION, CO-OCCURRING HEALTH IS SUES, FOOD INSECURITY, BEHAVIORAL HEALTH ISSUES, AND OTHER CONDITIONS THAT IMPACT THE HEAL TH AND SAFETY OF VULNERABLE PATIENTS THE PROJECT TEAM IS A COLLABORATIVE EFFORT BETWEEN VA RIOUS TEAM MEMBERS ACROSS SHARP, INCLUDING NURSES, CASE MANAGERS, DISEASE SPECIALISTS, SGH 'S SENIOR RESOURCE CENTER AND OTHERS THE TEAM ENSURES THAT VULNERABLE PATIENTS ARE CONNEC TED WITH COMMUNITY RESOURCES AND SUPPORT TO SAFELY TRANSITION HOME, AND KEEP THEM SAFE AND HEALTHY IN THE COMMUNITY PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS CONNECT THESE PATIENT S TO CRITICAL SOCIAL SERVICES UPON DISCHARGE, AND HAVE INCLUDED THE SDFB, FEEDING AMERICA SAN DIEGO, WALMART, 2-1-1 SAN DIEGO, VARIOUS CHURCHES, AND REFUGEE AND OTHER SOCIAL SUPPOR T ORGANIZATIONS THIS OUTREACH IS CRITICAL FOR SUSTAINING VULNERABLE PATIENTS AND EMPOWERI NG THEM TO MANAGE THEIR CARE IN THE COMMUNITY ONE OF THE KEY BARRIERS IDENTIFIED FOR CTI PATIENTS WAS ACCESS TO HEALTHY FOODS IN FY 2015, 149 CTI PATIENTS - ABOUT 23 PERCENT - WE RE IDENTIFIED WITH FOOD INSECURITY OF THOSE PATIENTS, 12 WERE ENROLLED IN CALFRESH BENEFI TS THROUGH THE SDFB, AND HUNDREDS OF OTHERS WERE EVALUATED AND PROVIDED RESOURCES FOR VARI OUS OTHER HUNGER RELIEF PROGRAMS, INCLUDING THE EMERGENCY FOOD ASSISTANCE PROGRAM, THE SEN IOR FOOD PROGRAM AND FREE FOOD DISTRIBUTION SITES THROUGHOUT SAN DIEGO FURTHER, IN AN EFF ORT TO SUPPLY FOOD DIRECTLY TO THOSE IN NEED DURING THE FIRST FEW DAYS AFTER DISCHARGE, TH E CTI PROGRAM PROVIDES MEDICALLY-TAILORED EMERGENCY FOOD BAGS FOR CTI PATIENTS WITHOUT FOO D IN THEIR HOMES SUPPORTED BY FUNDING FROM THE GROSSMONT HOSPITAL FOUNDATION, THE FOOD BA GS INCLUDE NUTRITIOUS ITEMS SPECIFICALLY DESIGNED FOR THE COMPLEX HEALTH CONDITIONS AND NU TRITIONAL NEEDS OF CTI PATIENTS, IN ORDER TO SUSTAIN THEIR HEALTH UNTIL THEY ARE ENROLLED IN A FOOD ASSISTANCE PROGRAM THE COACHES BRING THE FOOD BAG DURING THEIR HOME VISIT AND C OMBINE THIS DELIVERY WITH A REVIEW OF THE PATIENT'S HOSPITALIZATION AND A PLAN FOR SELF-MA NAGEMENT IN FY 2015, THE CTI PROGRAM PROVIDED MORE THAN 20 FOOD BAGS TO CTI PATIENTS, AND AN ADDITIONAL ESTIMATED 20 FOOD BAGS WERE PROVIDED TO FOOD INSECURE CCTP PATIENTS IN SDC' S EAST REGION IN ADDITION, A SIGNIFICANT NUMBER OF CTI PATIENTS ARE DIABETIC AND ARE CHAL LENGED WITH ADHERENCE TO THEIR CARE PLAN BECAUSE T

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	HEY CANNOT AFFORD DIABETES EQUIPMENT TO ADDRESS THIS CHALLENGE, A GRANT APPLICATION WAS S UBMITTED AND APPROVED BY THE NEIGHBORHOOD WALMART CLOSEST TO SGH AS A RESULT OF THIS FUND ING, 50 "DIABETES KITS" - INCLUDING A THREE-MONTH SUPPLY OF STRIPS, LANCETS, ETC - WERE P UT TOGETHER THESE KITS HELP TO KEEP CTI PATIENTS SAFE AND MANAGED UNTIL THEIR INSURANCE I S ACTIVATED SINCE ITS INCEPTION IN MAY, THE CTI PILOT HAS DEMONSTRATED A POWERFUL IMPACT TO DATE, THE PROGRAM HAS ENROLLED 845 PATIENTS, AND, OF THOSE PATIENTS, 635 ACCEPTED SERV ICES FROM A CTI COACH THE AVERAGE READMISSION RATE FOR THIS COHORT HAS REMAINED AT 12 PER CENT IN COMPARISON TO A READMISSION RATE OF MORE THAN 30 PERCENT FOR THOSE INDIVIDUALS WHO REFUSED CTI COACHING SERVICES SGH COACHES DEVOTED HUNDREDS OF HOURS OF TIME DIRECTLY TO THESE VULNERABLE PATIENTS IT HAS BEEN THE FOCUS ON CARE MANAGEMENT AS WELL AS SOCIAL DETE RMINANTS OF HEALTH THAT HAS CONTRIBUTED TO THE MARKED SUCCESS OF THIS PROGRAM IN RECOGNIT ION OF ITS INNOVATIVE CARE APPROACH AND TREMENDOUS RESULTS, SGH'S CTI PROGRAM WAS SELECTED TO BE HIGHLIGHTED BY THE HEALTH RESEARCH AND EDUCATIONAL TRUST/ROBERT WOOD JOHNSON FOUNDA TION'S CULTURE OF HEALTH LEARNING COLLABORATIVE, WHICH SPOTLIGHTS SUCCESSFUL HOSPITAL-COMM UNITY ORGANIZATION PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH CTI HAS ALSO BEEN RECOGNIZED AS A SEMI- FINALIST IN THE HOSPITAL CHARITABLE SERVICES AWARD PROGRAM FROM JACKSON HEALTHC ARE IN GEORGIA IN FY 2015, SGH CONTINUED TO COLLABORATE WITH COMMUNITY ORGANIZATIONS TO P ROVIDE SERVICES TO CHRONICALLY HOMELESS PATIENTS THROUGH ITS COLLABORATION WITH THE SDRM, SGH DISCHARGED CHRONICALLY HOMELESS PATIENTS TO THE SDRM'S RECUPERATIVE CARE UNIT THIS P ROGRAM ALLOWS CHRONICALLY HOMELESS PATIENTS TO RECEIVE FOLLOW-UP CARE THROUGH SGH IN A SAF E SPACE, AND ALSO PROVIDES PSY CHIATRIC CARE, SUBSTANCE ABUSE COUNSELING AND GUIDANCE FROM THE SDRM'S PROGRAMS IN ORDER TO HELP THESE PATIENTS GET BACK ON THEIR FEET

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	FY 2016 PLAN SGH WILL DO THE FOLLOWING * CONTINUE TO PROVIDE POST-ACUTE CARE FACILITATION TO HIGH-RISK PATIENTS * CONTINUE AND EXPAND THE DME DONATIONS PROJECT TO IMPROVE ACCESS T O NECESSARY MEDICAL EQUIPMENT FOR HIGH-RISK PATIENTS WHO CANNOT AFFORD DME * CONTINUE TO A DMINISTER PROJECT HELP FUNDS TO THOSE IN NEED * CONTINUE TO COLLABORATE WITH COMMUNITY ORG ANIZATIONS TO PROVIDE MEDICAL CARE, FINANCIAL ASSISTANCE, PSYCHIATRIC AND SOCIAL SERVICES TO CHRONICALLY HOMELESS PATIENTS * CONTINUE TO PROVIDE HIGH-RISK, MEDI-CAL AND UNFUNDED PA TIENTS WITH CTI HEALTH COACHES AND CONNECTION TO RESOURCES, INCLUDING RESOURCES TO COMBAT FOOD INSECURITY, AND ACCESS TO NECESSARY MEDICAL EQUIPMENT * ESTABLISH PARTNERSHIPS WITH F EEDING AMERICA, SAN DIEGO AND 2-1-1 SAN DIEGO TO STRENGTHEN THE SERVICES OF THE CTI PROGRA M AND SUPPORT EXPANSION OF THE PROGRAM * EXPLORE OPPORTUNITIES TO IMPROVE COMMUNICATION WI TH COMMUNITY CLINICS IDENTIFIED COMMUNITY NEED HEALTH PROFESSIONS EDUCATION AND TRAINING, AND 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 REC ENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * ACCORDING TO T HE 2013 HEALTHCARE SHORTAGE AREAS ATLAS FROM THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERV ICES 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 U S WILL I NCREASE DUE TO THE AGING POPULATION NURSES WILL ALSO BE NEEDED TO EDUCATE AND CARE FOR PA TIENTS WITH VARIOUS CHRONIC CONDITIONS, SUCH AS ARTHRITIS, DEMENTIA, DIABETES AND OBESITY THE NUMBER OF INDIVIDUALS WHO HAVE ACCESS TO HEALTH CARE SERVICES WILL INCREASE AS A RESU LT OF FEDERAL HEALTH INSURANCE REFORM MORE NURSES WILL BE NEEDED TO CARE FOR THESE PATIEN TS (BLS, 2012) * THE BLS PROJECTS AN EMPLOYMENT OF MORE THAN 3 1 MILLION RNS IN THE U S IN 2024, AN INCREASE OF 16 PERCENT FROM 2014 * THE BLS PROJECTS THAT THE DEMAND FOR HOME HEALTH AIDES WILL GROW 38 1 PERCENT FROM 2014 TO 2024 AS THE U S POPULATION AGES, THE DE MAND FOR HOME HEALTH AIDES TO PROVIDE ASSISTANCE WILL CONTINUE TO INCREASE THE OLDER POPU LATION OFTEN HAS HEALTH PROBLEMS AND WILL NEED HELP WITH DAILY ACTIVITIES * TOTAL EMPLOY M ENT IS PROJECTED TO INCREASE BY 6 5 PERCENT, OR 9 8 MILLION, FROM 2014 TO 2024 HEALTH CAR E AND SOCIAL ASSISTANCE IS PROJECTED TO INCREASE ITS EMPLOY MENT SHARE FROM 12 PERCENT IN 2 014 TO 13 6 PERCENT IN 2024, THE FASTEST GROWING SERVICE INDUSTRY OCCUPATIONS AND INDUSTR IES RELATED TO HEALTH CARE ARE PROJECTED TO ADD THE MOST NEW JOBS WITH AN INCREASE OF 2 3 MILLION IN EMPLOY MENT (BLS, 2015) * ACCORDING TO THE SAN DIEGO WORKFORCE PARTNERSHIP 2011 REPORT TITLED HEALTHCARE WORKFORCE DEVELOPMENT IN SDC RECOMMENDATIONS FOR CHANGING TIMES , HEALTH CARE OCCUPATIONS THAT WILL BE IN HIGHEST DEMAND IN THE NEXT THREE TO FIVE YEARS I NCLUDE PHY SICAL THERAPISTS, MEDICAL ASSISTANTS, OCCUPATIONAL THERAPISTS, RNS, MEDICAL RECO RD AND HEALTH INFORMATION TECHNICIANS, RADIOLOGY TECHNOLOGISTS AND TECHNICIANS, PHARMACIST S AND MEDICAL AND CLINICAL LABORATORY TECHNOLOGISTS * ACCORDING TO THE SAN DIEGO WORKFORC E PARTNERSHIP, HEALTHCARE SPECIALTY OCCUPATIONS EXPECTED TO ADD EMPLOY MENT BY 12 PERCENT (7,466 JOBS) BETWEEN 2013 AND 2018 IN SAN DIEGO COUNTY THE TOP SIX GROWING HEALTHCARE OCCU PATIONS ARE RNS, HOME HEALTH AIDES, NURSING ASSISTANTS, MEDICAL ASSISTANTS AND LICENSED VO CATIONAL NURSES * ACCORDING TO THE SAN DIEGO WORKFORCE PARTNERSHIP, THERE IS A GROWING DE MAND FOR HEALTH CARE WORKERS, BUT EMPLOY ERS EXPRESS A CHALLENGE TO FILL OPEN POSITION BECA USE OF AN "EXPERIENCE GAP" AMONG RECENT GRADUATES WHILE NEW GRADUATES OFTEN POSSESS THE R EQUISITE ACADEMIC KNOWLEDGE TO BE HIRED, THEY LACK PROFESSIONAL EXPERIENCE * THE SAN DIEG O WORKFORCE PARTNERSHIP RECOMMENDS PROGRAMS THAT PROVIDE VOLUNTEER OPPORTUNITIES TO HIGH S CHOOL AND POST-SECONDARY STUDENTS, AS ON-THE- JOB TRAINING COULD PROVIDE REAL WORLD EXPERI ENCE FOR WORKERS PROGRAMS THAT TARGET UNDERREPRESENTED GROUPS AND DISADVANTAGED STUDENTS COULD HELP INCREASE THE NUMBER OF CULTURALLY COMPETENT HEALTH CARE WORKERS * ACCORDING TO A MARCH 2014 REPORT FROM THE CALIFORNIA HOSPITAL ASSOCIATION (CHA) TITLED CRITICAL ROLES CALIFORNIA'S ALLIED HEALTH WORKFORCE FOLLOW-UP REPORT, PROGRAMS SUPPORTED BY LOCAL HOSPIT ALS MAKE TREMENDOUS IMPACTS ON THE LIVES OF INDIVIDUALS, FAMILIES AND COMMUNITIES THIS IN CLUDES TIME AND RESOURCES DEDICATED TO THE THOUSANDS OF INTERNS AND HIGH SCHOOL STUDENTS S PENDING TIME IN CALIFORNIA HOSPITALS EACH YEAR, GAINING VALUABLE WORK EXPERIENCE AND CAREE R EXPOSURE OBJECTIVES * COLLABORATE WITH LOCAL SCHOOLS TO PROVIDE OPPORTUNITIES FOR STUDE NTS TO EXPLORE HEALTH CARE PROFESSIONS * COLLABORATE WITH LOCAL COLLEGES AND UNIVERSITIES TO PROVIDE PROFESSIONAL DEVELOPMENT LECTURES TO STUDENTS FROM LOCAL COLLEGES AND UNIVERSIT IES * OFFER PROFESSIONAL DEVELOPMENT OPPORTUNITIES

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	FOR COMMUNITY HEALTH PROFESSIONALS FY 2015 REPORT OF ACTIVITIES SGH CONTINUED TO COLLABOR ATE WITH THE GROSSMONT UNION HIGH SCHOOL DISTRICT (GUHSD) IN THE HEALTH-CAREERS EXPLORATIO N SUMMER INSTITUTE (HESI), PROVIDING HIGH SCHOOL STUDENTS WITH OPPORTUNITIES FOR CLASSROOM INSTRUCTION, JOB SHADOWING, OBSERVATIONS AND LIMITED HANDS-ON EXPERIENCES DUE TO INCREAS ED INTEREST IN THE PROGRAM, THE NUMBER OF HESI STUDENTS DOUBLED BETWEEN FY 2014 AND FY 201 5 IN FY 2015, TWO GROUPS OF 10 TO 12 STUDENTS SHADOWED STAFF FOR TWO WEEKS IN A VARIETY O F HOSPITAL SPECIALTIES, INCLUDING WOMEN'S HEALTH, LABORATORY, PULMONARY, INTERVENTIONAL RA DIOLOGY, PRE- AND POST-OPERATIVE SURGERY, STERILE PROCESSING, ENDOSCOPY, OCCUPATIONAL AND PHYSICAL THERAPY, AND THE CATHETERIZATION, HYPERBARIC AND ELECTROENCEPHALOGRAPHY (EEG) LAB ORATORIES AT THE CONCLUSION OF THE PROGRAM, STUDENTS PRESENTED THEIR EXPERIENCES AS CASE STUDIES TO FAMILY MEMBERS, EDUCATORS AND HOSPITAL STAFF THOSE COMPLETING THE PROGRAM RECE IVED HIGH SCHOOL CREDITS EQUAL TO TWO SUMMER SCHOOL SESSIONS SGH ALSO CONTINUED ITS PARTI CIPATION IN THE HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) PROGRAM IN FY 2015, PROVID ING EARLY PROFESSIONAL DEVELOPMENT FOR 190 STUDENTS FROM A BROAD ARRAY OF BACKGROUNDS IN N INTH THROUGH 12TH GRADES STUDENTS SHADOWED STAFF IN VARIOUS AREAS THROUGHOUT THE HOSPITAL , INCLUDING BUT NOT LIMITED TO CAFETERIA, NURSING, ENGINEERING, OCCUPATIONAL AND PHYSICAL THERAPY, ENDOSCOPY, WOMEN'S HEALTH, CARDIOLOGY, PHARMACY, REHAB NURSING, MEDICAL INTENSIVE CARE UNIT (MICU), SURGICAL INTENSIVE CARE UNIT (SICU), THE VOLUNTEER OFFICE AS WELL AS SH ARP REES-STEALY (SRS) OB/GYN, NEUROLOGY, PEDIATRICS, FAMILY PRACTICE AND ORTHOPEDICS IN A DDITION, SGH STAFF PROVIDED STUDENTS INSTRUCTION ON EDUCATIONAL REQUIREMENTS, CAREER LADDE R DEVELOPMENT AND JOB REQUIREMENTS AT THE END OF THE ACADEMIC YEAR, SGH STAFF PROVIDED TH E STUDENTS, THEIR LOVED ONES, COMMUNITY LEADERS AND HOSPITAL MENTORS A SYMPOSIUM THAT SHOW CASED THE LESSONS LEARNED THROUGHOUT THE PROGRAM THROUGHOUT THE ACADEMIC YEAR, SGH PROVID ED NEARLY 1,000 STUDENTS FROM COLLEGES AND UNIVERSITIES THROUGHOUT SAN DIEGO WITH VARIOUS PLACEMENT AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES APPROXIMATELY 730 NURSING STUDENTS S PENT NEARLY 62,500 HOURS AT SGH, INCLUDING TIME SPENT BOTH IN CLINICAL ROTATIONS AND INDIV IDUAL PRECEPTOR TRAINING, WHILE MORE THAN 230 ANCILLARY STUDENTS SPENT MORE THAN 54,000 HO URS ON THE SGH CAMPUS IN ADDITION, THE SGH SENIOR RESOURCE CENTER PROVIDED APPROXIMATELY 200 HOURS OF INTERN SUPERVISION TO A SDSU GERONTOLOGY STUDENT ACADEMIC PARTNERS INCLUDED ALLIANT UNIVERSITY, ASPEN UNIVERSITY, AZUSA PACIFICA UNIVERSITY, CALIFORNIA NORTHSTATE UNI VERSITY, CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS, CALIFORNIA STATE UNIVERSITY LONG BEA CH, CALIFORNIA STATE UNIVERSITY NORTHRIDGE, CALIFORNIA STATE UNIVERSITY SAN MARCOS, CASA L OMA COLLEGE, CONCORDE CAREER COLLEGE, DREXEL UNIVERSITY, EMSTA COLLEGE, GRAND CANYON UNIVE RSITY, GROSSMONT COLLEGE, GROSSMONT HEALTH OCCUPATIONS CENTER, KAPLAN COLLEGE, LOMA LINDA UNIVERSITY, MARYWOOD UNIVERSITY, NATIONAL UNIVERSITY, NEBRASKA METHODIST COLLEGE, NOVA SOU THWESTERN UNIVERSITY, PALOMAR COLLEGE, PIMA MEDICAL INSTITUTE, POINT LOMA NAZARENE UNIVERS ITY, SAN DIEGO CITY COLLEGE, SDSU, SOUTHWESTERN COLLEGE, TENNESSEE STATE UNIVERSITY, TOURO UNIVERSITY, UNIVERSITY OF PHOENIX, UCSD, UNIVERSITY OF SAN DIEGO, UNIVERSITY OF SOUTHERN CALIFORNIA, UNIVERSITY OF ST AUGUSTINE, UNIVERSITY OF TEXAS ARLINGTON, UNIVERSITY OF THE PACIFIC, UNITED STATES UNIVERSITY (USU), WEST COAST ULTRASOUND, WESTERN GOVERNORS UNIVERSI TY, WESTERN UNIVERSITY, AND WESTMED COLLEGE IN ADDITION, SGH ALSO OFFERED PROFESSIONAL DE VELOPMENT LECTURES TO 25 SDSU NURSING STUDENTS ON CLINICAL CARE NUTRITION, AND 25 PLNU STU DENTS ON COMMUNITY NUTRITION AND EATING DISORDERS THE SGH STROKE CENTER PROVIDED STROKE E DUCATION TO APPROXIMATELY 20 SDSU NURSING STUDENTS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	SGH OFFERED FREE PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR COMMUNITY AND SHARP HEALTH PRO FESSIONALS IN FY 2015, INCLUDING THE COMPASSION CULTIVATION TRAINING (CCT) COURSE AND THE INTRODUCTION TO MINDFULNESS CLASS SERIES DEVELOPED BY THE CENTER FOR COMPASSION AND ALTRU ISM RESEARCH AND EDUCATION (CCARE) AT THE STANFORD UNIVERSITY SCHOOL OF MEDICINE, CCT HELP ED A VARIETY OF COMMUNITY HEALTH PROFESSIONALS DEVELOP COMPASSION FOR THEMSELVES AND OTHER S TAUGHT BY A CERTIFIED COMPASSION CULTIVATION TEACHER, THE EIGHT-WEEK COURSE UTILIZES LE CTURES, GUIDED COMPASSION CULTIVATION EXERCISE, AND GROUP DISCUSSIONS TO HELP IMPROVE COMM UNICATION, INCREASE RESILIENCE TO STRESS, AND ENHANCE FEELINGS OF WELLBEING THE CERTIFIED COMPASSION CULTIVATION TEACHER ALSO LED THE INTRODUCTION TO MINDFULNESS SERIES THE FOUR- CLASS SERIES HELPED PARTICIPANTS INCORPORATE MINDFULNESS INTO DAILY LIFE, SUCH AS SITTING, WALKING AND EATING MEDITATION, AND HOW TO WORK WITH DIFFICULT THOUGHTS AND EMOTIONS, IN O RDER TO ACHIEVE A RANGE OF POSITIVE BENEFITS INCLUDING GREATER MIND-BODY AWARENESS, REDUCE D STRESS, IMPROVED WELL-BEING AND HAPPINESS, AND MUCH MORE IN FY 2015, MORE THAN 180 HEAL TH PROFESSIONALS PARTICIPATED IN CCT AND THE INTRODUCTION TO MINDFULNESS SERIES AT SGH FY 2016 PLAN SGH WILL DO THE FOLLOWING * IN COLLABORATION WITH GUHSD, PARTICIPATE IN THE HE SI * CONTINUE TO PARTICIPATE IN THE HSHMC PROGRAM * CONTINUE TO PROVIDE INTERNSHIP AND PRO FESSIONAL DEVELOPMENT OPPORTUNITIES TO COLLEGE AND UNIVERSITY STUDENTS THROUGHOUT SAN DIEG O * CONTINUE TO COLLABORATE WITH LOCAL UNIVERSITIES TO PROVIDE PROFESSIONAL DEVELOPMENT LE CTURES FOR STUDENTS * DEVELOP AN ELEMENTARY SCHOOL FIELD TRIP PROGRAM TO PROMOTE HEALTHY D ECISION-MAKING AS WELL AS TO PROVIDE A BROAD UNDERSTANDING OF HEALTH CARE CAREER OPTIONS S GH PROGRAM AND SERVICE HIGHLIGHTS * 24-HOUR EMERGENCY SERVICES WITH HELIPORT AND PARAMEDIC BASE STATION - DESIGNATED STEMI CENTER * ACUTE CARE * AMBULATORY CARE SERVICES, INCLUDING INFUSION THERAPY * BEHAVIORAL HEALTH UNIT * BREAST HEALTH CENTER, INCLUDING MAMMOGRAPHY * CARDIAC SERVICES, RECOGNIZED BY THE AHA - GWTG * CARDIAC TRAINING CENTER * COMPUTED TOMOG RAPHY SCAN * DAVID AND DONNA LONG CENTER FOR CANCER TREATMENT * EKG * EEG * ENDOSCOPY UNIT * GROSSMONT PLAZA OUTPATIENT SURGERY CENTER * GROUP AND ART THERAPIES * HOME HEALTH * HOM E INFUSION THERAPY * HOSPICE * HY PERBARIC TREATMENT * INTENSIVE CARE UNIT * LAKEVIEW HOME * NICU * ORTHOPEDICS * OUTPATIENT DIABETES SERVICES, RECOGNIZED BY THE AMERICAN DIABETES A SSOCIATION * OUTPATIENT IMAGING CENTERS * LABORATORY SERVICES (INPATIENT AND OUTPATIENT) * PARKVIEW HOME * PATHOLOGY SERVICES * PEDIATRIC SERVICES * PULMONARY SERVICES * RADIOLOGY SERVICES * REHABILITATION CENTER * ROBOTIC SURGERY * SENIOR RESOURCE CENTER * SLEEP DISORD ERS CENTER * SPIRITUAL CARE SERVICES * STROKE CENTER * SURGICAL SERVICES * TRANSITIONAL CA RE UNIT * VAN SERVICES * VASCULAR SERVICES * WOMEN'S HEALTH CENTER * WOUND CARE CENTER SEC TION 5- SHARP HOSPICECARE AS A SYSTEMWIDE PROGRAM, SHARP HOSPICECARE PROVIDES PROGRAMS AND SERVICES TO ALL OF SHARP HEALTHCARE'S (SHARP'S OR SHC'S) HOSPITAL ENTITIES HOWEVER, SHAR P HOSPICECARE IS LICENSED UNDER SHARP GROSSMONT HOSPITAL (SGH) AND AS SUCH, THE FINANCIAL VALUE OF ITS COMMUNITY BENEFIT PROGRAMS AND SERVICES ARE INCLUDED IN SECTION 4 (SGH) OF TH IS REPORT THE FOLLOWING DESCRIPTION HIGHLIGHTS VARIOUS PROGRAMS AND SERVICES PROVIDED BY SHARP HOSPICECARE TO SAN DIEGO COUNTY (SDC) IN FY 2015 IN THE FOLLOWING SB 697 COMMUNITY B ENEFIT CATEGORIES * OTHER BENEFITS FOR VULNERABLE POPULATIONS INCLUDED CONTRIBUTION OF TI ME TO STAND DOWN FOR HOMELESS VETERANS AND THE SAN DIEGO FOOD BANK (SDFB) * OTHER BENEFIT S FOR THE BROADER COMMUNITY INCLUDED A VARIETY OF END-OF-LIFE SUPPORT FOR SENIORS, FAMILIE S, CAREGIVERS AND VETERANS IN THE SAN DIEGO COMMUNITY, SUCH AS EDUCATION, SUPPORT GROUPS A ND OUTREACH AT COMMUNITY HEALTH FAIRS AND OTHER EVENTS IN ADDITION, SHARP HOSPICECARE PRO VIDED VOLUNTEER TRAINING OPPORTUNITIES FOR COMMUNITY ADULTS AND TEENS SHARP HOSPICECARE S TAFF ACTIVELY PARTICIPATED IN COMMUNITY BOARDS, COMMITTEES AND CIVIC ORGANIZATIONS, INCLUD ING SAN DIEGO COUNTY COALITION FOR IMPROVING END-OF-LIFE CARE (SDCCEOLC), CAREGIVER COALIT ION OF SAN DIEGO, SAN DIEGO COUNTY HOSPICE-VETERAN PARTNERSHIP (HVP), CALIFORNIA HOSPICE A ND PALLIATIVE CARE ASSOCIATION (CHAPCA), NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO), SOUTHERN CAREGIVER RESOURCE CENTER (SCRC), SAN DIEGO REGIONAL HOME CARE COUNCIL (SDRHCC), SAN DIEGO COMMUNITY ACTION NETWORK (SANDI-CAN), NORTH COUNTY COMMUNITY ACTION NE TWORK (NORCAN), SOUTH COUNTY ACTION NETWORK (SOCAN), EAST COUNTY SENIOR SERVICE PROVIDERS (ECSSP), SAN DIEGO CHAPTER OF THE HOSPICE AND PALLIATIVE NURSES ASSOCIATION (HPNA), SAN DI EGO PHY SICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) COALITION AND SAN DIEGO COUNTY MEDICAL SOCIETY BIOETHICS COMMISSION SEE APPENDIX A FOR A LISTING OF SHARP'S INVOLVEMENT IN COMMUNITY ORGANIZATIONS IN FY 2015 THIS CATEGO

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	RY ALSO INCLUDED COSTS ASSOCIATED WITH PLANNING AND OPERATING COMMUNITY BENEFIT PROGRAMS, SUCH AS COMMUNITY HEALTH NEEDS ASSESSMENTS AND ADMINISTRATION * HEALTH RESEARCH, EDUCATIO N AND TRAINING PROGRAMS INCLUDED TIME DEVOTED TO EDUCATION AND TRAINING FOR HEALTH CARE PR OFESSIONALS, STUDENT AND INTERN SUPERVISION AND GENERALIZABLE HEALTH-RELATED RESEARCH PROJ ECTS THAT WERE MADE AVAILABLE TO THE BROADER HEALTH CARE COMMUNITY DEFINITION OF COMMUNIT Y SHARP HOSPICECARE IS LOCATED AT 8881 FLETCHER PARKWAY IN LA MESA, ZIP CODE 91942 SHARP HOSPICECARE PROVIDES COMPREHENSIVE END-OF-LIFE HOSPICE CARE, SPECIALIZED PALLIATIVE CARE A ND COMPASSIONATE SUPPORT TO PATIENTS AND FAMILIES THROUGHOUT SDC FOR SHC'S 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS, THE DIGNITY HEALTH/TRUVEN HEALTH COMMUNITY NEED I NDEX (CNI) WAS UTILIZED TO IDENTIFY VULNERABLE COMMUNITIES WITHIN THE COUNTY THE CNI IDEN TIFIES THE SEVERITY OF HEALTH DISPARITY FOR EVERY ZIP CODE IN THE UNITED STATES (U S) BAS ED ON SPECIFIC BARRIERS TO HEALTH CARE ACCESS, INCLUDING EDUCATION, INCOME, CULTURE/LANGUA GE, INSURANCE AND HOUSING AS SUCH, THE CNI DEMONSTRATES THE LINK BETWEEN COMMUNITY NEED, ACCESS TO CARE, AND PREVENTABLE HOSPITALIZATIONS ACCORDING TO THE CNI, COMMUNITIES SERVED BY SHARP HOSPICECARE WITH ESPECIALLY HIGH-NEED INCLUDE, BUT ARE NOT LIMITED TO, EAST SAN DIEGO, CITY HEIGHTS, NORTH PARK, THE COLLEGE AREA, AND DOWNTOWN SAN DIEGO DESCRIPTION OF COMMUNITY HEALTH IN SDC IN 2014, 98 2 PERCENT OF CHILDREN AGES 0 TO 11, 91 5 PERCENT OF CH ILDREN AGES 12 TO 17, AND 84 3 PERCENT OF ADULTS AGES 18 TO 64 HAD HEALTH INSURANCE - FAIL ING TO MEET THE HEALTHY PEOPLE 2020 (HP 2020) NATIONAL TARGETS FOR HEALTH INSURANCE COVERA GE SEE TABLE 1 FOR A SUMMARY OF KEY INDICATORS OF ACCESS TO CARE AND TABLE 2 FOR DATA REG ARDING MEDI-CAL ELIGIBILITY IN SDC IN 2014, 20 9 PERCENT OF ADULTS AGES 18 TO 64 DID NOT HAVE A USUAL SOURCE OF CARE AND 14 3 PERCENT OF THESE ADULTS HAD HEALTH INSURANCE IN ADDI TION 14 3 PERCENT REPORTED FAIR OR POOR HEALTH OUTCOMES FURTHER, 43 6 PERCENT LIVING AT 2 00 PERCENT BELOW THE FEDERAL POVERTY LEVEL (FPL) REPORTED AS FOOD INSECURE TABLE 1 HEALT H CARE ACCESS IN SDC, 2014 DESCRIPTION RATE YEAR 2020 TARGET CURRENT HEALTH INSURANCE COVE RAGE CHILDREN 0 TO 11 YEARS 98 2% 100% CHILDREN 12 TO 17 YEARS 91 5% 100% ADULTS 18 TO 64 YEARS 84 3% 100% REGULAR SOURCE OF MEDICAL CARE CHILDREN 0 TO 11 YEARS 97 9% 100% CHILDREN 12 TO 17 YEARS 83 0% 100% ADULTS 18 TO 64 YEARS 79 1% 89 4% NOT CURRENTLY INSURED ADULTS 18 TO 64 YEARS 15 7% SOURCE 2013-2014 CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS) TABLE 2 MEDI-CAL (MEDICAID) ELIGIBILITY, AMONG UNINSURED IN SDC (ADULTS AGES 18 TO 64 YEARS), 2014 DESCRIPTION RATE MEDI-CAL ELIGIBLE 28 7% NOT ELIGIBLE 71 3% SOURCE 2013-2014 CHIS TABLE 3 SUMMARIZES THE LEADING CAUSES OF DEATH IN SDC FOR ADDITIONAL DEMOGRAPHIC AND HEALTH DAT A FOR COMMUNITIES SERVED BY SHARP HOSPICECARE, PLEASE REFER TO THE SHARP MEMORIAL HOSPITAL (SMH) 2013 CHNA AT HTTP://WWW SHARP COM/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT S WHICH INCLUDES DATA FOR THE PRIMARY COMMUNITIES SERVED BY SHARP HOSPICECARE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	TABLE 3 LEADING CAUSES OF DEATH IN SDC, 2014 CAUSE OF DEATH NUMBER OF DEATHS MALIGNANT NE OPLASMS 4891 DISEASES OF HEART 4586 ALZHEIMER'S DISEASE 1316 CEREBROVASCULAR DISEASES 1155 ACCIDENTS (UNINTENTIONAL INJURIES) 1101 CHRONIC LOWER RESPIRATORY DISEASES 995 DIABETES M ELLITUS 588 INTENTIONAL SELF-HARM (SUICIDE) 421 CHRONIC LIVER DISEASE AND CIRRHOSIS 319 ES SENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE 314 INFLUENZA AND PNEUMONIA 304 PARKIN SON'S DISEASE 268 PNEUMONITIS DUE TO SOLIDS AND LIQUIDS 134 VIRAL HEPATITIS 118 NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS 112 SOURCE CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS UNDERLYING CAUSE OF DEATH 1999-2014 ON CDC WONDER O NLINE DATABASE, RELEASED 2015 DATA ARE FROM THE MULTIPLE CAUSE OF DEATH FILES, 1999-2014, AS COMPILED FROM DATA PROVIDED BY THE 57 VITAL STATISTICS JURISDICTIONS THROUGH THE VITAL STATISTICS COOPERATIVE PROGRAM COMMUNITY BENEFIT PLANNING PROCESS IN ADDITION TO THE STE PS OUTLINED IN SECTION 3 REGARDING COMMUNITY BENEFIT PLANNING, SHARP HOSPICECARE * CONSUL TS WITH REPRESENTATIVES FROM A VARIETY OF INTERNAL DEPARTMENTS AND OTHER COMMUNITY ORGANIZ ATIONS TO DISCUSS, PLAN AND IMPLEMENT COMMUNITY ACTIVITIES * PARTICIPATES IN PROGRAMS AND WORKGROUPS TO REVIEW AND IMPLEMENT SERVICES THAT IMPROVE PALLIATIVE AND END-OF-LIFE CARE F OR THE SAN DIEGO COMMUNITY * INCORPORATES END-OF-LIFE COMMUNITY NEEDS INTO ITS GOAL DEVELO PMENT PRIORITY COMMUNITY NEEDS ADDRESSED BY SHARP HOSPICECARE THE 2013 CHNAS FOR EACH SHC ACUTE CARE HOSPITAL (SCVMC, SCHHC, SGH, SMH) IDENTIFY SENIOR HEALTH AS A PRIORITY HEALTH N EED FOR THE COMMUNITY SHARP HOSPICECARE PROVIDES HOSPICE AND PALLIATIVE CARE SERVICES ACR OSS THE SHC CARE CONTINUUM AND HELPS TO ADDRESS SENIOR HEALTH ISSUES THROUGH THE FOLLOWING COMMUNITY PROGRAMS AND SERVICES * END-OF-LIFE AND CHRONIC ILLNESS MANAGEMENT EDUCATION F OR COMMUNITY MEMBERS * ADVANCE CARE PLANNING EDUCATION AND OUTREACH FOR COMMUNITY MEMBERS, STUDENTS AND HEALTH CARE PROFESSIONALS * HOSPICE AND PALLIATIVE CARE EDUCATION AND TRAINI NG PROGRAMS FOR HEALTH CARE PROFESSIONALS, STUDENTS AND VOLUNTEERS * BEREAVEMENT COUNSELIN G AND SUPPORT FOR EACH OF THE COMMUNITY PROGRAMS AND SERVICES DESCRIBED ABOVE, SUBSEQUENT PAGES INCLUDE A SUMMARY OF THE RATIONALE AND IMPORTANCE OF THE SERVICE(S), OBJECTIVE(S), F Y 2015 REPORT OF ACTIVITIES CONDUCTED IN SUPPORT OF THE OBJECTIVE(S), AND FY 2016 PLAN OF ACTIVITIES IDENTIFIED COMMUNITY NEED END-OF-LIFE AND CHRONIC ILLNESS MANAGEMENT EDUCATIO N FOR COMMUNITY MEMBERS RATIONALE REFERENCES THE FINDINGS OF THE SHC 2013 COMMUNITY HEALTH NEEDS ASSESSMENTS OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE IND ICATED RATIONALE * IN SHC'S 2013 CHNAS, SENIOR HEALTH WAS IDENTIFIED AS ONE OF THE PRIORI TY HEALTH ISSUES FOR COMMUNITY MEMBERS SERVED BY SHC * RESEARCH PRESENTED IN THE SHC 2013 CHNAS REVEALED THAT SENIORS ARE AT HIGH RISK FOR DEVELOPING CHRONIC ILLNESSES AND RELATED DISABILITIES, AND CHRONIC CONDITIONS ARE THE LEADING CAUSE OF DEATH AMONG OLDER ADULTS * FINDINGS PRESENTED IN THE SHC 2013 CHNAS REVEALED THE FOLLOWING HEALTH CONDITIONS AS CHIE F CONCERNS FOR SENIORS IN SDC CARDIOVASCULAR DISEASE, ALZHEIMER'S DISEASE, PAIN MANAGEMEN T, HEARING LOSS (MANY SENIORS CANNOT AFFORD TREATMENT) AND MOBILITY ISSUES (FALLS AND RESU LTING IMMOBILITY) HEALTH ISSUES SUCH AS MEDICATION MANAGEMENT, SOCIAL PLANNING FOR THE FU TURE (INCLUDING HOUSING, ADVANCE CARE PLANNING, ETC), AND LACK OF EDUCATION, MANAGEMENT A ND SUPPORT FOR BEHAVIORAL CHANGES WERE IDENTIFIED * ACCORDING TO RESEARCH PRESENTED IN TH E SHC 2013 CHNAS, OLDER ADULTS ARE AMONG THE FASTEST GROWING AGE GROUPS IN THE U S IN 201 1, THE FIRST OF MORE THAN 70 MILLION BABY BOOMERS (ADULTS BORN BETWEEN 1946 AND 1964) TURN ED 65 BY THE YEAR 2050, THIS AGE GROUP IS PROJECTED TO MORE THAN DOUBLE IN SIZE, FROM 40 3 MILLION TO 88 5 MILLION THE INCREASING NUMBER OF OLDER ADULTS, COMBINED WITH THE INCREA SING RATES OF OBESITY, DIABETES, AND OTHER CHRONIC DISEASE, ARE ON TRACK TO OVERWHELM THE HEALTH CARE SYSTEM (AMERICA'S HEALTH RANKINGS SENIOR REPORT, 2013) * ACCORDING TO THE 201 5 CALIFORNIA HEALTHCARE ALMANAC REPORT BEDS FOR BOOMERS WILL CALIFORNIA'S SUPPLY OF SERVI CES MEET SENIOR DEMAND?, NEARLY TWO-THIRDS OF CALIFORNIA SENIORS HAD TWO OR MORE CHRONIC C ONDITIONS IN 2012, AND MORE THAN ONE-THIRD HAD FOUR OR MORE (CALIFORNIA HEALTHCARE FOUNDAT ION (CHCF), 2015) * THERE ARE AN ESTIMATED FOUR MILLION FAMILY CAREGIVERS IN CALIFORNIA, ACCORDING TO THE CALIFORNIA CAREGIVER RESOURCE CENTER * IN 2014, THERE WAS AN ESTIMATED 4 3 5 MILLION ADULTS IN THE U S WHO HAVE PROVIDED UNPAID CARE TO AN ADULT OR CHILD (AARP, 2 015) * ALTHOUGH CAREGIVERS REPORT SOME POSITIVE FEELINGS ABOUT CAREGIVING, INCLUDING FAMI LY TOGETHERNESS AND THE SATISFACTION OF HELPING OTHERS, THEY ALSO REPORT HIGH LEVELS OF ST RESS OVER THE COURSE OF PROVIDING CARE SIXTY-ONE PERCENT OF FAMILY CAREGIVERS OF PEOPLE W ITH ALZHEIMER'S AND OTHER DEMENTIAS RATED THE EMOT

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	IONAL STRESS OF CAREGIVING AS HIGH OR VERY HIGH (NATIONAL ALZHEIMER'S ASSOCIATION, ALZHEIM ER'S DISEASE FACTS AND FIGURES, 2013) * WHILE RESEARCHERS HAVE LONG KNOWN THAT CAREGIVING CAN HAVE HARMFUL MENTAL HEALTH EFFECTS FOR CAREGIVERS, RESEARCH SHOWS THAT CAREGIVING CAN HAVE SERIOUS PHYSICAL HEALTH CONSEQUENCES AS WELL SEVENTEEN PERCENT OF CAREGIVERS FEEL T HEIR HEALTH IN GENERAL HAS GOTTEN WORSE AS A RESULT OF THEIR CAREGIVING RESPONSIBILITIES FURTHERMORE, AN ESTIMATED 17 TO 35 PERCENT OF FAMILY CAREGIVERS VIEW THEIR HEALTH AS FAIR TO POOR (AARP CAREGIVING IN THE U S 2015 REPORT) * ACCORDING TO THE AARP'S CAREGIVING IN THE U S 2015 REPORT, 14 PERCENT OF CAREGIVERS WHO ASSIST WITH MEDICAL OR NURSING TASKS R EPORT HAVING RECEIVED SOME PREPARATION OR TRAINING ADDITIONALLY, 84 PERCENT OF CAREGIVERS REPORTED NEEDING MORE HELP AND INFORMATION ABOUT CAREGIVING TOPICS SUCH AS KEEPING THEIR LOVED ONES SAFE AT HOME, MANAGING THEIR OWN STRESS AND HELPING MAKE END-OF-LIFE DECISIONS CAREGIVERS RESPONDED POSITIVELY TO INTERVENTIONS SUCH AS INDIVIDUAL/GROUP THERAPY, EDUCAT IONAL/TRAINING SUPPORT, HOME-BASED VISITS, OR TECHNOLOGY, DEPENDING ON HOW THEY WERE DELIV ERED (NATIONAL ALZHEIMER'S ASSOCIATION, 2012) * ACCORDING TO A 2011 ARTICLE IN THE AMERIC AN FAMILY PHYSICIAN JOURNAL (AFPJ), THE DEMAND FOR FAMILY CAREGIVERS IS EXPECTED TO RISE B Y 85 PERCENT IN THE NEXT FEW DECADES FURTHERMORE, FAMILY CAREGIVING HAS BEEN AFFECTED IN SEVERAL IMPORTANT WAYS OVER THE PAST FIVE YEARS CAREGIVERS AND CARE RECIPIENTS ARE OLDER AND HAVE HIGHER LEVELS OF DISABILITY THAN IN YEARS PAST, THE DURATION, INTENSITY AND BURDE N OF CARE HAS INCREASED, THE FINANCIAL COST ASSOCIATED WITH INFORMAL CAREGIVING HAS RISEN, AND THE USE OF PAID FORMAL CARE HAS DECLINED SIGNIFICANTLY * IN 2013, 140,000 CALIFORNIA NS WERE SERVED BY HOSPICE NEARLY 80 PERCENT OF HOSPICE PATIENTS WERE AGES 71 AND OLDER A T CURRENT RATE OF USE, THE NUMBER OF HOSPICE PATIENTS IS PROJECTED TO MORE THAN DOUBLE BET WEEN 2013 AND 2040 IT IS PROJECTED THAT IN 2040, 88 PERCENT OF HOSPICE PATIENTS WILL BE 7 1 AND OLDER (2015 CALIFORNIA HEALTH CARE ALMANAC BEDS FOR BOOMERS REPORT) OBJECTIVES * PR OVIDE EDUCATION AND OUTREACH TO THE SAN DIEGO COMMUNITY CONCERNING ADVANCED ILLNESS MANAGE MENT AND END-OF-LIFE CARE * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE EDUCATION AND OUTREACH TO COMMUNITY MEMBERS AND THEIR LOVED ONES * SUPPORT THE UNIQUE ADVANCED ILLNE SS MANAGEMENT AND END-OF-LIFE CARE NEEDS OF MILITARY VETERANS AND THEIR FAMILIES FY 2015 R EPORT OF ACTIVITIES SHARP HOSPICECARE SUPPORTS THE SAN DIEGO COMMUNITY IN THE AREAS OF END -OF-LIFE CARE, AGING AND CAREGIVING THROUGH PARTICIPATION IN A VARIETY OF LOCAL ORGANIZATI ONS INCLUDING SDCCEOLC, SDRHCC, SAN DIEGO COUNTY HVP, SAN DIEGO CHAPTER OF THE HOSPICE AND PALLIATIVE NURSES ASSOCIATION (HPNA), SAN DIEGO POLST COALITION, SAN DIEGO COUNTY MEDICAL SOCIETY BIOETHICS COMMISSION, CAREGIVER COALITION OF SAN DIEGO, SANDI-CAN, NORTH COUNTY C OMMUNITY ACTION NETWORK (NORCAN), SOCAN AND ECSSP IN FY 2015, SHARP HOSPICECARE PARTNERED WITH MANY OF THESE ORGANIZATIONS TO PROVIDE MORE THAN 2,400 COMMUNITY MEMBERS WITH FREE E DUCATION AND OUTREACH ON A VARIETY OF END-OF-LIFE AND ADVANCE ILLNESS MANAGEMENT TOPICS T HIS INCLUDED EDUCATIONAL PRESENTATIONS AT CHURCHES, SENIOR LIVING CENTERS, AND COMMUNITY H EALTH AGENCIES AND ORGANIZATIONS THROUGHOUT SDC AS WELL AS PARTICIPATION IN COMMUNITY HEAL TH FAIRS AND EVENTS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	IN JANUARY, SHARP HOSPICECARE PARTNERED WITH SANDI-CAN, NOR-CAN AND OTHER COMMUNITY ORGANI ZATIONS TO CO-HOST TWO FREE COMMUNITY CONFERENCES AT THE BALBOA PARK CLUB AND THE ED BROWN SENIOR CENTER AT RANCHO BERNARDO TITLED PLANNING AHEAD CRUCIAL CONVERSATIONS THROUGH T HE CONFERENCES, APPROXIMATELY 300 SENIORS AND THEIR FAMILY MEMBERS LEARNED TOOLS TO IDENTI FY THEIR END-OF-LIFE VALUES AND GOALS OF CARE, AND COMMUNICATION SKILLS FOR MAKING EDUCATE D AND INFORMED HEALTH CARE DECISIONS THE EVENTS INCLUDED RESOURCES FROM APPROXIMATELY 20 COMMUNITY EXHIBITORS, AS WELL AS A VARIETY OF EXPERT-LED PRESENTATIONS, INCLUDING FIVE IMP ORTANT DOCUMENTS EVERY ONE SHOULD HAVE, COMMUNICATION TOOLS FOR CRUCIAL CONVERSATIONS, WHOL E BODY, ORGAN AND TISSUE DONATIONS, THE OMBUDSMAN'S ROLE AS AN ADVOCATE FOR LONG-TERM CARE RESIDENTS, REINVENTING YOURSELF AFTER A LOSS HOW TO FIND YOUR WAY BACK TO THRIVING, AND ESSENTIAL DOCUMENTS & CONVERSATIONS COMMUNITY PHYSICIANS SHARE THEIR THOUGHTS ON THEIR OW N ADVANCE DIRECTIVES IN APRIL AND MAY, SHARP HOSPICECARE PARTNERED WITH SCHHC AND THE SMH AND SGH SENIOR RESOURCE CENTERS TO PROVIDE THREE COMMUNITY CONFERENCES FOR APPROXIMATELY 300 COMMUNITY SENIORS AND THEIR FAMILIES TITLED AGING RIGHT CHOICES AT THE RIGHT TIME. TH E FREE CONFERENCES WERE HELD AT THE SANDERMANN EDUCATION CENTER AT SCHHC, THE POINT LOMA C OMMUNITY PRESBYTERIAN CHURCH AND THE LA MESA COMMUNITY CENTER AND OFFERED EDUCATION FROM S HARP HOSPICECARE LEADERSHIP AND COMMUNITY HEALTH EXPERTS ON HOW TO PLAN AND COMMUNICATE FU TURE HEALTH CARE, FINANCIAL AND PHYSICAL NEEDS PRESENTATIONS INCLUDED ADVANCE CARE PLANNI NG A GIFT FOR YOUR LOVED ONES, LEAVING A LEGACY PLANNING FOR YOUR FUTURE, NAVIGATING THE MINEFIELD CARE CONUNDRUMS IN THE FINAL YEARS OF LIFE, AND FINDING HOPE AND HEALING AFTER A LOSS IN ADDITION, LOCAL HEALTH AND SENIOR SERVICE AGENCIES OFFERED INFORMATION ON A VA RIETY OF COMMUNITY RESOURCES IN JUNE AND JULY, SHARP HOSPICECARE PARTICIPATED IN TWO COMM UNITY EVENTS PRESENTED BY THE CAREGIVER COALITION OF SAN DIEGO FINDING THE BALANCE IN CAR EGIVING HELD AT COLLEGE AVENUE BAPTIST CHURCH, AND BATTER UP! ARE YOUR BASES COVERED?, A S PECIAL EVENT HELD AT THE FIRST UNITED METHODIST CHURCH TO SUPPORT MALE FAMILY CAREGIVERS THROUGH THE EVENTS, APPROXIMATELY 200 FAMILY MEMBERS RECEIVED EXPERT EDUCATION ON A VARIET Y OF CAREGIVING TOPICS, INCLUDING, BUT NOT LIMITED TO, COPING WITH THE EMOTIONAL ISSUES OF CAREGIVING, MANAGING LOVED ONES' PHYSICAL CARE NEEDS, UNDERSTANDING HOSPICE, MEDICARE, AN D LONG TERM CARE. IN SEPTEMBER, SHARP HOSPICECARE HOSTED LIVE STRONGER LONGER CONFERENCE FOR SENIORS AND CAREGIVERS AT THE COMMUNITY CONGREGATIONAL CHURCH OF CHULA VISTA, A FREE C ONFERENCE THAT PROVIDED APPROXIMATELY 200 SENIORS AND THEIR CAREGIVERS WITH VALUABLE INFOR MATION ON HOW TO CARE FOR THEMSELVES AND THEIR LOVED ONES THE EVENT INCLUDED SEVERAL COMM UNITY RESOURCE AGENCIES, AS WELL AS EXPERT SPEAKERS WHO SHARED KNOWLEDGE ON A VARIETY OF T OPICS, INCLUDING ASKING ONE'S DOCTOR THE RIGHT QUESTIONS, CREATING AN ADVANCE DIRECTIVE, D ETECTING FRAUD, IMPROVING MEMORY, MANAGING DEPRESSION AND USING EXERCISE TO FEEL BETTER I N ADDITION, THE CONFERENCE OFFERED FREE RESPITE CARE TO SENIORS IN THEIR HOMES WHILE THEIR LOVED ONE ATTENDED THE CONFERENCE. SHARP HOSPICECARE PARTICIPATED IN A VARIETY OF COMMUNI TY HEALTH FAIRS AND EVENTS THROUGHOUT THE YEAR, INCLUDING THE COLLEGE AVENUE SENIOR CENTER HEALTH FAIR, SPRING INTO HEALTHY LIVING AT THE NEIGHBORHOOD YMCA, ST PAUL'S SENIOR SERVI CES HEALTH FAIR, THE SHARP WOMEN'S HEALTH CONFERENCE, THE EAST COUNTY SENIOR SERVICE PROVI DERS 16TH ANNUAL SENIOR HEALTH FAIR AT SANTEE TROLLEY SQUARE, VITAL AGING 2015 BOOSTING Y OUR BRAIN POWER CONFERENCE AND MANA DE SAN DIEGO FAMILY HEALTH FAIR AT SWEETWATER HIGH SCH OOL IN NATIONAL CITY SHARP HOSPICECARE SUPPORTS THE NEEDS OF MILITARY VETERANS AND THEIR FAMILIES THROUGH PARTICIPATION IN VETERAN-ORIENTED COMMUNITY EVENTS AND COLLABORATION WITH LOCAL AND NATIONAL ORGANIZATIONS ADVOCATING FOR QUALITY END-OF-LIFE CARE FOR VETERANS SH ARP HOSPICECARE IS A PARTNER IN WE HONOR VETERANS (WHV), A NATIONAL PROGRAM DEVELOPED BY T HE NHPCO IN COLLABORATION WITH THE U S DEPARTMENT OF VETERANS AFFAIRS (VA) TO EMPOWER HOS PICE PROFESSIONALS TO MEET THE UNIQUE END-OF-LIFE NEEDS OF VETERANS AND THEIR FAMILIES AS WHV PARTNERS, HOSPICE ORGANIZATIONS CAN ACHIEVE UP TO FOUR LEVELS OF COMMITMENT IN SERVIN G VETERANS SHARP HOSPICECARE IS CURRENTLY A LEVEL I PARTNER, INDICATING IT IS EQUIPPED TO PROVIDE VETERAN-CENTRIC EDUCATION TO ITS STAFF AND VOLUNTEERS, INCLUDING TRAINING THEM TO IDENTIFY PATIENTS WITH MILITARY EXPERIENCE. SINCE 2010, SHARP HOSPICECARE HAS BEEN A MEMB ER OF THE SAN DIEGO COUNTY HVP, A COALITION OF VA FACILITIES AND COMMUNITY HOSPICES WORKIN G TOGETHER TO ENSURE EXCELLENT END-OF-LIFE CARE FOR VETERANS AND THEIR FAMILIES THROUGH T HE PARTNERSHIP, THE VA SAN DIEGO HEALTHCARE SYSTEM AND SAN DIEGO'S COMMUNITY HOSPICE ORGAN IZATIONS CONTINUALLY COLLABORATE TO PROMOTE AND AD

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	VOCATE FOR QUALITY CARE FOR VETERANS EXPERIENCING A LIFE-LIMITING ILLNESS AND SERVE AS A V OICE AND RESOURCE FOR VETERANS AND THEIR FAMILIES SHARP HOSPICECARE ALSO PARTICIPATES ON THE ADVISORY BOARD FOR THE SCRC'S OPERATION FAMILY CAREGIVER, A COMPREHENSIVE PROGRAM THAT HELPS ALL FAMILY CAREGIVERS OF VETERANS, INCLUDING THOSE OF POST-9/11 CONFLICTS, AS WELL AS SERVICE MEMBERS WITH TRAUMATIC BRAIN INJURY (TBI), POST-TRAUMATIC STRESS DISORDER (PTSD) OR OTHER PHYSICAL DISABILITIES IN JUNE, SHARP HOSPICECARE PARTICIPATED IN THE OPERATION ENGAGE AMERICA RESOURCE FAIR, HOSTED BY OPERATION ENGAGE AMERICA, A NON-PROFIT ORGANIZATI ON THAT PROVIDES SUPPORT, AWARENESS, EDUCATION AND RESOURCES FOR VETERANS, COMMUNITY MEMBE RS AND FAMILIES LIVING WITH PTSD AND TBI AND THOSE WHO WANT TO SUPPORT THEM HELD AT LIBER TY STATION, THE EVENT HONORED MILITARY VETERAN DANIEL SOMERS AND OTHERS LIKE HIM, WHO HAVE TAKEN THEIR OWN LIVES ALONGSIDE MORE THAN 70 COMMUNITY ORGANIZATIONS, SHARP HOSPICECARE PROVIDED RESOURCES TO NEARLY 200 VETERANS, FAMILIES, CAREGIVERS AND OTHER MEMBERS OF THE C OMMUNITY AT THIS FREE EVENT SHARP HOSPICECARE ALSO PROVIDED END-OF-LIFE CARE RESOURCES AT THE SCRC'S OPERATION FAMILY CAREGIVER CONFERENCE AT CAMP PENDLETON IN OCTOBER DESIGNED F OR MILITARY PERSONNEL, VETERANS AND FAMILY CAREGIVERS, THIS FREE EDUCATIONAL EVENT PROVIDE D MORE THAN 100 ATTENDEES WITH PRACTICAL SOLUTIONS FOR MANAGING TBI AND PTSD, IMPROVING CO MMUNICATION AND CARING FOR THE FAMILY CAREGIVER IN AUGUST AND OCTOBER, SHARP HOSPICECARE PROVIDED EDUCATION AND RESOURCES ON HOSPICE, ADVANCE CARE PLANNING (ACP) AND ADVANCED ILLN ESS MANAGEMENT AT THE VETERANS, MILITARY AND FAMILIES EXPOS AT THE WAR MEMORIAL BUILDING A T BALBOA PARK THE FREE EVENTS WERE SPONSORED BY THE CITY OF SAN DIEGO PARKS AND RECREATIO N DEPARTMENT, SENIOR CITIZEN SERVICES, SANDI-CAN, SAN DIEGO VETERANS COALITION, LEGACY COR PS, SAN DIEGO AND THE CAREGIVER COALITION OF SAN DIEGO REACHING APPROXIMATELY 240 COMMUNI TY MEMBERS, THE EVENTS OFFERED PRESENTATIONS, WORKSHOPS, RESOURCE TABLES AND ASSISTANCE WI TH APPLYING FOR VETERANS' BENEFITS FROM A VARIETY OF NON-PROFIT ORGANIZATIONS AND FEDERAL, COUNTY, AND MUNICIPAL ENTITIES THAT SUPPORT VETERANS AND MILITARY FAMILIES IN NOVEMBER, SHARP HOSPICECARE PROVIDED EDUCATION ON ACP AND INTEGRATIVE THERAPIES TO APPROXIMATELY 50 VETERANS AND THEIR FAMILY MEMBERS AT THE VA SAN DIEGO HEALTHCARE SYSTEM'S HEALTH FAIR IN L A JOLLA, A COMMUNITY EVENT HELD IN COLLABORATION WITH THE SAN DIEGO COUNTY HOSPICE-VETERAN PARTNERSHIP (HVP) AND OTHER COMMUNITY HOSPICE ORGANIZATIONS IN FURTHER SUPPORT OF VETERA NS, SHARP HOSPICECARE JOINED COMMUNITY MEMBERS AND LOCAL END-OF-LIFE CARE ORGANIZATIONS IN THE HVP'S KEEP THE SPIRIT OF `45 ALIVE WREATH LAYING CEREMONIES HELD ON MT SOLEDAD IN A UGUST, AND AT THE CHALLENGED ATHLETES FOUNDATION BUILDING IN DECEMBER, THE CEREMONIES WERE PART OF A NATIONWIDE COMMEMORATION OF THE 70TH ANNIVERSARY OF THE END OF WORLD WAR II SH ARP HOSPICECARE CONTINUED ITS WIG DONATION PROGRAM IN FY 2015, PROVIDING FREE WIGS TO 49 C OMMUNITY MEMBERS WHO SUFFER FROM HAIR LOSS DUE TO CANCER TREATMENT AND OTHER ILLNESSES TH ROUGH THE PROGRAM, SHARP HOSPICECARE RECEIVES NEW, UNUSED WIGS FROM MANUFACTURERS, CLEANS AND STYLES THE WIGS AND DONATES THEM TO INDIVIDUALS IN NEED UNDERSTANDING THAT HAIR LOSS CAN BE DIFFICULT, SHARP HOSPICECARE TEAM MEMBERS OFFER PRIVATE WIG APPOINTMENTS FOR COMMUN ITY MEMBERS TO SELECT THEIR WIG, AND RECEIVE PERSONALIZED WIG FITTING, STYLING AND MAINTEN ANCE INSTRUCTIONS IN ADDITION, SURPLUS WIGS ARE DONATED TO PATIENTS AT THE DOUGLAS & NANC Y BARNHART CANCER CENTER AT SCVMC AND TO OTHER COMMUNITY ORGANIZATIONS INTERESTED IN SUPPO RTING THOSE WITH MEDICAL-RELATED HAIR LOSS A TOTAL OF 150 WIGS WERE DONATED TO THOSE IN N EED IN FY 2015

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	FY 2016 PLAN SHARP HOSPICECARE WILL DO THE FOLLOWING * CONTINUE TO COLLABORATE WITH A VAR IETY OF LOCAL NETWORKING GROUPS AND COMMUNITY-ORIENTED AGENCIES TO PROVIDE EDUCATION AND R ESOURCES FOR SENIORS AND THEIR LOVED ONES ON ADVANCED ILLNESS MANAGEMENT AND END-OF-LIFE C ARE * IN COLLABORATION WITH SCHHC AND THE SHARP SENIOR RESOURCE CENTERS, HOST THREE FREE A GING CONFERENCES, REACHING 100 COMMUNITY MEMBERS PER CONFERENCE * CONTINUE TO SUPPORT THE NEEDS OF MILITARY VETERANS AND THEIR FAMILIES THROUGH THE PROVISION OF EDUCATION AND RESOU RCES AT VETERAN-ORIENTED COMMUNITY EVENTS AND COLLABORATION WITH LOCAL AND NATIONAL ORGANI ZATIONS ADVOCATING FOR QUALITY END-OF-LIFE CARE FOR VETERANS * ACHIEVE WHV LEVEL II PARTNE RS TO BUILD THE ORGANIZATIONAL CAPACITY NEEDED TO PROVIDE QUALITY CARE FOR VETERANS AND TH EIR FAMILIES * BEGIN WORKING TOWARDS WHV LEVEL III PARTNERS TO DEVELOP AND STRENGTHEN RELA TIONSHIPS WITH VA MEDICAL CENTERS AND OTHER VETERAN ORGANIZATIONS AND COMMUNITY HOSPICES * CONTINUE TO PROVIDE A WIG DONATION PROGRAM IDENTIFIED COMMUNITY NEED ADVANCE CARE PLANNI NG EDUCATION AND OUTREACH TO COMMUNITY MEMBERS, STUDENTS AND HEALTH CARE PROFESSIONALS RAT IONALE REFERENCES THE FINDINGS OF THE SHC 2013 COMMUNITY HEALTH NEEDS ASSESSMENTS OR THE M OST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * PARTICI PANTS IN THE HASD&IC 2013 CHNA COMMUNITY FORUMS RECOMMENDED INCREASED EDUCATIONAL RESOURCE S ON ADVANCE DIRECTIVES TO HELP ADDRESS THE HEALTH CONCERNS OF SENIORS IN SDC * KEY INFOR MANT INTERVIEWS FROM THE SHC 2013 CHNAS IDENTIFIED SOCIAL PLANNING FOR THE FUTURE, INCLUDI NG EDUCATION ON ACP, AMONG CHIEF CONCERNS FOR SENIORS IN SDC * GREATER COMMUNITY EDUCATIO N REGARDING CARE OPTIONS AND CARE MANAGEMENT TO ENSURE A POSITIVE EXPERIENCE AS SENIORS AP PROACH THE LATER STAGES OF LIFE WERE IDENTIFIED AS AREAS OF IMPROVEMENT FOR SENIORS IN THE SHC 2013 CHNAS * ADVANCE DIRECTIVES SHOULD BE FILLED OUT WHILE PEOPLE ARE HEALTHY, BECAU SE DOING SO GIVES THEM TIME TO THINK ABOUT THE END-OF-LIFE CARE THEY WOULD CHOOSE IF THEY WERE UNABLE TO COMMUNICATE THEIR OWN WISHES IT ALSO ALLOWS TIME TO DISCUSS THESE WISHES W ITH LOVED ONES (NHPCO, 2015) * SEVENTY PERCENT OF AMERICANS DO NOT HAVE AN ADVANCE CARE P LAN (CDC, 2014) * A 2013 REPORT, COMPLETION OF ADVANCE DIRECTIVES AMONG U S CONSUMERS, P UBLISHED IN THE AMERICAN JOURNAL OF PREVENTIVE MEDICINE IN JANUARY 2014, SHOWS THAT OF MOR E THAN 7,900 RESPONDENTS ONLY 26 3 PERCENT HAD AN ADVANCE DIRECTIVE, WITH LACK OF AWARENES S CITED AS THE PRIMARY BARRIER FOR NOT HAVING ONE THIS STUDY ALSO INDICATES RACIAL AND ED UCATIONAL DISPARITIES IN THE COMPLETION OF AN ADVANCE DIRECTIVE AND HIGHLIGHTS THE NEED FO R ADDITIONAL EDUCATION ABOUT END-OF-LIFE DECISIONS * ONLY 28 PERCENT OF HOME HEALTH CARE PATIENTS, 65 PERCENT OF NURSING HOME RESIDENTS AND 88 PERCENT OF HOSPICE CARE PATIENTS HAV E AN ADVANCE DIRECTIVE ON RECORD (NATIONAL CENTER FOR HEALTH STATISTICS, 2011) * ACCORDIN G TO THE CDC, BARRIERS TO ACP INCLUDE LACK OF AWARENESS, DENIAL OF DEATH AND DY ING, DENIAL OF BEING IN A CIRCUMSTANCE IN WHICH WE ARE UNABLE TO MAKE OUR OWN DECISIONS AND SPEAK FOR OURSELVES, CONFUSION BETWEEN WHETHER TO CHOOSE PALLIATIVE CARE AND DOING WHATEVER IT TAKE S TO EXTEND LIFE, AND CULTURAL DIFFERENCES (CDC, 2012) * ACCORDING TO THE CDC, PLANNING F OR THE END OF LIFE IS INCREASINGLY BEING VIEWED AS A PUBLIC HEALTH ISSUE, GIVEN ITS POTENT IAL TO PREVENT UNNECESSARY SUFFERING AND TO SUPPORT AN INDIVIDUAL'S DECISIONS AND PREFEREN CES RELATED TO THE END OF LIFE IN ADDITION, THE CDC RECOGNIZES THE PUBLIC HEALTH OPPORTUN ITY TO EDUCATE AMERICANS, AND ESPECIALLY OLDER ADULTS, ABOUT ACP AND TO IMPROVE THEIR QUAL ITY OF CARE AT THE END OF LIFE (CDC, 2010) * ACCORDING TO A STUDY IN THE BRITISH MEDICAL JOURNAL, ALTHOUGH MAKING DECISIONS ON END-OF-LIFE CARE CAN BE TRAUMATIC, PROVIDING INFORMA TION TO FAMILY MEMBERS, INVOLVING THEM IN DISCUSSIONS AND USING ADVANCE DIRECTIVES HAS SHO WN TO REDUCE THEIR SY MPTOMS OF POST-TRAUMATIC STRESS, ANXIETY AND DEPRESSION (DETERING ET AL , 2010) * A 2014 CONSUMER REPORTS SURVEY OF 2,015 ADULTS SUGGESTS THAT AMERICANS WOULD PREFER TO DIE AT HOME 86 PERCENT SAID THEY WOULD CONSIDER RECEIVING END-OF-LIFE-CARE AT HOME, BUT JUST 36 PERCENT SAID THE SAME ABOUT GETTING THAT CARE IN A HOSPITAL * RECENT ST UDIES HAVE FOUND THAT END-OF-LIFE CARE PLANNING IS ASSOCIATED WITH SIGNIFICANTLY LESS AGGR ESSIVE AND MORE COST-EFFECTIVE MEDICAL CARE NEAR DEATH, EARLIER AND MORE FREQUENT HOSPICE REFERRALS, AND ENHANCED QUALITY OF LIFE WITH BETTER BEREAVEMENT ADJUSTMENTS (CDC, 2012) * ABOUT TWICE AS MANY CAUCASIANS AS AFRICAN AMERICANS COMPLETED ADVANCE DIRECTIVES THE DIF FERENCE IN PREVALENCE OF ADVANCE DIRECTIVES IS ATTRIBUTABLE TO SEVERAL FACTORS, INCLUDING CULTURAL DIFFERENCES IN FAMILY-CENTERED DECISION-MAKING, DISTRUST OF THE HEALTH CARE SYSTE M, AND POOR COMMUNICATION BETWEEN HEALTH CARE PROFESSIONALS AND PATIENTS (MORHAIM AND POLL ACK, 2013) OBJECTIVES * PROVIDE EDUCATION, ENGAGE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	MENT AND CONSULTATION FOR COMMUNITY MEMBERS ON ACP AND POLST * EDUCATE COMMUNITY HEALTH CA RE PROFESSIONALS AND STUDENTS ON ACP AND POLST FY 2015 REPORT OF ACTIVITIES SHC OFFERS A F REE AND CONFIDENTIAL ACP PROGRAM TO SUPPORT COMMUNITY MEMBERS AS THEY CONSIDER THEIR FUTUR E HEALTH CARE OPTIONS FACILITATED BY SHARP HOSPICECARE, THE ACP PROGRAM EMPOWERS ADULTS O F ANY AGE AND HEALTH STATUS TO EXPLORE AND DOCUMENT THEIR BELIEFS, VALUES AND GOALS AS THE Y RELATE TO HEALTH CARE. THE PROGRAM CONSISTS OF THREE STAGES STAGE ONE, COMMUNITY ENGAGE MENT, FOCUSES ON BRINGING AWARENESS TO HEALTHY COMMUNITY MEMBERS ABOUT THE IMPORTANCE OF A CP THIS STAGE INCLUDES BASIC EDUCATION AND RESOURCES, IDENTIFICATION OF AN APPROPRIATE HE ALTH CARE AGENT, AND COMPLETION OF AN ADVANCE HEALTH CARE DIRECTIVE. STAGE TWO, DISEASE-SP ECIFIC OUTREACH, FOCUSES ON EDUCATION FOR COMMUNITY MEMBERS WITH A PROGRESSIVE CHRONIC ILL NESS, INCLUDING DECLINE IN FUNCTIONAL STATUS, CO-MORBIDITIES, POTENTIAL FOR HOSPITALIZATIO N AND CAREGIVER ISSUES WITH A GOAL OF ANTICIPATING FUTURE NEEDS AS HEALTH DECLINES, THIS STAGE FOCUSES ON DEVELOPING A WRITTEN PLAN THAT IDENTIFIES GOALS OF CARE, AND INVOLVES THE HEALTH CARE AGENT AND LOVED ONES THE THIRD STAGE, LATE-LIFE ILLNESS OUTREACH, TARGETS TH OSE WITH A DISEASE PROGNOSIS OF ONE YEAR OR LESS UNDER THESE CIRCUMSTANCES, SPECIFIC OR U RGENT 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 T O ASSIST THE INDIVIDUAL OR APPOINTED HEALTH CARE AGENT WITH NAVIGATING COMPLEX MEDICAL DEC ISIONS RELATED TO IMMEDIATE LIFE-SUSTAINING OR PROLONGING MEASURES, INCLUDING COMPLETION O F THE POLST FORM, A LEGAL DOCUMENT DESIGNED FOR INDIVIDUALS WITH ADVANCED PROGRESSIVE OR T ERMINAL ILLNESS THAT SPECIFIES CARE PREFERENCES IN AN EMERGENCY MEDICAL SITUATION IN FY 2 015, THE SHARP ACP TEAM PROVIDED MORE THAN 130 PHONE AND IN-PERSON CONSULTATIONS TO COMMUN ITY MEMBERS SEEKING GUIDANCE WITH IDENTIFY ING THEIR PERSONAL GOALS OF CARE AND HEALTH CARE PREFERENCES, APPOINTING AN APPROPRIATE HEALTH CARE AGENT, AND COMPLETING AN ADVANCE HEALT H CARE DIRECTIVE. THE ACP TEAM ALSO ENGAGED APPROXIMATELY 2,500 COMMUNITY MEMBERS AND CARE GIVERS IN FREE ACP AND POLST EDUCATION AT A VARIETY OF COMMUNITY SITES, INCLUDING HEALTH F AIRS, SENIOR CENTERS, HOMECARE AGENCIES, CHURCHES AND SEMINARS LOCATIONS INCLUDED BUT WER E NOT LIMITED TO SILVER CREST SENIOR RESIDENCE, GATEWAY GARDENS SENIOR LIVING, LOS ARCOS AFFORDABLE SENIOR LIVING, LANTERN CREST SENIOR LIVING, COLLWOOD TERRACE RETIREMENT COMMUNI TY, LA MESA LIBRARY, POINT LOMA LIBRARY, THE CORONADO BOOK CLUB, SAN DIEGO LGBT COMMUNITY CENTER, SALVATION ARMY, SISTER SERVANTS OF THE BLESSED SACRAMENT, SAN DIEGO GAS & ELECTRIC (SDG&E) EMPLOY EE WELLNESS FAIR, SEMPRA ENERGY WELLNESS FAIR, RANCHO SANTA FE SENIOR CENTE R FIRST ANNUAL HEALTHY AGING CONFERENCE AT FAIRBANKS RANCH COUNTRY CLUB, COUNTY OF SAN DIE GO AGING AND INDEPENDENCE SERVICES (AIS) VITAL AGING 2015 BOOSTING Y OUR BRAIN POWER CONFE RENCE IN LIBERTY STATION, DECEMBER NIGHTS IN BALBOA PARK, SANDI-CAN AND NOR-CAN PLANNING A HEAD CRUCIAL CONVERSATIONS CONFERENCES, SDCCEOLC QUALITY OF LIFE PANEL, SHARP WOMEN'S HE ALTH CONFERENCE, SCVMC HEART HEALTH EXPO, SGH CANCER CENTER'S SURVIVORSHIP LUNCH AND LEARN SERIES, SHARP HOSPICECARE AGING RIGHT CHOICES AT THE RIGHT TIME CONFERENCES, SHARP HOSPI CECARE LIVE STRONGER LONGER CONFERENCE FOR SENIORS AND CAREGIVERS, SHARP HOSPICECARE'S AN NUAL HEALING THROUGH THE HOLIDAYS EVENT, AND SHARP HOSPICECARE'S ANNUAL MEMORIAL SERVICE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	THE SHARP ACP TEAM PARTICIPATED IN A VARIETY OF INITIATIVES SUPPORTING NATIONAL HEALTHCARE DECISIONS DAY (NHDD) HELD ON APRIL 16, 2015, THE NATIONAL INITIATIVE ENCOURAGES ADULTS O F ALL AGES TO PLAN AHEAD OF A HEALTH CARE CRISIS THE TEAM KICKED OFF NHDD WITH A LIVE DIS CUSSION ON SAN DIEGO 6 NEWS STATION ABOUT THE IMPORTANCE OF ACP AND GETTING THE CONVERSATI ON STARTED APRIL 16 AND 17 CONTINUED WITH "KITCHEN-TABLE TALKS," HELD AT SCVMC, SGH AND S MH, DURING WHICH COMMUNITY MEMBERS COULD MEET WITH SHARP'S ACP EXPERTS TO BEGIN THEIR ADVA NCE HEALTH CARE PLAN APPROXIMATELY 200 INDIVIDUALS WERE REACHED THROUGH THE NHDD KITCHEN-TABLE TALKS NHDD PRESENTATIONS WERE ALSO PROVIDED TO MORE THAN 40 COMMUNITY MEMBERS AT GE THSEMANE LUTHERAN CHURCH IN SERRA MESA AND THE SERRA MESA COMMUNITY COUNCIL IN FURTHER SU PPORT OF NHDD, SHARP HEALTHCARE HOSTED CONVERSATIONS MATTER, A FREE COMMUNITY WORKSHOP HEL D AT THE FIRST UNITED METHODIST CHURCH OF SAN DIEGO DURING THE WORKSHOP, THE SHARP ACP TE AM PROVIDED APPROXIMATELY 40 COMMUNITY MEMBERS WITH TOOLS TO SELECT AN APPROPRIATE HEALTH CARE AGENT, COMMUNICATE GOALS OF CARE, AND DOCUMENT WISHES FOR FUTURE HEALTH CARE NEEDS P RESENTATIONS INCLUDED CONVERSATIONS MATTER TOOLS AND RESOURCES FOR COMMUNICATING/DOCUMENT ING FUTURE HEALTH CARE WISHES, DIFFICULT CONVERSATIONS PRESENTERS DEMONSTRATE CONVERSATIO NS AND PROVIDE TIPS THAT ADDRESS COMMUNICATION BARRIERS, AND PHY SICIAN PANEL PERSONAL STO RIES FROM PHY SICIANS AND AUDIENCE Q&A IN FY 2015, THE SHARP ACP TEAM SUPPORTED A VARIETY OF COMMUNITY EFFORTS TO RAISE AWARENESS ABOUT END-OF-LIFE CARE ISSUES AND THE IMPORTANCE O F ACP IN SEPTEMBER, THE TEAM JOINED SCHHC AND INEWSOURCE, A LOCAL NONPROFIT INVESTIGATIVE JOURNALISM TEAM, IN A KPBS RADIO BROADCAST TO DISCUSS INEWSOURCE'S EMMY-NOMINATED TWO-PAR T FILM SERIES, AN IMPOSSIBLE CHOICE FILMED IN THE SCHHC SUBACUTE UNIT, THE STORY DOCUMENT S THE DIFFICULT DECISIONS FACED BY FAMILY MEMBERS WITH A LOVED ONE WHO IS ON LIFE SUPPORT DURING THE BROADCAST, THE ACP TEAM EMPHASIZED THE IMPORTANCE OF HAVING ACP DISCUSSIONS TO ENSURE INDIVIDUALS RECEIVE THE END-OF-LIFE CARE THEY PREFER IN ADDITION, THROUGH GRANT S UPPORT FROM THE CALIFORNIA HEALTHCARE FOUNDATION (CHCF), SHARP HOSPICECARE COLLABORATED WI TH SDCCEOLC IN AUGUST TO PROVIDE FREE COMMUNITY VIEWINGS OF THE PUBLIC BROADCASTING SERVIC E DOCUMENTARY, BEING MORTAL, INCLUDING A POST-FILM PANEL DISCUSSION ON END-OF-LIFE CARE B ASED ON THE BOOK WRITTEN BY DR ATUL GAWANDE, AMERICAN SURGEON, AUTHOR AND PUBLIC HEALTH R ESEARCHER, THE MOVIE ADDRESSES THE NATIONAL DIALOGUE AROUND DEATH, INCLUDING EXPLORATION O F WHAT MATTERS MOST TO PATIENTS AND FAMILIES EXPERIENCING SERIOUS ILLNESS AND HOW DOCTORS CAN BETTER PREPARE THEM HELD AT THE COMMUNITY CONGREGATIONAL CHURCH OF CHULA VISTA AND TH E RAMONA COMMUNITY LIBRARY, THE FILM SCREENINGS WERE ATTENDED BY APPROXIMATELY 80 COMMUNIT Y MEMBERS THROUGHOUT THE YEAR SHARP HOSPICECARE EDUCATED MORE THAN 500 LOCAL, STATE AND N ATIONAL HEALTH PROFESSIONALS ON ACP AND POLST, INCLUDING, BUT NOT LIMITED TO CASE MANAGERS FROM THE SAN DIEGO CARE TRANSITIONS PARTNERSHIP, GROSSMONT POST ACUTE CARE, CONTINUUM HEA LTHCARE, SENIOR CARE ACTION NETWORK (SCAN) HEALTH PLAN, THE CENTER TO ADVANCE PALLIATIVE C ARE (CAPC) NATIONAL CONFERENCE, SDRHCC, CAREGIVER COALITION OF SAN DIEGO, SDCCEOLC, SAN DI EGO DEMENTIA CONSORTIUM, THE SHARP HOSPICECARE RESOURCE & EDUCATION EXPO, GREATER SAN DIEG O BUSINESS ASSOCIATION AND THE COUNTY OF SAN DIEGO OMBUDSMEN PROGRAM IN COLLABORATION WIT H THE COALITION FOR COMPASSIONATE CARE OF CALIFORNIA (CCCC), THE SHARP ACP TEAM ALSO OFFER ED A POLST TRAIN-THE-TRAINER WORKSHOP TO TRAIN COMMUNITY HEALTH CARE PROVIDERS ON POLST, I NCLUDING IDENTIFY ING THE TARGET POPULATION FOR POLST COMPLETION, HOW TO FACILITATE A POLST CONVERSATION AND HOW TO DOCUMENT PATIENT TREATMENT WISHES ON THE POLST FORM THE SHARP AC P TEAM SUPPORTS SAN DIEGO'S FUTURE HEALTH CARE WORKFORCE THROUGH LECTURES AND PROFESSIONAL TRAINING OPPORTUNITIES IN FY 2015, THE TEAM PROVIDED INTRODUCTORY EDUCATION ON HOSPICE, BIOETHICS AND ACP TO 36 ADVANCED PSY CHOLOGY STUDENTS AT VALHALLA HIGH SCHOOL AS WELL AS DE LIVERED EIGHT LECTURES ON HOSPICE, BIOETHICS, ACP AND ADVANCE DIRECTIVES TO NEARLY 180 NUR SING STUDENTS FROM AZUSA PACIFIC UNIVERSITY (APU) IN ADDITION, LECTURES ON SPIRITUAL CARE IN HOSPICE WERE PROVIDED TO MORE THAN 50 INDIVIDUALS IN THE CERTIFIED HOSPICE AND PALLIAT IVE NURSING ASSISTANT TRAINING PROGRAM THROUGH THE HPNA IN FY 2014, SHC DEVELOPED THE SHA RP HEALTHCARE ADVANCE DIRECTIVE TO GUIDE THE PUBLIC IN OUTLINING THEIR HEALTH CARE DECISIO NS MADE PUBLICLY AVAILABLE ON SHARP'S WEBSITE IN BOTH ENGLISH AND SPANISH, THE DOCUMENT U SES EASY-TO-READ LANGUAGE TO DESCRIBE WHAT AN ADVANCE DIRECTIVE IS AS WELL AS HOW AND WHY TO COMPLETE ONE THE FORM ALLOWS INDIVIDUALS TO PUT THEIR HEALTH CARE WISHES INTO WRITING AND TO APPROPRIATELY SIGN THE ADVANCE DIRECTIVE WITH THIS SIGNATURE, THE ADVANCE DIRECTIV E BECOMES A LEGAL DOCUMENT THAT CAN BE USED AS A T

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	OOL FOR HEALTH CARE DECISION-MAKING ADDITIONAL CONTACT INFORMATION IS PROVIDED FOR COMMUN ITY MEMBERS WHO ARE INTERESTED IN SPEAKING WITH A SHARP ACP FACILITATOR FY 2016 PLAN SHAR P HOSPICECARE WILL DO THE FOLLOWING * CONTINUE TO PROVIDE FREE ACP EDUCATION AND OUTREACH TO COMMUNITY MEMBERS THROUGH PHONE AND IN-PERSON CONSULTATIONS * CONTINUE TO COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE EDUCATIONAL CLASSES AND EVENTS TO RAISE COMMUNITY AWARENESS OF ACP * HOST A VARIETY OF COMMUNITY EVENTS TO PROMOTE THE IMPORTANCE OF ACP IN HONOR OF NHDD * IN HONOR OF NHDD, HOST KITCHEN TABLE TALKS AT SHARP HOSPITALS TO ASSIST CO MMUNITY MEMBERS WITH BEGINNING AN ADVANCE HEALTH CARE PLAN * CONTINUE TO PROVIDE ACP EDUCA TION AND OUTREACH TO LOCAL, STATE AND NATIONAL HEALTH CARE PROFESSIONALS * EDUCATE SHARP T EAM MEMBERS ABOUT THE END OF LIFE OPTION ACT - RECENTLY APPROVED LEGISLATION THAT ALLOWS T ERMINALLY ILL PATIENTS TO REQUEST AND RECEIVE A DOCTOR-PRESCRIBED MEDICATION TO END THE DY ING PROCESS - AND ADDRESS COMMUNITY QUESTIONS AND CONCERNS THAT MAY ARISE * COLLABORATE WI TH SAN DIEGO HEALTH CONNECT, COUNTY OF SAN DIEGO AIS, HEALTH SERVICES ADVISORY GROUP, EMER GENCY MEDICAL SERVICES, AND VARIOUS HEALTH CARE PROVIDERS IN SDC TO ENSURE COMMUNITY MEMBE RS HAVE ACCESS TO ADVANCE DIRECTIVE AND POLST FORMS IN EMERGENCY SITUATIONS THROUGH THE CO UNTY-WIDE HEALTH-INFORMATION EXCHANGE IDENTIFIED COMMUNITY NEED HEALTH PROFESSIONS AND ST UDENT EDUCATION AND TRAINING, AND VOLUNTEER TRAINING RATIONALE REFERENCES THE FINDINGS OF THE SHC 2013 COMMUNITY HEALTH NEEDS ASSESSMENTS OR THE MOST RECENT SDC COMMUNITY HEALTH ST ATISTICS UNLESS OTHERWISE INDICATED RATIONALE * ACCORDING TO THE 2013 SDC HEALTHCARE SHOR TAGE AREAS ATLAS FROM THE COUNTY OF SAN DIEGO'S HHSA, SDC IS ONE OF 28 COUNTIES IN CALIFOR NIA LISTED AS A REGISTERED NURSE (RN) SHORTAGE AREA * THE DEMAND FOR RNS AND OTHER HEALTH CARE PERSONNEL IN THE U S WILL INCREASE DUE TO THE AGING POPULATION NURSES WILL BE NEED ED TO EDUCATE AND CARE FOR PATIENTS WITH VARIOUS CHRONIC CONDITIONS, SUCH AS ARTHRITIS, DE MENTIA, DIABETES, AND OBESITY THE NUMBER OF INDIVIDUALS WHO HAVE ACCESS TO HEALTH CARE SE RVICES WILL INCREASE AS A RESULT OF FEDERAL HEALTH INSURANCE REFORM MORE NURSES WILL BE N EEDED TO CARE FOR THESE PATIENTS (BUREAU OF LABOR STATISTICS (BLS), 2012) * THE BLS PROJE CTS AN EMPLOY MENT OF MORE THAN 3 1 MILLION RNS IN THE U S IN 2024, AN INCREASE OF 16 PERC ENT FROM 2014 * THE BLS PROJECTS THAT THE DEMAND FOR HOME HEALTH AIDES WILL GROW 38 1 PER CENT FROM 2014 TO 2024 AS THE U S POPULATION AGES, THE DEMAND FOR HOME HEALTH AIDES TO P ROVIDE ASSISTANCE WILL CONTINUE TO INCREASE THE OLDER POPULATION OFTEN HAS HEALTH PROBLEM S AND WILL NEED HELP WITH DAILY ACTIVITIES * TOTAL EMPLOY MENT IS PROJECTED TO INCREASE BY 6 5 PERCENT, OR 9 8 MILLION, FROM 2014 TO 2024 HEALTH CARE AND SOCIAL ASSISTANCE IS PROJ ECTED TO INCREASE ITS EMPLOY MENT SHARE FROM 12 PERCENT IN 2014 TO 13 6 PERCENT IN 2024, TH E FASTEST GROWING SERVICE INDUSTRY OCCUPATIONS AND INDUSTRIES RELATED TO HEALTH CARE ARE PROJECTED TO ADD THE MOST NEW JOBS WITH AN INCREASE OF 2 3 MILLION IN EMPLOY MENT (BLS, 201 5) * DIRECT-CARE WORKERS IN CALIFORNIA ARE RESPONSIBLE FOR PROVIDING 70 TO 80 PERCENT OF THE PAID HANDS-ON LONG-TERM CARE FOR OLDER ADULTS OR THOSE LIVING WITH DISABILITIES OR OTH ER CHRONIC CONDITIONS (ELDERCARE WORKFORCE ALLIANCE, 2014-15) * THE NUMBER OF AMERICANS O VER AGE 65 IS EXPECTED TO INCREASE 71 PERCENT BY 2030 GERIATRICS HEALTH PROFESSIONS TRAIN ING PROGRAMS ARE CRITICAL TO ENSURING THERE IS A SKILLED ELDERCARE WORKFORCE AND KNOWLEDGE ABLE, WELL-SUPPORTED FAMILY CAREGIVERS AVAILABLE TO MEET THE COMPLEX AND UNIQUE NEEDS OF O LDER ADULTS (ELDERCARE WORKFORCE ALLIANCE, 2014) * THE NUMBER OF PEOPLE REACHING RETIREME NT WILL DOUBLE BY 2030, ACCOUNTING FOR AN EIGHT PERCENT INCREASE IN THE U S POPULATION NE EDING A WIDE RANGE OF PROFESSIONAL HEALTH, HOME CARE, AND SOCIAL SERVICES AN ESTIMATED 3 5 MILLION ADDITIONAL HEALTH CARE PROFESS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	OBJECTIVES * PROVIDE EDUCATION AND TRAINING OPPORTUNITIES FOR STUDENTS AND INTERNS * PROVI DE A SHARP HOSPICECARE RESOURCE & EDUCATION EXPO FOR COMMUNITY HEALTH CARE PROFESSIONALS * THROUGH EDUCATION, TRAINING AND OUTREACH, GUIDE LOCAL, STATE AND NATIONAL HEALTH CARE ORG ANIZATIONS IN THE DEVELOPMENT AND IMPLEMENTATION OF APPROPRIATE SERVICES FOR THE NEEDS OF THE AGING POPULATION, INCLUDING INDIVIDUALS IN NEED OF ADVANCED ILLNESS MANAGEMENT * MAINT AIN ACTIVE RELATIONSHIPS AND LEADERSHIP ROLES WITH LOCAL AND NATIONAL ORGANIZATIONS * PROV IDE VOLUNTEER OPPORTUNITIES FOR ADULTS AND TEENS IN THE SAN DIEGO COMMUNITY FY 2015 REPORT OF ACTIVITIES SHARP HOSPICECARE PROVIDED TRAINING OPPORTUNITIES FOR NEARLY 100 SAN DIEGO STATE UNIVERSITY (SDSU) NURSING STUDENTS IN FY 2015 EACH SEMESTER, 24 STUDENTS SHADOWED C ASE MANAGERS OUT IN THE FIELD, WHILE AN ADDITIONAL 24 STUDENTS SPENT AN EIGHT-HOUR DAY SHA DOWING AND LEARNING FROM THE NURSING STAFF AT SHARP HOSPICECARE'S LAKEVIEW HOME. SHARP HOS PICECARE ALSO MENTORED THREE DOCTORAL STUDENTS FROM THE INSTITUTO POLIT CNICO NACIONAL IN MEXICO, AS WELL AS NURSING STUDENTS FROM POINT LOMA NAZARENE UNIVERSITY (PLNU) IN JUNE, S HARP HOSPICECARE HOSTED ITS SIXTH ANNUAL RESOURCE AND EDUCATION EXPO TITLED ADVANCED ILLNE SS MANAGEMENT PRESERVING QUALITY OF LIFE TO HELP COMMUNITY HEALTH PROFESSIONALS IMPROVE T HEIR APPROACH TO PATIENT AND FAMILY-CENTERED CARE FOR THE ADVANCED ILLNESS AND AGING POPUL ATIONS THE FREE EXPO FEATURED SPEAKERS FROM SHARP HOSPICECARE AND SGH LEADERSHIP AS WELL AS INTERACTIVE DISCUSSIONS AND COMMUNITY RESOURCES FROM 35 COMMUNITY AGENCIES SUPPORTING E ND-OF-LIFE NEEDS THE EXPO REACHED APPROXIMATELY 200 COMMUNITY HEALTH CARE PROFESSIONALS I N FY 2015, INCLUDING PHYSICIANS, NURSES, CASE MANAGERS, SOCIAL WORKERS, CHAPLAINS, THERAPI STS AND HOME HEALTH AIDES SHARP HOSPICECARE LEADERSHIP PROVIDED EDUCATION, TRAINING AND O UTREACH TO LOCAL, STATE AND NATIONAL PROFESSIONALS THROUGHOUT FY 2015 THESE EFFORTS SOUGH T TO GUIDE INDUSTRY PROFESSIONALS IN ACHIEVING PERSON-CENTERED, COORDINATED CARE THROUGH T HE ADVANCEMENT OF INNOVATIVE HOSPICE AND PALLIATIVE CARE INITIATIVES ORGANIZATIONS INCLUD ED GOOD SAMARITAN MEDICAL CENTER, SADDLEBACK MEMORIAL MEDICAL CENTER, THE CAPC NATIONAL CO NFERENCE, CCCC, HIGHMARK HEALTH, BAYLOR SCOTT AND WHITE HEALTH, FAMILY MEDICINE EDUCATION CONSORTIUM, KAUFMAN, HALL & ASSOCIATES, LLC, STATE OF CALIFORNIA DEPARTMENT OF JUSTICE BUR EAU OF MEDI-CAL FRAUD AND ELDER ABUSE, LOWN INSTITUTE, BALBOA NEPHROLOGY MEDICAL GROUP, AM ERICAN HOSPITAL ASSOCIATION (AHA) LEADERSHIP SUMMIT, WEST HEALTH INSTITUTE, HOSPICE ANALYT ICS, SCAN HEALTH PLAN AND CONTINUUM CARE HOSPICE PRESENTATION TOPICS INCLUDED SUCCESSFUL AGING, PALLIATIVE CARE, ADVANCED ILLNESS MANAGEMENT, GERIATRIC FRAILTY, PROGNOSTICATION, B IOMETRIC MARKERS AND ACP SHARP HOSPICECARE LEADERSHIP ALSO CONTINUED TO SERVE ON THE BOAR D, AND AS A STATE HOSPICE REPRESENTATIVE, FOR NHPCO AND CHAPCA UNDERSCORING SHARP HOSPICE CARE'S COMMITMENT TO QUALITY END-OF-LIFE CARE FOR SAN DIEGO VETERANS, THE SHARP HOSPICECAR E INTERDISCIPLINARY TEAM IS TRAINED IN ELNEC (END-OF-LIFE NURSING EDUCATION CONSORTIUM) FO R VETERANS ADMINISTERED BY THE AMERICAN ASSOCIATION OF COLLEGES OF NURSING, THE ELNEC PRO JECT IS A NATIONAL EDUCATION INITIATIVE TO IMPROVE PALLIATIVE CARE. THROUGH TRAIN-THE-TRAI NER COURSES, THE ELNEC FOR VETERANS PROJECT TRAINS A CORPS OF EXPERT NURSING EDUCATORS ON HOW TO PROVIDE BETTER PALLIATIVE CARE FOR VETERANS WITH LIFE-THREATENING ILLNESS SO THAT T HEY CAN CONTINUE TO TEACH THIS ESSENTIAL INFORMATION TO PRACTICING NURSES AND OTHER HEALTH CARE PROFESSIONALS SINCE COMPLETING THE TRAIN-THE-TRAINER COURSE IN 2012, SHARP HOSPICEC ARE HAS BEEN WORKING WITH ITS COMMUNITY PARTNERS TO LOCALLY EXPAND TRAINING IN ELNEC FOR V ETERANS, INCLUDING SHARING THE CURRICULUM WITH FELLOW MEMBERS OF THE HVP AND STAFF FROM TH E VA SAN DIEGO HEALTHCARE SYSTEM SHARP HOSPICECARE CONTINUED TO PROVIDE VOLUNTEER TRAININ G OPPORTUNITIES IN FY 2015 HOSPICE VOLUNTEERS ARE OFTEN WORKING TOWARDS A CAREER IN THE M EDICAL FIELD IN ADDITION TO GAINING VALUABLE KNOWLEDGE AND EXPERIENCE THROUGH VOLUNTEERIN G, HOSPICE VOLUNTEERS PROVIDE VALUABLE SUPPORT TO HOSPICE ORGANIZATIONS AND THOSE THEY SER VE, INCLUDING COMPANIONSHIP TO THOSE NEAR THE END OF LIFE, FAMILY AND CAREGIVER SUPPORT, A ND COMMUNITY OUTREACH SHARP HOSPICECARE TRAINED 51 NEW VOLUNTEERS IN FY 2015 VOLUNTEERS COMPLETE AN EXTENSIVE 32-HOUR TRAINING PROGRAM TO CONFIRM THEIR UNDERSTANDING OF AND COMMI TMENT TO HOSPICE CARE PRIOR TO BEGINNING THEIR PATIENT AND ADMINISTRATIVE SUPPORT ACTIVITI ES SHARP HOSPICECARE ALSO TRAINED FIVE TEENAGERS THROUGH ITS TEEN VOLUNTEER PROGRAM AND P ROVIDED VOLUNTEER OPPORTUNITIES FOR NINE NURSING STUDENTS FROM PLNU THE TEEN VOLUNTEERS D EVOTED THEIR TIME TO SPECIAL PROJECTS IN THE OFFICE OR AT SHARP HOSPICECARE'S HOSPICE HOME S, WHILE THE NURSING STUDENTS ASSISTED FAMILY CAREGIVERS IN PRIVATE HOMES IN FY 2015, SHA RP HOSPICECARE TRAINED 22 VOLUNTEERS THROUGH THE 1

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	1TH HOUR PROGRAM, A SPECIAL PROGRAM THROUGH WHICH A SHARP HOSPICECARE VOLUNTEER ACCOMPANIE S END-OF-LIFE PATIENTS WITHOUT FAMILY MEMBERS PRESENT DURING THEIR FINAL MOMENTS THE VOLU NTEERS MAY ALSO PROVIDE COMPANY TO FAMILY MEMBERS WHO ARE PRESENT AS THEIR LOVED ONE PASSE S AWAY NEW IN FY 2015, SHARP HOSPICECARE TRAINED 11 VOLUNTEERS IN HEALING TOUCH, A GENTLE ENERGY THERAPY THAT USES THE HANDS TO HELP MANAGE PHY SICAL, EMOTIONAL OR SPIRITUAL PAIN ONCE TRAINED, THE VOLUNTEERS PROVIDE THE HEALING TOUCH THERAPY TO FAMILY CAREGIVERS ONCE A WEEK WHILE THEIR LOVED ONE IS RECEIVING HOSPICE CARE, INCLUDING A VISIT FOLLOWING THE PAT IENT'S DEATH AS WHV LEVEL I PARTNERS, SHARP HOSPICECARE VOLUNTEERS RECEIVE AN ADDITIONAL EIGHT HOURS OF TRAINING THAT ENABLES THEM TO WORK WITH PATIENTS WITH MILITARY EXPERIENCE TRAINED VOLUNTEERS MAY PROVIDE A SPECIAL CEREMONY TO VETERANS RECEIVING HOSPICE SERVICES A ND THEIR FAMILY MEMBERS, IN WHICH THEY HONOR THEM WITH A WHV PIN AND A CERTIFICATE OF APPR ECIATION FOR THEIR SERVICES IN FY 2015, VOLUNTEERS HELD 17 PINNING CEREMONIES FOR VETERAN S RECEIVING CARE AT SHARP HOSPICECARE IN ADDITION, VOLUNTEERS MAY PROVIDE WEEKLY SUPPORT, COMPANIONSHIP AND RELIEF FOR CAREGIVERS OF VETERANS FY 2016 PLAN SHARP HOSPICECARE WILL DO THE FOLLOWING * CONTINUE TO PROVIDE EDUCATION AND TRAINING OPPORTUNITIES FOR NURSING A ND OTHER HEALTH CARE STUDENTS AND INTERNS * PROVIDE AN END-OF-LIFE LEARNING ENVIRONMENT IN COMMUNITY-BASED HOSPICE HOMES * CONTINUE TO PROVIDE EDUCATION, TRAINING AND OUTREACH TO L OCAL, STATE AND NATIONAL ORGANIZATIONS TO SUPPORT THE DEVELOPMENT AND IMPLEMENTATION OF AP PROPRIATE SERVICES FOR THE NEEDS OF THE AGING POPULATION, INCLUDING ADVANCED ILLNESS MANAG EMENT * MAINTAIN ACTIVE RELATIONSHIPS AND LEADERSHIP ROLES WITH LOCAL AND NATIONAL ORGANIZ ATIONS * CONTINUE TO COLLABORATE WITH SAN DIEGO COUNTY HVP TO PROVIDE ELNEC FOR VETERANS T RAINING TO COMMUNITY HEALTH CARE PROFESSIONALS * PROVIDE VOLUNTEER TRAINING PROGRAMS FOR A T LEAST 75 ADULTS AND TEENS * CONTINUE TO PROVIDE SPECIAL TRAINING OPPORTUNITIES FOR HOSPI CE VOLUNTEERS, INCLUDING 11TH HOUR PROGRAM TRAINING, HEALING TOUCH FOR FAMILY CAREGIVERS, AND WHV LEVEL I VOLUNTEER TRAINING TO SUPPORT VETERANS IDENTIFIED COMMUNITY NEED BEREAVEM ENT COUNSELING AND SUPPORT RATIONALE REFERENCES THE FINDINGS OF THE SHC 2013 COMMUNITY HEA LTH NEEDS ASSESSMENTS OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * ACCORDING TO THE INSTITUTE OF MEDICINE (IOM) 2014 REPORT, DY ING IN AMERICA IMPROVING QUALITY AND HONORING INDIVIDUAL PREFERENCES NEAR THE END OF LIFE, CLINI CAL CARE IS NOT A PERSON'S SOLE PRIORITY NEAR THE END OF LIFE PATIENTS AND FAMILIES MAY B E DEEPLY CONCERNED WITH EXISTENTIAL OR SPIRITUAL ISSUES, INCLUDING BEREAVEMENT, AND WITH P RACTICAL MATTERS OF COPING APPROPRIATE SUPPORT IN THESE AREAS IS AN ESSENTIAL COMPONENT O F GOOD CARE * ACCORDING TO THE SAME REPORT, RISK FACTORS FOR COMPLICATED GRIEF AMONG BERE AVED CAREGIVERS INCLUDE FEWER Y EARS OF EDUCATION, Y OUNGER AGE OF THE DECEASED AND LOWER SA TISFACTION WITH SOCIAL SUPPORT THE CARE PROVIDED BY HOSPICES MAY LEAD TO POSITIVE HEALTH OUTCOMES, INCLUDING SURVIVAL, AMONG THE BEREAVED AND MAY HELP SOME PEOPLE AVOID LONG-TERM DEPRESSION AND OTHER CONSEQUENCES OF COMPLICATED GRIEF * ACCORDING TO THE NHPCO, GRIEF MA Y BE EXPERIENCED IN RESPONSE TO PHY SICAL LOSSES, SUCH AS DEATH, OR IN RESPONSE TO SY MBOLIC OR SOCIAL LOSSES, SUCH AS DIVORCE OR LOSS OF A JOB THE GRIEF EXPERIENCE CAN BE AFFECTED BY ONE'S HISTORY AND SUPPORT SY STEM TAKING CARE OF ONE'S SELF AND ACCESSING COUNSELING AN D SUPPORT SERVICES CAN BE A GUIDE THROUGH SOME OF THE CHALLENGES OF GRIEVING AS A PERSON A DJUSTS TO HIS OR HER LOSS * ACCORDING TO A 2010 ARTICLE IN JOURNAL OF THE AMERICAN MEDICA L ASSOCIATION (JAMA), WHEN COMPARED WITH NURSING HOMES OR HOME HEALTH NURSING SERVICES, BE REAVED FAMILY MEMBERS REPORT FEWER UNMET NEEDS FOR PAIN AND EMOTIONAL SUPPORT WHEN THE LAS T PLACE OF CARE WAS HOSPICE IN ADDITION

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	FY 2015 REPORT OF ACTIVITIES THROUGHOUT FY 2015, SHARP HOSPICECARE OFFERED A VARIETY OF BE REAVEMENT SERVICE OPTIONS TO HELP GRIEVING COMMUNITY MEMBERS LEARN EFFECTIVE WAYS TO COPE WITH THE LOSS OF A LOVED ONE. SERVICES INCLUDED PROFESSIONAL BEREAVEMENT COUNSELING FOR IN DIVIDUALS AND FAMILIES AS WELL AS FREE COMMUNITY EDUCATION, SUPPORT GROUPS AND MONTHLY NEW SLETTER MAILINGS. IN FY 2015, SHARP HOSPICECARE DEVOTED MORE THAN 2,100 HOURS TO HOME AND OFFICE COUNSELING AND PHONE CONTACTS WITH PATIENTS AND THEIR LOVED ONES, PROVIDING THEM WI TH BEREAVEMENT COUNSELING SERVICES FROM MASTER'S-LEVEL SOCIAL WORKERS WITH SPECIFIC TRAINI NG IN GRIEF AND LOSS. SHARP HOSPICECARE'S BEREAVEMENT COUNSELORS ALSO PROVIDED REFERRALS T O COMMUNITY COUNSELORS, MENTAL HEALTH SERVICES, OTHER BEREAVEMENT SUPPORT SERVICES AND COM MUNITY RESOURCES AS NEEDED. SHARP HOSPICECARE CONTINUED TO OFFER THE HEALING AFTER LOSS AN D THE WIDOW'S AND WIDOWER'S BEREAVEMENT SUPPORT GROUPS, REACHING APPROXIMATELY 180 COMMUNI TY MEMBERS IN FY 2015. OFFERED QUARTERLY, THE GROUPS CONSISTED OF EIGHT-WEEK SESSIONS FACI LITATED BY SKILLED MENTAL HEALTH CARE PROFESSIONALS SPECIALIZING IN THE NEEDS OF THE BEREA VED. THE HEALING AFTER LOSS SUPPORT GROUP FOCUSED ON PRACTICAL CONCERNS OF ADULTS WHO ARE GRIEVING THE LOSS OF A LOVED ONE. WEEKLY THEMES INCLUDED INTRODUCTION TO THE GRIEF PROCESS , STRATEGIES FOR COPING WITH GRIEF, COMMUNICATING WITH FAMILY AND FRIENDS, EXPERIENCING AN GER IN GRIEF, GUILT, REGRET AND FORGIVENESS, DIFFERENTIATING NATURAL GRIEF AND DEPRESSION, USE OF CEREMONY AND RITUAL TO PROMOTE HEALING, AND WHO AM I NOW?/WHAT DOES HEALING LOOK L IKE? THE WIDOW'S AND WIDOWER'S SUPPORT GROUP HELPED ADDRESS CONCERNS OF MEN AND WOMEN WHO HAVE LOST THEIR SPOUSE. PARTICIPANTS WERE ABLE TO SHARE THEIR EMOTIONAL CHALLENGES, RECEI VE SUPPORT AND LEARN COPING SKILLS FROM GROUP MEMBERS IN SIMILAR LIFE SITUATIONS. IN MARCH , SHARP HOSPICECARE HOSTED A WORKSHOP TITLED TOOLS FOR HOPE AND HEALING, WHICH TAUGHT COPI NG TOOLS FOR HEALING THROUGH GRIEF, INCLUDING RELAXATION EXERCISES, JOURNALING AND IDENTIF YING PERSONAL STRENGTHS. SHARP HOSPICECARE SUPPORTED MORE THAN 100 COMMUNITY MEMBERS GRIEV ING THE LOSS OF A LOVED ONE DURING THE 2014 HOLIDAY SEASON. IN NOVEMBER, SHARP HOSPICECARE HELD ITS ANNUAL HEALING THROUGH THE HOLIDAYS EVENT AT SHARP'S CORPORATE OFFICE LOCATION, INCLUDING PRESENTATIONS ON UNDERSTANDING GRIEF, IMPROVING COPING SKILLS, EXPLORING THE SPI RITUAL MEANING OF THE HOLIDAYS IN THE FACE OF GRIEF, AND REVIVING HOPE. ALSO IN NOVEMBER, A SIMILAR EVENT TITLED COPING WITH GRIEF DURING THE HOLIDAY SEASON WAS HELD AT THE GROSSMO NT HEALTHCARE DISTRICT, WHICH PROVIDED PRACTICAL SUGGESTIONS FOR COMMUNITY MEMBERS TO COPE WITH THE PAINFUL FEELINGS OF LOSS THAT OFTEN ARISE DURING THE HOLIDAYS. ADDITIONALLY, SHA RP HOSPICECARE PROVIDED THE SUPPORT DURING THE HOLIDAY SEASON BEREAVEMENT SUPPORT GROUP ON TWO DAYS IN DECEMBER, WHICH FOCUSED ON COPING SKILLS TO PROMOTE HEALING THROUGH THE HOLID AYS AND REMEMBERING YOUR LOVED ONES. IN MAY, THE SHARP HOSPICECARE SPIRITUAL CARE DEPARTME NT OFFERED ITS ANNUAL MEMORIAL SERVICE FOR FAMILY MEMBERS OF HOSPICE PATIENTS WHO HAVE DIE D IN THE PAST YEAR. THROUGH MUSIC, READINGS, AND SHARING MEMORIES WITH OTHER ATTENDEES, AP PROXIMATELY 40 FAMILY MEMBERS ENGAGED IN HEALING DURING THEIR GRIEF AND KEEPING THE MEMORY OF THEIR LOVED ONES ALIVE. IN FURTHER SUPPORT OF THOSE WHO HAVE LOST A LOVED ONE, SHARP H OSPICECARE CONTINUED THE MEMORY BEAR PROGRAM THROUGH WHICH SHARP HOSPICECARE VOLUNTEERS US E GARMENTS OF LOVED ONES WHO HAVE PASSED ON TO SEW TEDDY BEARS AS KEEPSAKES FOR SURVIVING FAMILY MEMBERS. IN FY 2015, NEARLY 3,600 HOURS WERE DEDICATED TO SEWING APPROXIMATELY 900 BEARS FOR NEARLY 350 FAMILIES. SHARP HOSPICECARE ALSO CONTINUED TO MAIL ITS MONTHLY BEREAV EMENT SUPPORT NEWSLETTER TITLED HEALING THROUGH GRIEF, TO APPROXIMATELY 1,300 COMMUNITY ME MBERS FOR 13 MONTHS AFTER THE LOSS OF THEIR LOVED ONE. FY 2016 PLAN SHARP HOSPICECARE WILL DO THE FOLLOWING * CONTINUE TO OFFER INDIVIDUAL AND FAMILY BEREAVEMENT COUNSELING FOR CO MMUNITY MEMBERS WHO HAVE LOST A LOVED ONE * CONTINUE TO PROVIDE REFERRALS TO COMMUNITY SER VICES * CONTINUE TO PROVIDE A VARIETY OF FREE BEREAVEMENT SUPPORT GROUPS * CONTINUE TO PRO VIDE EVENTS AND SUPPORT SERVICES FOR INDIVIDUALS GRIEVING THE LOSS OF A LOVED ONE DURING T HE HOLIDAY SEASON * SUPPORT AT LEAST 350 FAMILIES THROUGH THE MEMORY BEAR PROGRAM * CONTIN UE TO PROVIDE 13 MAILINGS OF BEREAVEMENT SUPPORT NEWSLETTERS SHARP HOSPICECARE PROGRAM AND SERVICE HIGHLIGHTS * ADVANCE CARE PLANNING * BEREAVEMENT CARE SERVICES * HOMES FOR HOSPIC E PROGRAM * HOSPICE NURSING SERVICES * INTEGRATIVE THERAPIES * SPIRITUAL CARE SERVICES * V OLUNTEER PROGRAM * MANAGEMENT FOR VARIOUS HOSPICE PATIENT CONDITIONS, INCLUDING * ALZHEIM ER'S DISEASE * CANCER * DEBILITY * DEMENTIA * HEART DISEASE * HUMAN IMMUNODEFICIENCY VIRUS * KIDNEY DISEASE * LIVER DISEASE * PULMONARY DISEASE * STROKE APPENDIX A - SHARP HEALTHCA RE INVOLVEMENT IN COMMUNITY ORGANIZATIONS THE LIST

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	BELOW SHOWS THE INVOLVEMENT OF SHARP EXECUTIVE LEADERSHIP AND OTHER STAFF IN COMMUNITY OR GANIZATIONS AND COALITIONS IN FISCAL YEAR 2015 COMMUNITY ORGANIZATIONS ARE LISTED ALPHABE TICALLY * 2-1-1 SAN DIEGO BOARD * A NEW PATH (PARENTS FOR ADDICTION, TREATMENT AND HEALIN G) * ADULT PROTECTIVE SERVICES * AGING AND INDEPENDENCE SERVICES * ALZHEIMER'S ASSOCIATION * AMERICAN ASSOCIATION OF COLLEGES OF NURSING * AMERICAN ASSOCIATION OF CRITICAL CARE NUR SES, SAN DIEGO CHAPTER * AMERICAN CANCER SOCIETY * AMERICAN COLLEGE OF HEALTHCARE EXECUTIV ES (ACHE) * AMERICAN DIABETES ASSOCIATION * AMERICAN FOUNDATION FOR SUICIDE PREVENTION * A MERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION * AMERICAN HEART ASSOCIATION * AMERICAN HOSPITAL ASSOCIATION * AMERICAN PSYCHIATRIC NURSES ASSOCIATION * AMERICAN RED CROSS OF SAN DIEGO * ARC OF SAN DIEGO * ASIAN BUSINESS ASSOCIATION * ASSOCIATION FOR AMBULATORY BEHAVI ORAL HEALTHCARE * ASSOCIATION FOR CLINICAL PASTORAL EDUCATION * ASSOCIATION OF WOMEN'S HEA LTH, OBSTETRIC AND NEONATAL NURSES * AZUSA PACIFIC UNIVERSITY * BEACON COUNCIL'S PATIENT S AFETY COLLABORATIVE * BOYS AND GIRLS CLUB OF SAN DIEGO * BONITA BUSINESS AND PROFESSIONAL ORGANIZATION * CALIFORNIA ASSOCIATION OF HEALTH PLANS * CALIFORNIA ASSOCIATION OF HOSPITAL S AND HEALTH SYSTEMS * CALIFORNIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS * CALIFORN IA ASSOCIATION OF PHYSICIAN GROUPS * CALIFORNIA BOARD OF BEHAVIORAL HEALTH SCIENCES * CALI FORNIA COALITION FOR MENTAL HEALTH * CALIFORNIA COLLEGE, SAN DIEGO * CALIFORNIA MATERNAL Q UALITY CARE COLLABORATIVE * CALIFORNIA COUNCIL FOR EXCELLENCE * CALIFORNIA DEPARTMENT OF P UBLIC HEALTH * CALIFORNIA DIETETIC ASSOCIATION, EXECUTIVE BOARD * CALIFORNIA HEALTHCARE FO UNDATION * CALIFORNIA HEALTH INFORMATION ASSOCIATION * CALIFORNIA HOSPICE AND PALLIATIVE C ARE ASSOCIATION * CALIFORNIA HOSPITAL ASSOCIATION CENTER FOR BEHAVIORAL HEALTH * CALIFORNI A HOSPITAL ASSOCIATION * CALIFORNIA LIBRARY ASSOCIATION * CALIFORNIA PERINATAL QUALITY CAR E COLLABORATIVE * CALIFORNIA STATE UNIVERSITY SAN MARCOS * CALIFORNIA TERATOGEN INFORMATIO N SERVICE * CAREGIVER COALITION OF SAN DIEGO * CARING HEARTS MEDICAL CLINIC * CENTERS FOR COMMUNITY SOLUTIONS * CHELSEA'S LIGHT FOUNDATION * CHICANO FEDERATION OF SAN DIEGO COUNTY * COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) BEHAVIORAL HEALTH WORK TEAM * CHIP BOARD * CHIP HEALTH LITERACY TASK FORCE * CHIP SUICIDE PREVENTION WORK TEAM * CHIP INDEPENDENT LIV ING ASSOCIATION ADVISORY BOARD AND PEER REVIEW ADVISORY TEAM * CHULA VISTA CHAMBER OF COMM ERCE * CHULA VISTA COMMUNITY COLLABORATIVE * CHULA VISTA FAMILY HEALTH CENTER * CHULA VIST A ROTARY * CITY OF CHULA VISTA WELLNESS PROGRAM * COALITION TO TRANSFORM ADVANCED CARE * C OMBINED HEALTH AGENCIES * COMMUNITY EMERGENCY RESPONSE TEAM * CONSORTIUM FOR NURSING EXCEL LENCE, SAN DIEGO * CORONADO CHAPTER OF ROTARY INTERNATIONAL * CORONADO FIRE DEPARTMENT * C OUNCIL OF WOMEN'S AND INFANTS' SPECIALTY HOSPITALS * CYCLE EASTLAKE * DOWNTOWN SAN DIEGO P ARTNERSHIP * EAST COUNTY SENIOR SERVICE PROVIDERS * EL CAJON FIRE DEPARTMENT * EMERGENCY N URSES ASSOCIATION, SAN DIEGO CHAPTER * EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION * EMS TA COLLEGE * FAMILY HEALTH CENTERS OF SAN DIEGO * FEEDING AMERICA SAN DIEGO * GARDNER GROU P * GARY AND MARY WEST SENIOR WELLNESS CENTER * GIRL SCOUTS OF SAN DIEGO IMPERIAL COUNCIL, INC * GREATER SAN DIEGO EAST COUNTY ADVISORY BOARD * GROSSMONT COLLEGE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	* GROSSMONT HEALTHCARE DISTRICT * GROSSMONT HEALTH OCCUPATIONS CENTER * GROSSMONT UNION HI GH SCHOL DISTRICT * HEALTH CARE COMMUNICATORS BOARD * HEALTH INSURANCE COUNSELING AND ADV OCACY PROGRAM * HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) * HEALTH VOLUNTEERS OVERSE AS * HEART TO HEART INTERNATIONAL * HELEN WOODWARD ANIMAL CENTER * HELIX CHARTER HIGH SCHO OL * HELPS INTERNATIONAL * HOME OF GUIDING HANDS * HOSPICE-VETERAN PARTNERSHIP * HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) * HASD&IC COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY GROUP * HSHMC BOARD * HUNGER ADVOCACY NETWORK * I LOVE A CLEAN SAN DIE GO * INTERNATIONAL ASSOCIATION OF EATING DISORDERS PROFESSIONALS * INTERNATIONAL LACTATION CONSULTANTS ASSOCIATION * INTERNATIONAL RELIEF TEAM * IOAMAI MEDICAL MINISTRIES * JEWISH FAMILY SERVICE OF SAN DIEGO * JEWISH FEDERATION OF SAN DIEGO COUNTY - JEWISH SENIOR SERVIC ES COUNCIL * JOHN BROCKINGTON FOUNDATION * JOURNAL FOR NURSING CARE QUALITY EDITORIAL BOAR D * KAPLAN COLLEGE ADVISORY BOARD * KIWANIS CLUB OF CHULA VISTA * KOMEN LATINA ADVISORY CO UNCIL * KOMEN RACE FOR THE CURE COMMITTEE * LA MAESTRA COMMUNITY HEALTH CENTERS * LA MESA LION'S CLUB * LA MESA PARK AND RECREATION FOUNDATION BOARD * LAS DAMAS DE SAN DIEGO INTERN ATIONAL NONPROFIT ORGANIZATION * LAS PATRONAS * LAS PRIMERAS * MARCH OF DIMES * MEALS-ON-W HEELS GREATER SAN DIEGO * MEDICAL LIBRARY GROUP OF SOUTHERN CALIFORNIA AND ARIZONA * MENDE D HEARTS * MENTAL HEALTH AMERICA * MENTAL HEALTH COALITION * MENTAL HEALTH FIRST AID PROGR AM - MHA OF SAN DIEGO * MIRACLE BABIES * MRI JOINT VENTURE BOARD * NATIONAL ACTIVE AND RET IRED FEDERAL EMPLOYEES ASSOCIATION * NATIONAL ALLIANCE ON MENTAL ILLNESS * NATIONAL ASSOCI ATION OF NEONATAL NURSES * NATIONAL ASSOCIATION OF HISPANIC NURSES, SAN DIEGO CHAPTER * NA TIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION * NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY * NATIONAL KIDNEY FOUNDATION * NATIONAL UNIVERSITY * NEIGHBORHOOD HEALTHCARE COMM UNITY CLINIC * NORTH COUNTY HEALTH PROJECT * PENINSULA SHEPHERD SENIOR CENTER * PERINATAL SAFETY COLLABORATIVE * PERINATAL SOCIAL WORK CLUSTER * PLANETREE BOARD OF DIRECTORS * PROF ESSIONAL ONCOLOGY NETWORK * PUBLIC HEALTH NURSE ADVISORY BOARD * RECOVERY INNOVATIONS - CA LIFORNIA * REGIONAL PERINATAL SYSTEM * RESIDENTIAL CARE COUNCIL * ROTARY CLUB OF CHULA VIS TA * ROTARY CLUB OF CORONADO * SAFETY NET CONNECT * SAN DIEGO COMMUNITY ACTION NETWORK * S AN DIEGANS FOR HEALTHCARE COVERAGE * SAN DIEGO ASSOCIATION OF DIABETES EDUCATORS * SAN DIE GO ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES * SAN DIEGO ASSOCIATION OF GOVERNMENTS P UBLIC HEALTH STAKEHOLDER GROUP * SAN DIEGO BLACK NURSES ASSOCIATION * SAN DIEGO BLOOD BANK * SAN DIEGO BRAIN INJURY FOUNDATION * SAN DIEGO COALITION OF MENTAL HEALTH * SAN DIEGO CO UNCIL ON SUICIDE PREVENTION * SAN DIEGO COUNTY BREASTFEEDING COALITION ADVISORY BOARD * SA N DIEGO COUNTY COALITION FOR IMPROVING END-OF-LIFE CARE * SAN DIEGO COUNTY COUNCIL ON AGIN G * SAN DIEGO COUNTY EMERGENCY MEDICAL CARE COMMITTEE * SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY * SAN DIEGO COUNTY HOSPICE-VETERAN PARTNERSHIP * SAN DIEGO COUNTY OLDER AD ULT BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL * SAN DIEGO COUNTY PERINATAL CARE NETWORK * S AN DIEGO COUNTY SOCIAL SERVICES ADVISORY BOARD * SAN DIEGO COUNTY STROKE CONSORTIUM * SAN DIEGO COUNTY SUICIDE PREVENTION COUNCIL * SAN DIEGO COUNTY TAXPAYERS ASSOCIATION * SAN DIE GO COVERED CALIFORNIA COLLABORATIVE * SAN DIEGO DIETETIC ASSOCIATION BOARD * SAN DIEGO EAS T COUNTY CHAMBER OF COMMERCE HEALTH COMMITTEE * SAN DIEGO EMERGENCY MEDICAL CARE COMMITTEE * SAN DIEGO EYE BANK NURSES ADVISORY BOARD * SAN DIEGO FOOD BANK * SAN DIEGO FOOD SYSTEM ALLIANCE, HEALTHY FOOD ACCESS COMMITTEE * SAN DIEGO HALF MARATHON * SAN DIEGO HEALTH INFOR MATION ASSOCIATION * SAN DIEGO HEALTHCARE DISASTER COUNCIL * SAN DIEGO HOSPICE AND PALLIAT IVE NURSES ASSOCIATION * SAN DIEGO HOUSING COMMISSION * SAN DIEGO HUNGER COALITION * SAN D IEGO IMPERIAL COUNCIL OF HOSPITAL VOLUNTEERS * SAN DIEGO LESBIAN, GAY, BISEXUAL, AND TRANS GENDER COMMUNITY CENTER, INC * SAN DIEGO MENTAL HEALTH COALITION * SAN DIEGO MESA COLLEGE * SAN DIEGO MILITARY FAMILY COLLABORATIVE * SAN DIEGO NORTH CHAMBER OF COMMERCE * SAN DIE GO OLDER ADULT COUNCIL * SAN DIEGO ORGANIZATION OF HEALTHCARE LEADERS, A LOCAL ACHE CHAPTE R * SAN DIEGO PATIENT SAFETY CONSORTIUM * SAN DIEGO PHYSICIAN ORDERS FOR LIFE-SUSTAINING T REATMENT COALITION * SAN DIEGO REGIONAL HOME CARE COUNCIL * SAN DIEGO RESCUE MISSION * SAN DIEGO RIVER PARK FOUNDATION * SAN DIEGO-IMPERIAL COUNCIL OF HOSPITAL VOLUNTEERS * SAN DIE GO REGIONAL CHAMBER OF COMMERCE * SAN DIEGO RESCUE MISSION * SAN DIEGO SCIENCE ALLIANCE * SAN DIEGO STATE UNIVERSITY * SAN YSIDRO HIGH SCHOOL * SANTEE CHAMBER OF COMMERCE * SAY SAN DIEGO * SECOND CHANCE * SERVING SENIORS * SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING * SOCIETY OF TRAUMA NURSES * SOUTH BAY COMMUNITY SERVICES * SOUTH COUNTY ACTION NE TWORK * SOUTH COUNTY ECONOMIC DEVELOPMENT COUNCIL

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	* SOUTHERN CALIFORNIA ASSOCIATION OF NEONATAL NURSES * SOUTHERN CALIFORNIA EARTHQUAKE ALLI ANCE * SOUTHERN CAREGIVER RESOURCE CENTER * SPECIAL OLYMPICS * ST PAUL'S RETIREMENT HOMES FOUNDATION * ST VINCENT DE PAUL VILLAGE * SUSAN G KOMEN BREAST CANCER FOUNDATION * SWEE TWATER UNION HIGH SCHOOL DISTRICT * THE MEETING PLACE * THIRD AVENUE CHARITABLE ORGANIZATI ON * TRAUMA CENTER ASSOCIATION OF AMERICA * UNITED SERVICE ORGANIZATIONS COUNCIL OF SAN DI EGO * UNIVERSITY OF CALIFORNIA, SAN DIEGO * UNIVERSITY OF SAN DIEGO * VA SAN DIEGO HEALTHC ARE SYSTEM * VETERANS HOME OF CALIFORNIA, CHULA VISTA * VETERANS VILLAGE OF SAN DIEGO * VI STA HILL PARENTCARE * WALK SAN DIEGO * WOMEN, INFANTS AND CHILDREN PROGRAM * YMCA * YWCA B ECKY'S HOUSE * YWCA BOARD OF DIRECTORS * YWCA EXECUTIVE COMMITTEE * YWCA FINANCE COMMITTEE * YWCA IN THE COMPANY OF WOMEN EVENT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(C)(3)	LINE 3	N/A		No
(2) GROSSMONT HOSPITAL CORPORATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
(3) SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(C)(3)	LINE 7	SHARP HEALTHCARE	Yes	
(4) SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH INSURANCE COMPANY	CA	501(C)(4)	N/A	SHARP HEALTHCARE	Yes	
(5) SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
(6) SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
(7) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CONTINUOUS QUALITY INSURANCE SPC 23 LIME TREE BAY AVENUE PO BOX 1 CJ	CAPTIVE INSURANCE COMPANY	CJ	N/A	C					No
(2) CHARITABLE REMAINDER TRUST (3)	PROGRAM SUPPORT	CA	N/A	T					No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GROSSMONT HOSPITAL CORPORATION	B	2,415,939	ACCRUAL
(2) GROSSMONT HOSPITAL CORPORATION	P	1,023,773	ACCRUAL
(3) GROSSMONT HOSPITAL CORPORATION	C	1,151,712	ACCRUAL
(4) GROSSMONT HOSPITAL CORPORATION	N	63,679	ACCRUAL

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(C)(3)	LINE 3	N/A		No
(1) GROSSMONT HOSPITAL CORPORATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
(2) SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(C)(3)	LINE 7	SHARP HEALTHCARE	Yes	
(3) SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH INSURANCE COMPANY	CA	501(C)(4)	N/A	SHARP HEALTHCARE	Yes	
(4) SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
(5) SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
(6) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	