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<div>Form 990</div> <div></div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)<div><div>▶ Do not enter social security numbers on this form as it may be made public</div><div>▶ Information about Form 990 and its instructions is at www.irs.gov/form990</div></div></div>				<div>OMB No 1545-0047</div> <div>2014</div> <div>Open to Public Inspection</div>		
A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015								
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Grossmont Hospital Corporation			D Employer identification number 33-0449527			
					E Telephone number (858) 499-5150			
		Doing business as						
		Number and street (or P O box if mail is not delivered to street address) Room/suite 8695 Spectrum Center Blvd			G Gross receipts \$ 800,953,185			
		City or town, state or province, country, and ZIP or foreign postal code San Diego, CA 921231489						
F Name and address of principal officer Scott Evans 8695 Spectrum Center Blvd San Diego, CA 921231489			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)					
			H(c) Group exemption number ▶					
J Website: ▶ www.sharp.com			L Year of formation 1991			M State of legal domicile CA		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶								
Part I		Summary						
Activities & Governance	1 Briefly describe the organization's mission or most significant activities Grossmont Hospital provides inpatient and outpatient medical services to the community							
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets							
Revenue	3	Number of voting members of the governing body (Part VI, line 1a)				3	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)				4	12	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)				5	4,065	
	6	Total number of volunteers (estimate if necessary)				6	806	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	373,998	
	b	Net unrelated business taxable income from Form 990-T, line 34				7b	-288,375	
	Expenses	8	Contributions and grants (Part VIII, line 1h)				Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)				52,456,797	41,891,405	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				606,938,186	720,940,346	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				8,770,943	10,473,267	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				2,076,689	2,204,945	
13		Grants and similar amounts paid (Part IX, column (A), lines 1–3)				670,242,615	775,509,963	
14		Benefits paid to or for members (Part IX, column (A), line 4)						
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				280,460	625,299	
Not Assets or Fund Balances	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0	0	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,087,805				303,458,025	312,799,783	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)				0	0	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)						
	19	Revenue less expenses Subtract line 18 from line 12				278,354,098	357,132,878	
	20	Total assets (Part X, line 16)				582,092,583	670,557,960	
	21	Total liabilities (Part X, line 26)				88,150,032	104,952,003	
	22	Net assets or fund balances Subtract line 21 from line 20						
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	<div>▶ _____</div> Signature of officer					2016-08-10		
	<div>▶ Daniel J Kindron CFO</div> Type or print name and title					Date		
Paid Preparer Use Only		Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00649485	
		Firm's name ▶ Ernst & Young US LLP					Firm's EIN ▶ 34-6565596	
		Firm's address ▶ 4370 La Jolla Village DrSuite 500 San Diego, CA 92122					Phone no (858) 535-7200	
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
For Paperwork Reduction Act Notice, see the separate instructions.					Cat No 11282Y		Form 990 (2014)	

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 \$ 627,644,589 including grants of \$ 625,299) (Revenue \$ 720,940,346)

Grossmont Hospital provides inpatient and outpatient services to the community Patient days were 125,010 and outpatient visits were 281,374 for the twelve months ended 9/30/15 See Community Benefits Report on Schedule O

4b

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

4c

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

4d





















Other program services (Describe in Schedule O)

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

4e

Total program service expenses 627,644,589

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 Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	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	Yes
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	Yes
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	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," 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	Yes

Section C. Disclosure

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

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

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)	▶	971,228	6,284,642	549,437

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▶581

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5 Yes	

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				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	2,458,398			
	e	Government grants (contributions) 1e	39,348,007			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	85,000			
	g	Noncash contributions included in lines 1a-1f \$	38,126,708			
	h	Total. Add lines 1a-1f	41,891,405			
Program Service Revenue	2a	Medicare/Medicaid	Business Code 900099	431,204,438	431,204,438	
	b	Patient Services	900099	281,163,155	281,163,155	
	c	Medical Office Lease	531120	3,617,698	3,617,698	
	d	Contract Pharmacy	900099	2,528,456	2,528,456	
	e	EHR Incentive	900099	758,843	758,843	
	f	All other program service revenue		1,667,756	1,293,758	373,998
	g	Total. Add lines 2a-2f	720,940,346			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	6,870,628			6,870,628
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			28,680,834	365,027		
	b	Less cost or other basis and sales expenses	25,211,284	231,938		
	c	Gain or (loss)	3,469,550	133,089		
	d	Net gain or (loss)	3,602,639			3,602,639
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	Auxiliary	453220	1,045,620		1,045,620
	b	Parking	812930	1,022,618		1,022,618
	c	Cell Phone Towers	531390	74,796		74,796
	d	All other revenue		61,911		61,911
	e	Total. Add lines 11a-11d		2,204,945		
	12	Total revenue. See Instructions	775,509,963	720,566,348	373,998	12,678,212

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	625,299	625,299		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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	2,666,553	1,846,524	820,029	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	45,625	45,625		
7	Other salaries and wages	246,193,454	243,171,750	3,021,704	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,929,141	9,787,206	141,935	
9	Other employee benefits	35,661,900	35,011,143	650,757	
10	Payroll taxes	18,303,110	18,061,908	241,202	
11	Fees for services (non-employees)				
a	Management	21,292,378	19,962,250	1,330,128	
b	Legal	657,572	23,743	633,829	
c	Accounting	6,592,246		6,592,246	
d	Lobbying	44,907		44,907	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	277,806		277,806	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,536,640	53,067,355	1,469,285	
12	Advertising and promotion	5,077,700	32,580	5,045,120	
13	Office expenses	18,912,765	18,142,563	770,202	
14	Information technology	24,580,563	23,843,146	737,417	
15	Royalties				
16	Occupancy	8,979,229	7,429,244	1,549,985	
17	Travel	517,247	503,498	13,749	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	598,980	157,448	441,532	
20	Interest	3,333,092	2,675,004	658,088	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,637,657	18,385,725	6,251,932	
23	Insurance	2,746,485	2,348,208	398,277	
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	UBI Taxes	-116,528		-116,528	
b	Medical Supplies	80,014,220	80,014,220		
c	Medi-Cal Provider Tax	70,531,738	70,531,738		
d	System Allocation	22,145,451	12,508,377	9,637,074	
e	All other expenses	11,772,730	9,470,035	1,214,890	1,087,805
25	Total functional expenses. Add lines 1 through 24e	670,557,960	627,644,589	41,825,566	1,087,805
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 <input type="checkbox"/> 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		25,085,898	1	41,551,543
	2	Savings and temporary cash investments		10,685,857	2	14,313,069
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		66,503,128	4	96,581,297
	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		11,499,162	8	12,631,253
	9	Prepaid expenses and deferred charges		8,686,288	9	9,494,022
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a628,551,360			
	b	Less accumulated depreciation	10b285,701,993	304,877,035	10c	342,849,367
	11	Investments—publicly traded securities		333,659,265	11	352,297,553
	12	Investments—other securities See Part IV, line 11		1,285,391	12	1,267,507
	13	Investments—program-related See Part IV, line 11		20,445,449	13	21,898,971
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		14,969,459	15	3,109,028
	16	Total assets. Add lines 1 through 15 (must equal line 34)		797,696,932	16	895,993,610
Liabilities	17	Accounts payable and accrued expenses		44,982,068	17	58,502,550
	18	Grants payable			18	
	19	Deferred revenue		11,774,191	19	7,347,654
	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		27,454,434	23	28,195,870
	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		106,545,880	25	109,185,497
	26	Total liabilities. Add lines 17 through 25		190,756,573	26	203,231,571
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		590,759,307	27	676,593,947
	28	Temporarily restricted net assets		15,085,650	28	15,071,689
	29	Permanently restricted net assets		1,095,402	29	1,096,403
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		606,940,359	33	692,762,039
	34	Total liabilities and net assets/fund balances		797,696,932	34	895,993,610

Part XI Reconciliation 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	775,509,963
2	Total expenses (must equal Part IX, column (A), line 25)	2	670,557,960
3	Revenue less expenses Subtract line 2 from line 1	3	104,952,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	606,940,359
5	Net unrealized gains (losses) on investments	5	-13,789,665
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,340,658
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	692,762,039

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 33-0449527

Name: Grossmont Hospital Corporation

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) Tom Cantor Director	2 00 0 00	X						0	0	0
(1) Sunita V Cooke Director	2 00 0 00	X						0	0	0
(2) Michael Emerson Director	2 00 0 00	X						0	0	0
(3) Scott Evans CEO-GH	50 00 2 00	X		X				0	0	0
(4) Jerry Fazio Secretary	1 00 0 00	X		X				0	0	0
(5) Dave Grundstrom Vice Chairman	2 00 0 00	X		X				0	0	0
(6) Peter Hanson MD Director	1 00 2 00	X						32,688	0	0
(7) Rina Jain MD Director	10 00 0 00	X						30,000	0	0
(8) Tom Karlo Director	2 00 2 00	X						0	0	0
(9) Shakeel Kazi Director	1 00 0 00	X						0	0	0
(10) Jay LaSuer Director	2 00 0 00	X						0	0	0
(11) Randolph Lenac Director	3 00 0 00	X						0	0	0
(12) Deborah McElravy Director	0 50 0 00	X						0	0	0
(13) Brian Moore MD Director	2 00 0 00	X						0	0	0
(14) Michael W Murphy President & CEO - SHC	6 00 58 00	X		X				0	1,733,581	102,962
(15) Shirley Murphy Director	2 00 0 00	X						0	0	0
(16) Jim Parker Chairman	2 00 0 00	X		X				0	0	0
(17) Michael Peddecord PhD Director	2 00 0 00	X						0	0	0
(18) Ann R Pumpian SR VP and CFO-SHC	2 00 48 00			X				0	879,791	47,461
(19) Carlisle C Lewis III SR VP Legal/HR Services -	7 00 48 00			X				0	732,615	55,555
(20) Daniel J Kindron CFO - GH	50 00 0 00			X				0	159,087	6,327
(21) Maryann C Cone COO - GH	55 00 0 00				X			0	365,195	36,974
(22) Anthony M Damico VP Clinical Svs - GH	55 00 0 00				X			0	253,860	19,328
(23) Suzanne K Johnson VP Hospice - GH	40 00 0 00				X			0	244,717	18,174
(24) Jason E Broad VP Performance Excellence	50 00 0 00				X			0	183,468	17,914

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) Michael A Murphy Chief Medical Officer - GH	40 00 0 00					X		0	335,589	26,599
(1) Bruce D Schmidt Mgr Sharp Central Pharmacy	42 00 0 00					X		235,024	0	40,892
(2) Vincent J Balesten Pharmacist	46 50 0 00					X		231,682	0	37,800
(3) Glicerio M Cid Jr Advanced Clinician	67 50 0 00					X		230,828	0	15,562
(4) Patrick P Guo Medical Physicist	45 00 0 00					X		211,006	0	12,033
(5) Michele T Tarbet Former CEO-GH	0 00 0 00						X	0	530,469	34,895
(6) Kari Comicelli Former CFO-GH	0 00 50 00						X	0	257,924	30,037
(7) Janet L Hanley Former Key Employee	0 00 50 00						X	0	236,926	26,959
(8) Hoangmy E Nguyen Former Key Employee	0 00 40 00						X	0	222,719	12,686
(9) Dale Beatty Former Key Employee	0 00 0 00						X	0	148,701	7,279

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 Corporation	Employer identification number 33-0449527
--	--

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
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 IIISupport 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.		
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.		

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).		

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?		
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).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> 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.			
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.			
3 <u>Parent of Supported Organizations</u> 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.			
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.			

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	<input type="checkbox"/> 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 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 Grossmont Hospital Corporation	Employer identification number 33-0449527
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-															
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
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		44,907
j	Total. Add lines 1c through 1i.			44,907
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 Corporation (GHC) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASDIC), the California Association of Hospitals and Health Systems (CAHHS), the American Hospital Association (AHA) and the California Hospice and Palliative Care Association (CHAPCA). CHA, HASDIC, CAHHS, AHA, and CHAPCA have determined that a portion of their membership dues are used for lobbying purposes. GHC's FY 2015 portion of annual dues calculated to have been used for lobbying was \$44,907.

[illegible]

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 Corporation	Employer identification number 33-0449527
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

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

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2014

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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, 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	38
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			31,619
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

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

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		581,843		581,843
b Buildings		325,168,048	154,959,728	170,208,320
c Leasehold improvements		5,025,110	2,038,736	2,986,374
d Equipment		152,066,792	119,985,367	32,081,425
e Other		145,709,567	8,718,162	136,991,405
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				342,849,367

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	720,320,166
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	-13,658,586
a	Net unrealized gains (losses) on investments	2a	-13,789,665
b	Donated services and use of facilities	2b	762
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	130,317
e	Add lines 2a through 2d	2e	-13,658,586
3	Subtract line 2e from line 1	3	733,978,752
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	41,531,211
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	277,806
b	Other (Describe in Part XIII)	4b	41,253,405
c	Add lines 4a and 4b	4c	41,531,211
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	775,509,963

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	668,948,375
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	131,079
a	Donated services and use of facilities	2a	762
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	130,317
e	Add lines 2a through 2d	2e	131,079
3	Subtract line 2e from line 1	3	668,817,296
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	1,740,664
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	277,806
b	Other (Describe in Part XIII)	4b	1,462,858
c	Add lines 4a and 4b	4c	1,740,664
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	670,557,960

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	Foundation Donations to Individuals 130,317
Part XI, Line 4b - Other Adjustments	Prop G - Donations of Capital/Donation for Capital Purchased 39,348,007 Donations of Capital/Donation for Capital Purchased 558,177 Medical Staff/Auxiliary Revenue 1,347,221
Part XII, Line 2d - Other Adjustments	Foundation Donations to Individuals 130,317
Part XII, Line 4b - Other Adjustments	Medical Staff/Auxiliary Expenses 1,462,858

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (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 Corporation

Employer identification number
33-0449527

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 50000 0000000000 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,507,364		5,507,364	0 820 %
b Medicaid (from Worksheet 3, column a)			265,904,494	237,052,120	28,852,374	4 300 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			440,055	471,916		
d Total Financial Assistance and Means-Tested Government Programs			271,851,913	237,524,036	34,359,738	5 120 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			755,650		755,650	0 110 %
f Health professions education (from Worksheet 5)			626,940		626,940	0 090 %
g Subsidized health services (from Worksheet 6)			48,376,271	35,564,638	12,811,633	1 910 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			652,213		652,213	0 100 %
j Total Other Benefits			50,411,074	35,564,638	14,846,436	2 210 %
k Total . Add lines 7d and 7j			322,262,987	273,088,674	49,206,174	7 330 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			15,406		15,406	0 %
2Economic development						
3Community support			19,349	25,591	-6,242	0 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total			34,755	25,591	9,164	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

9,566,463

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

121,457,106

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

136,279,340

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-14,822,234

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
11Grossmont Imaging LLC	Joint Venture-Diagnostic Imaging	50.000 %	0 %	50.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

Grossmont Hospital Corporation

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>12</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>See Part V, Section C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

Grossmont Hospital Corporation

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>500 000000000000%</u>		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part V, Section C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Section C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

Grossmont Hospital Corporation

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19		No
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23		No
		24		No

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 9

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

Part VI

Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 6a	Grossmont Hospital Corporation's community benefit report is prepared by Sharp HealthCare

Form and Line Reference	Explanation
Part I, Line 7	Historical charity care percentages are applied to current revenues to estimate charity on a monthly basis. Actual charity transactions are applied against the estimate and any increase or decrease over estimated amounts is accounted for. Other Cost includes State/County programs included in the S-10 for Medicare Cost Reporting primarily for prison/in custody patient care. Ratio of cost to charges (RCC) were calculated using the Medicare Cost Report from Worksheet C. The Revenue and Expense tie to the general ledger with no exclusions, so worksheet C represents direct revenue and expense plus stepdown from Overhead departments. The RCC by CMS line was then applied to the applicable revenue departments broken down by payer to obtain the fully weighted cost by payer.

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	Bad debt expense is netted against revenue As such, \$0 00 was backed out of total expenses for column (f) calculation

Form and Line Reference	Explanation
Part II, Community Building Activities	Grossmont Hospital Corporation at times provides a provision for housing for vulnerable patients upon discharge from the hospital Grossmont Hospital Corporation incurred expenses for disaster preparedness training and capital expenditures Grossmont Hospital Corporation incurred expenses for coalition building

Form and Line Reference	Explanation
Part III, Line 4	<p>Bad Debt represents amounts that go unpaid where the patient was determined to have the ability to pay. If an inability to pay is demonstrated, then full or partial Charity is granted and not considered Bad Debt. Bad Debt at Cost should be included as a Community Benefit because, like other shortfall programs, we are required to accept these patients through the Emergency Room or as a referral with "good faith" in collecting. Grossmont Hospital Corporation consolidates into Sharp HealthCare's audited financial statements. The audited financial statements of Sharp HealthCare include a footnote discussing accounts receivable and allowance for doubtful accounts which is included below:</p> <p>* Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, Sharp analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, Sharp analyzes contractually due amounts and provides an allowance for doubtful accounts, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), Sharp records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. Sharp HealthCare's audited financial statements include a deduction from revenue line on the Combined Statement of Operations titled Provision for Doubtful Accounts. Additionally, the accounts receivable line on the Combined Balance Sheet details the amount of allowance for doubtful accounts that is netted against the receivable balance.</p>

Form and Line Reference	Explanation
Part III, Line 8	Medicare should be included as a community benefit because participation in the Medicare program requires all patients be accepted whether through the Emergency Room or as a referral and Grossmont Hospital Corporation must accept the Medicare established rates whether they cover the cost or not. Ratio of Cost to Charges (RCC) were calculated using the Medicare Cost Report from Worksheet C. The Revenue and Expense tie to the general ledger with no exclusions, representing direct revenue and expense plus stepdown from Overhead departments. The RCC by CMS line was then applied to the applicable revenue departments broken down by payor to obtain the fully weighted cost by payer.

Form and Line Reference	Explanation
Part III, Line 9b	Sharp does not initiate collection activities on accounts known to be eligible for Financial Assistance or Charity care. It is also Sharp's policy to recall/cancel any accounts assigned to a collection agency if it is determined, at any time, a patient account is eligible for Financial Assistance or Charity care.

Form and Line Reference	Explanation																												
Part VI, Line 2	<p>Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) over the past 17 years. Previous collaborations among not-for-profit hospitals and other community partners have resulted in numerous well-regarded CHNA reports. Sharp hospitals, including Sharp Grossmont Hospital (SGH), base their community benefit and community health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital. The SGH 2013 CHNA examines the health needs of the community members it serves in San Diego County (SDC). SGH's 2013 CHNA draws from and is based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process and findings for SDC overall. This collaborative process was conducted under the auspices of HASD&IC, and included partnerships with the Institute for Public Health at San Diego State University (IPH), and hospitals throughout the county, with which Sharp was a key collaborator.</p> <p>CHNA Objectives</p> <p>The objectives of SGH's 2013 CHNA are:</p> <ol style="list-style-type: none">1. Identify the top health conditions and health care needs of community members in its patient community.2. Understand the challenges that community members - particularly those in communities of high-need - face in their attempts to access health care and maintain health and well-being.3. Identify currently available community resources that support identified health conditions and health challenges.4. Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community. <p>Study Area Defined</p> <p>The community served by SGH includes the entire east region of SDC, including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. Approximately five percent of the population lives in remote or rural areas of this region. Table 1 below presents the ZIP codes where the majority of SGH patients reside.</p> <p>Table 1. Primary Communities Served by SGH</p> <table><tr><th>ZIP Code</th><th>Community</th></tr><tr><td>91941</td><td>La Mesa</td></tr><tr><td>91942</td><td>La Mesa</td></tr><tr><td>91945</td><td>Lemon Grove</td></tr><tr><td>91977</td><td>Spring Valley</td></tr><tr><td>92019</td><td>El Cajon</td></tr><tr><td>92020</td><td>El Cajon</td></tr><tr><td>92021</td><td>El Cajon</td></tr><tr><td>92040</td><td>Lakeside</td></tr><tr><td>92071</td><td>Santee</td></tr></table> <p>Source: SpeedTrack California Universal Patient Information Discovery, OSHPD CY 2011 Hospital Discharge Data.</p> <p>Data Collection and Analysis</p> <p>The HASD&IC 2013 CHNA process and findings significantly informed the SGH 2013 CHNA process and as such are described as applicable throughout this report. For complete details on the HASD&IC 2013 CHNA process, please visit the HASD&IC website at www.hasdic.org or contact Lindsey Wade at lwade@hasdic.org. For the collaborative HASD&IC 2013 CHNA process, the IPH employed a rigorous methodology using both community input (primary data sources) and quantitative analysis (secondary data sources) to identify and prioritize the top health conditions in SDC. These health needs were prioritized based on the following criteria:</p> <ul style="list-style-type: none">Have a significant prevalence in the community.Contribute significantly to the morbidity and mortality in San Diego County.Disproportionately impact vulnerable communities.Reflect a need that exists throughout San Diego County. <p>Can be addressed through evidence-based practices by hospitals and health care systems.</p> <p>Quantitative data (secondary sources) for both the HASD&IC 2013 CHNA and SGH 2013 CHNA included the 2011 calendar year hospital discharge data at the ZIP code level, statistics from the San Diego County Health and Human Services Agency (HHSA), the U.S. Census Bureau, the Centers for Disease Control, and others. The variables analyzed are included in Table 2 below and were analyzed at the ZIP code level wherever possible.</p> <p>Table 2. Variables Analyzed in the HASD&IC and SGH 2013 CHNA</p> <table><tr><th>Secondary Data Variables</th></tr><tr><td>Inpatient Hospitalizations by Cause</td></tr><tr><td>Emergency Department Visits by Cause</td></tr><tr><td>Demographic Data (socio-economic indicators)</td></tr><tr><td>Mortality Data</td></tr><tr><td>Regional Disease-Specific Health Data (County HHSA)</td></tr><tr><td>Self-Reported Health Data (California Health Interview Survey)</td></tr><tr><td>Specialized Health Data /Reports (various)</td></tr></table> <p>Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC's and SGH's 2013 CHNA processes utilized the Dignity Health Community Need Index (CNI) to identify communities with the highest level of health disparities and needs. Residents in five of these neighborhoods across SDC were asked to provide input in a community forum setting. Table 3 below presents communities (by ZIP code) served by SGH that have especially high need based on the</p>	ZIP Code	Community	91941	La Mesa	91942	La Mesa	91945	Lemon Grove	91977	Spring Valley	92019	El Cajon	92020	El Cajon	92021	El Cajon	92040	Lakeside	92071	Santee	Secondary Data Variables	Inpatient Hospitalizations by Cause	Emergency Department Visits by Cause	Demographic Data (socio-economic indicators)	Mortality Data	Regional Disease-Specific Health Data (County HHSA)	Self-Reported Health Data (California Health Interview Survey)	Specialized Health Data /Reports (various)
ZIP Code	Community																												
91941	La Mesa																												
91942	La Mesa																												
91945	Lemon Grove																												
91977	Spring Valley																												
92019	El Cajon																												
92020	El Cajon																												
92021	El Cajon																												
92040	Lakeside																												
92071	Santee																												
Secondary Data Variables																													
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Emergency Department Visits by Cause																													
Demographic Data (socio-economic indicators)																													
Mortality Data																													
Regional Disease-Specific Health Data (County HHSA)																													
Self-Reported Health Data (California Health Interview Survey)																													
Specialized Health Data /Reports (various)																													

Form and Line Reference	Explanation
Part VI, Line 2	<p>ir CNI score (score = 4) Table 3 High-Need Communities Served by SGHZIP Code</p> <p>Community919 45 Lemon Grove91977 Spring Valley92020 El Cajon92021 El CajonSource</p> <p>Dignity Health, 2011 CNI DataFor the HASD&IC 2013 CHNA, IPH conducted primary data collection through three met hods 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 m embers of the health care community, including health care and social service providers, a cademics, community-based organizations assisting the underserved, and other public health experts Over the winter and spring of 2013, five community forums were held in communiti es of high need across SDC - including El Cajon, a high-need community served by SGH - rea ching a total of 106 community residents In addition, IPH conducted five key informant in terviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health car e and social service providers, and members of community-based organizations Following con sultation with the SGH 2013 CHNA Planning Team, additional, specific feedback from key inf ormants with insight into the concerns and health needs of seniors was collected Four mor e key informant interviews with nurses from the Sharp Senior Health Center, an executive f rom Sharp HospiceCare, and a coordinator from Sharp's Senior Resource Center, provided exp ertise in senior health and end-of-life care as well as health disparities among older adu lts SGH also collected nine community feedback surveys from senior volunteers at the hosp ital Community members were asked for open-ended feedback on the health issues of greates t importance to them, as well as any significant barriers they face in maintaining health and well-being FindingsThrough the combined analyses of the results for all the data and i nformation gathered, the following conditions were identified as priority health needs for the communities served by SGH (listed in alphabetical order) Behavioral Health (Mental He alth)Cardiovascular DiseaseDiabetes, Type IIObesitySenior Health (including end-of-life ca re)In addition, the IPH conducted a content analysis of all qualitative feedback collected through the HASD&IC 2013 CHNA process - key informants, online survey respondents and com munity members - and found that the input, including recommendations for hospital opportun ities to improve community health, fell into one of the following five categories Access t o Care or InsuranceCare Management EducationScreening ServicesCollaborationSGH is committe d to the health and well-being of its community, and the findings of SGH's 2013 CHNA will help to inform the activities and services provided by SGH to improve the health of its co mmunity members The 2013 CHNA process also generated a list of currently existing resourc es in SDC (an asset map) that address the health needs identified through the CHNA process While not an exhaustive list of the available resources in San Diego, this map will serv e as a resource for SGH to help continue, refine and create programs that meet the needs o f its most vulnerable community members The complete Sharp Grossmont Hospital 2013 Communi ty Health Needs Assessment is available online at http://www.sharp.com/about/community/community-health-needs-assessments cfm r by contacting Sharp HealthCare Community Benefits a t communitybenefits@sharp.com</p> <p>Determination of Priority Community NeedsSGH reviewed its C HNA and used the assessment to help inform priority needs for members of the communities i t serves In identifying these priorities, SGH also considered the expertise and mission o f its programs and services, in addition to the needs of the unique, ever-changing demogra phics and health topics that comprise SGH's service area and region SGH provides behaviora l health services to SDC's east region t</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>Additionally, through further analysis of SGH's community programs and in consultation with SGH's community relations team, SGH also addresses the following priority health needs for community members served by SGH</p> <ul style="list-style-type: none"> * Cancer education and support, and participation in clinical trials * Bone health - orthopedic/osteoporosis education and screening * Women's and prenatal health services and education * Prevention of unintentional injuries * Support during the transition of care process for high-risk, underserved and underfunded patients * Collaboration with local schools to promote interest in health care careers <p>These programs are detailed further in the SGH section of Sharp HealthCare's FY2015 Community Benefit Plan and Report, available for public viewing/download at http //www.sharp.com/about/community/benefit-report.cfm</p> <p>In addition, SGH</p> <ul style="list-style-type: none"> * Incorporates community priorities and community input into its strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels * Prepares and distributes a monthly report of community activities to its board of directors, describing community benefits provided, such as education, screenings and flu shots * Prepares and distributes information on community benefits programs and services through its foundation and community newsletters * Consults with representatives from a variety of departments, to discuss, plan and implement community activities

Form and Line Reference	Explanation
Part VI, Line 3	<p>Sharp HealthCare's financial assistance policy is in furtherance of its charitable mission. The policy identifies eligibility for, and circumstances under which, financial assistance will be extended to Sharp HealthCare's hospital patients for medically necessary services. "Charity Care" is that portion of Sharp HealthCare's charges for medically necessary patient care services provided by a hospital that a patient (either individually or through a third party payer) is unable to pay. Charity Care does not include bad debt, contractual adjustments, or un-reimbursed costs of providing care to patients eligible under government programs for health care services to low-income and medically indigent patients. "Financial Assistance," means any reduction of charges for medically necessary services as defined herein that may be made by Sharp HealthCare either for, or on behalf of, a patient who applies to Sharp HealthCare for Financial Assistance and meets Sharp HealthCare's financial eligibility requirements or criteria as described in this policy. For purposes of the policy Financial Assistance includes "charity care" which means a 100% reduction in charges for medically necessary services and "partial charity care" which means a reduction in a portion of charges for such services. All patients should be screened at the time of admission or at registration for ability to pay for services, including whether or not they are candidates for Financial Assistance. Care for patients presenting with a known or possible emergency medical condition or in active labor shall not be delayed in order to assess financial status. In order to both inform patients of the various programs they may be entitled to, and assist them in the application process, Uncompensated Care Specialists provide patient(s) with a Financial Assistance Form. The Uncompensated Care Specialists direct the patient (or their guarantor) to complete a Patient Financial Statement, include specified financial items for both the patient and spouse (if any), direct the patient to return all information within ten days and document in patient's account history notes the substance of any patient discussions and that the Patient Financial Statement was provided. Following internal processing of the Financial Assistance Form, Sharp Uncompensated Care Specialists and/or Private Pay Representatives notify patient of Financial Assistance Application results, document the decision in all approved and denied Financial Assistance Accounts and secure payment arrangements for remaining balance of partial Financial Assistance or denied Financial Assistance accounts. All follow-up and patient interaction is documented in the patient's account history notes.</p>

Form and Line Reference	Explanation
Part VI, Line 4	The community served by Grossmont Hospital Corporation includes the entire east region of San Diego County, including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. Approximately five percent of the population lives in remote or rural areas of this region. The race/ethnicity breakdown of the community served by Grossmont Hospital is 58.0% White, 26.7% Hispanic, 6.0% Black, 9.0% Asian/Pacific Islander, and 0.5% Native American. In the County's east region in 2014, 99.2 percent of children ages 0 to 11 and 91.1 percent of adults ages 18 to 64 had health insurance failing to meet the Healthy People (HP2020) national targets for health insurance coverage. However, 100 percent of children 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. Further, 10.6 percent 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 outcomes, and 64.0 percent living at 200 percent below the federal poverty level (FPL) reported as food insecure.

Form and Line Reference	Explanation
Part VI, Line 5	Grossmont Hospital Corporation has an open medical staff and a community board. Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical equipment with the intent of continually improving patient care.

Form and Line Reference	Explanation
Part VI, Line 6	<p>Sharp HealthCare is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 21 medical clinics, five urgent care facilities, three skilled nursing facilities, two inpatient rehabilitation programs, home health, hospice and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan. Serving a population of approximately 3.2 million in San Diego County, Sharp is licensed to operate 2,088 beds, has approximately 2,600 Sharp-affiliated physicians and more than 17,000 employees. It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and wellbeing of those it serves. With 528 licensed beds, Grossmont Hospital Corporation is the largest provider of health care services in San Diego's East County, and operates one of the busiest emergency rooms in San Diego County. GHC is known for outstanding programs in heart care, orthopedics, rehabilitation, robotic surgery, stroke care and women's health. Grossmont Hospital Corporation received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence.</p>

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	CA

Form and Line Reference	Explanation
Part VI, Line 7	<p>Sharp HealthCare prepares an annual Community Benefits Report in accordance with the requirements of California Senate Bill (SB) 697, community benefits legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHPD)) Sharp HealthCare submits an annual Community Benefits Report to the California OSHPD The Sharp HealthCare Community Benefits Plan and Report, Fiscal Year 2015 is available online at http //www.sharp.com/about/community/community-benefits-health-needs.cfm No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall A reconciliation of what the organization classifies as Medicare shortfall is as follows Medicare revenue received reported on Parts I and III - 157,021,744 Medicare allowable costs reported on Parts I and III - 177,616,198 Shortfall included on Parts I and III - (20,594,454) Actual Medicare revenue received - 156,709,364 Actual Medicare cost - 207,863,145 Actual Medicare shortfall - (51,153,781) Additional Medicare shortfall not on Parts I and III - (30,559,327) In FY2015 the organization received revenues under the Medi-Cal Hospital Fee program that related to prior years The inclusion of these prior year revenues in Part I, line 7b dilute the actual FY2015 community benefit expense of the organization Excluding Medi-Cal Hospital Fee revenues related to prior years, the net community benefit expense would be as follows Total Community Benefit Expense reported on Part I, line 7b 265,904,494 Direct Offsetting Revenue reported on Part I, line 7b 237,052,120 Net Community Benefit Expense reported on Part I, line 7b 28,852,374 Percent of Total Expense reported on Part I, line 7b 4 30% Direct Offsetting Revenue reported on Part I, line 7b 237,052,120 Less Revenue Related to Prior Years (47,271,520) Actual FY2015 Direct Offsetting Revenue 189,780,600 Total Community Benefit Expense reported on Part I, line 7b 265,904,494 Actual FY2015 Direct Offsetting Revenue 189,780,600 Actual FY2015 Net Community Benefit Expense 76,123,894 Percent of Total Expense 11 32%</p>

Additional Data

Software ID:

Software Version:

EIN: 33-0449527

Name: Grossmont Hospital Corporation

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Grossmont Hospital Corporation	Part V, Section B, Line 5 For the Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 Community Health Needs Assessment (CHNA), the Institute for Public Health at San Diego State University (IPH) conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews, and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved, and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC including El Cajon, a high-need community served by Grossmont Hospital Corporation (GHC) reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers, and members of community-based organizations Following consultation with the GHC 2013 CHNA Planning Team, additional, specific feedback from key informants with insight into the concerns and health needs of seniors was collected Four more key informant interviews provided expertise in senior health and end-of-life care as well as health disparities among older adults GHC also collected nine community feedback surveys from senior volunteers at the hospital Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Grossmont Hospital Corporation	Part V, Section B, Line 6a The Sharp Grossmont Hospital (SGH) FY2013 CHNA examines the health needs of the community members it serves in San Diego County (SDC) SGH's FY2013 CHNA draws from and is based on the collaborative HASD&IC 2013 CHNA process and findings for SDC overall This collaborative process was conducted under the auspices of HASD&IC, and included partnerships with the Institute for Public Health at San Diego State University (IPH), and hospitals throughout the county, with which Sharp was a key collaborator The collaboration included the following SDC hospitals and health systems Sharp HealthCare, Scripps Health, UC San Diego Health System, Tri-City Medical Center, Kaiser Foundation Hospital - San Diego and Palomar Health

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Grossmont Hospital Corporation	Part V, Section B, Line 6 b The Sharp Grossmont Hospital (SGH) FY2013 CHNA examines the health needs of the community members it serves in San Diego County (SDC) SGH's FY2013 CHNA draws from and is based on the collaborative HASC&IC 2013 CHNA process and findings for SDC overall This collaborative process was conducted under the auspices of HASD&IC, and included partnerships with the Institute for Public Health at San Diego State University (IPH)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Grossmont Hospital Corporation	Part V, Section B, Line 7d Grossmont Hospital Corporation's CHNA is available at http //www sharp com/about/community/upload/SGH_CHNA_2013 pdf Grossmont Hospital Corporation's implementation plan is available at http //www sharp com/about/community/upload/SGH_Implementation_Plan_FY15_FY18 pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Grossmont Hospital Corporation	<p>Part V, Section B, Line 11 The results of SGH's FY2013 Community Health Needs Assessment (CHNA) revealed priority health needs impacting the communities served by SGH, particularly the most vulnerable communities, as well as provided insight gathered from direct conversations with the community SGH reviewed its FY2013 CHNA to assist in the design and implementation of programs and services provided at SGH for its community members In identifying these priorities, SGH also considered the expertise and mission of its programs and services, in addition to the needs of the unique, ever-changing demographics and health topics that comprise SGH's service area and region SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care, as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues Beyond these clinical services, SGH does not have the resources to comprehensively meet the need for community education and support in behavioral health Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC Obesity is addressed through general nutrition and exercise education and resources provided at SGH, as well as programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise In addition, Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs Additionally, through further analysis of SGH's community programs and in consultation with SGH's community relations team, SGH also addresses the following priority health needs for community members served by SGH Cancer education and support, and participation in clinical trialsBone health - orthopedic / osteoporosis education and screeningWomen's and prenatal health services and educationPrevention of unintentional injuriesSupport during the transition of care process for high-risk, underserved and underfunded patientsCollaboration with local schools to promote interest in health care careersThese programs are detailed further in the SGH section of Sharp HealthCare's FY2015 Community Benefit Plan and Report, available for public viewing/download at http://www.sharp.com/about/community/upload/Sharp_HealthCare_Community_Benefit_Plan_FY2015-2.pdf SGH's most recent implementation plan - available online at http://www.sharp.com/about/community/upload/SGH_Implementation_Plan_FY15_FY18.pdf - details those programs that SGH provides to address needs identified in its FY2013 CHNA, as well information on identified health needs that SGH lacks resources to comprehensively address</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Grossmont Hospital Corporation	Part V, Section B, Line 16i The FAP was widely available at https://www.sharp.com/patient/billing/financial-assistance cfmA plain language summary of the FAP and the FAP application was widely available at https://www.sharp.com/patient/billing/upload/Financial-Assistance-Application.pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Line 16	Financial Assistance Policy Website Availability

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Grossmont Hospital Corporation Part V, Section B, line 16a website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Grossmont Hospital Corporation Part V, Section B, line 16 b website	See Part V, Section C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Grossmont Hospital Corporation Part V, Section B, line 16 c website	See Part V, Section C

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Grossmont Hospital Corporation

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

Employer identification number
33-0449527

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) San Diego East County Chamber of Commerce 201 S Magnolia Ave El Cajon, CA 92020	95-1494069	501(c)(6)	6,650				Sponsorship - Health Fair, WILL Table, Breakfast
(2) California Health Foundation & Trust 1215 K Street Suite 800 Sacramento, CA 95814	94-1498697	501(c)(3)	528,342				Medi-Cal Program
(3) Grossmont Hospital Foundation 8695 Spectrum Center Blvd San Diego, CA 921231489	33-0124488	501(c)(3)	63,782	125	FMV	Snacks for boats	Sponsorship - Gala, Golf Tournament, Regatta

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

1

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

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 Management team evaluates requests for contributions from outside organizations taking into account how they align with the organization's mission No monitoring is done after grants are made

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 Corporation

Employer identification number
33-0449527

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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.</div></div>	Yes	
<div><div>2</div><div>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?</div></div>	Yes	
<div><div>3</div><div>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.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>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.</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued 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.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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				
See Additional Data Table							

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 1a	Non-management staff were paid superior performance awards which were grossed up so the net payment would be a specified amount based on each staff member's productive hours worked during the year. The net payments per staff member ranged from \$100 to \$300.
Part I, Line 4b	Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following: - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance.
Part II, Line 1 B1	Compensation was paid to Dr. Peter Hanson through Peter B. Hanson MD Inc. by Grossmont Hospital Corporation for medical director services.
Part II, Line 2 B1	Compensation was paid to Dr. Rina Jain through Rina Jain MD Inc. by Grossmont Hospital Corporation for past Chief of Staff services.
Part I, Line 3	The Compensation Committee of Sharp HealthCare, the parent organization, establishes the compensation of the Chief Executive Officer. The Compensation Committee engages independent compensation consultants and the amount is approved by both the Compensation Committee and Board of Directors.

Additional Data

Software ID:
Software Version:
EIN: 33-0449527
Name: Grossmont Hospital Corporation

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

(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				
Peter Hanson MD, Director	(i)	32,688	0	0	0	32,688	0
	(ii)	0	0	0	0	0	0
Rina Jain MD, Director	(i)	30,000	0	0	0	30,000	0
	(ii)	0	0	0	0	0	0
Michael W Murphy, President & CEO - SHC	(i)	0	0	0	0	0	0
	(ii)	1,262,468	401,135	69,978	83,051	1,836,543	0
Ann R Pumpian, SR VP and CFO-SHC	(i)	0	0	0	0	0	0
	(ii)	690,110	163,219	26,462	32,465	927,252	0
Carlisle C Lewis III, SR VP Legal/HR Services -	(i)	0	0	0	0	0	0
	(ii)	566,903	140,691	25,021	36,245	788,170	0
Daniel J Kindron, CFO - GH	(i)	0	0	0	0	0	0
	(ii)	139,661	11,909	7,517	5,249	165,414	0
Maryann C Cone, COO - GH	(i)	0	0	0	0	0	0
	(ii)	284,857	48,111	32,227	28,793	402,169	0
Anthony M Damico, VP Clinical Svs - GH	(i)	0	0	0	0	0	0
	(ii)	198,623	36,680	18,557	11,533	273,188	0
Suzanne K Johnson, VP Hospice - GH	(i)	0	0	0	0	0	0
	(ii)	193,129	38,500	13,088	318	262,891	0
Jason E Broad, VP Performance Excellence	(i)	0	0	0	0	0	0
	(ii)	158,850	24,298	320	10,384	201,382	0
Michael A Murphy, Chief Medical Officer - GH	(i)	0	0	0	0	0	0
	(ii)	268,070	47,314	20,205	12,980	362,188	0
Bruce D Schmidt, Mgr Sharp Central Pharmacy	(i)	205,714	27,235	2,075	23,083	275,916	0
	(ii)	0	0	0	0	0	0
Vincent J Balesten, Pharmacist	(i)	225,139	5,531	1,012	30,377	269,482	0
	(ii)	0	0	0	0	0	0
Glicerio M Cid Jr, Advanced Clinician	(i)	226,091	481	4,256	8,392	246,390	0
	(ii)	0	0	0	0	0	0
Patrick P Guo, Medical Physicist	(i)	202,248	524	8,234	10,404	223,039	0
	(ii)	0	0	0	0	0	0
Michele T Tarbet, Former CEO-GH	(i)	0	0	0	0	0	0
	(ii)	298,117	119,234	113,118	27,066	565,364	0
Kari Cornicelli, Former CFO-GH	(i)	0	0	0	0	0	0
	(ii)	219,574	35,862	2,488	16,483	287,961	0
Janet L Hanley, Former Key Employee	(i)	0	0	0	0	0	0
	(ii)	193,765	42,216	945	13,759	263,885	0
Hoangmy E Nguyen, Former Key Employee	(i)	0	0	0	0	0	0
	(ii)	207,800	14,457	462	520	235,405	0
Dale Beatty, Former Key Employee	(i)	0	0	0	0	0	0
	(ii)	125,543	12,802	10,356	0	155,980	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

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

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

Name of the organization
Grossmont Hospital Corporation

Employer identification number
33-0449527

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Stephen Hanley	See Part V	45,625	Employment		No
(2) Grossmont Imaging LLC	See Part V	401,535	See Part V		No
(3) Contributor #6 from Schedule B	See Part V	393,655	See Part V		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV	Stephen Hanley, an employee of Grossmont Hospital Corporation, is the son of Janet Hanley, a former key employee of Grossmont Hospital Corporation Daniel Kindron, Chief Financial Officer of Grossmont Hospital Corporation, sits on the Board of Directors of Grossmont Imaging LLC, a partnership 50% owned by Grossmont Hospital Corporation Scott Evans, Chief Executive Officer of Grossmont Hospital Corporation, sits on the Board of Directors of Grossmont Imaging LLC, a partnership 50% owned by Grossmont Hospital Corporation Anthony Damico, a key employee of Grossmont Hospital Corporation, sits on the Board of Directors of Grossmont Imaging LLC, a partnership 50% owned by Grossmont Hospital Corporation Grossmont Hospital Corporation purchased equipment and service agreements from contributor #6 from Schedule B, a substantial contributor of Grossmont Hospital Corporation

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

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Open to Public Inspection

Name of the organization
Grossmont Hospital Corporation

Employer identification number
33-0449527

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				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Heart/Vas Center)	X	12	19,990,329	Cost
26 Other ▶ (East Tower)	X	12	11,609,108	Cost
27 Other ▶ (Central Power Plant)	X	12	6,434,114	Cost
28 Other ▶ (Equipment)	X	4	93,157	Cost
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0		
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	Yes	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		No	
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 III

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)	Number of Contributions

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
Grossmont Hospital Corporation

Employer identification number

33-0449527

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

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Michele Tarbet, Kari Cornicelli, and Anthony Damico were all directors on the governing board of the Grossmont Imaging Joint Venture. Grossmont Hospital Corporation directors, Dave Grundstrom and Jim Parker, have a family relationship. Grossmont Hospital Corporation directors, Peter Hanson and Jim Parker, have a business relationship.

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

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Sharp HealthCare, as the sole member of the corporation, has the right to elect and remove most board members. Sharp HealthCare also retains the approval rights afforded members for certain significant transactions (e.g., dissolution or sale or transfer of all or substantially all of the assets.)

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 view able for comment from all members of the governing body The review process includes multiple levels of review including key corporate and entity finance department personnel comprised of the Director of Accounting & Tax, Vice President of Finance, Senior Vice President and Chief Financial Officer, and entity Chief Financial Officer Additionally, the organization contracts with Ernst & Young, an independent accounting firm, for review of the Form 990

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>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.</p>

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	<p>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).</p>

Return Reference	Explanation
Form 990, Part VII, Section B	Independent contractors are paid under Sharp HealthCare's tax identification number (95-6077327) and are reported on Sharp HealthCare's tax return

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

Return Reference	Explanation
Form 990, Part XI, line 9	Change in Minimum Pension Liability -6,794,181 Beneficial Interest in Grossmont Hospital Foundation 1,453,523

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

Return Reference	Explanation	
	Form 990, Part III, Line 4a	<p>Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2015 Section 1 - An Overview of Sharp HealthCare</p> <p>Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 22 medical centers, five urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, 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 specialty 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 Diego County (SDC), as of September 30, 2015, Sharp is licensed to operate 2,088 beds and has approximately 2,600 Sharp-affiliated physicians and more than 17,000 employees.</p> <p>FOUR ACUTE CARE HOSPITALS</p> <p>Sharp Chula Vista Medical Center (343 licensed beds) The largest provider 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) and 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 treatment, women and infants, and the only bloodless medicine and surgery center in SDC.</p> <p>Sharp 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 care, rehabilitation therapies, joint replacement surgery, and hospice and emergency services.</p> <p>Sharp Grossmont Hospital (528 licensed beds) Sharp Grossmont Hospital (SGH) is the largest 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, rehabilitation, robotic surgery, stroke care and women's health.</p> <p>Sharp Memorial Hospital (656 licensed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation. SMH houses San Diego's largest emergency and trauma center.</p> <p>THREE SPECIALTY CARE HOSPITALS</p> <p>Sharp Mary Birch Hospital for Women & Newborns (206 licensed beds) A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other private hospital in California.</p> <p>Sharp Mesa Vista Hospital (158 licensed beds) The largest private freestanding psychiatric hospital in California, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services.</p> <p>Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is San Diego County's only licensed chemical dependency recovery hospital.</p> <p>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-Stealy Medical Centers (SRS) are included within the not-for-profit public benefit corporation 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 Sharp HospiceCare are reported within SGH.</p> <p>Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner.</p> <p>Vision Sharp's vision is to become the best health system in the universe. Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves.</p> <p>Values</p> <ul style="list-style-type: none"> * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring - Compassionate, Communicative, Service Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self

Return Reference	Explanation	
Form 990, Part III, Line 4a		<p>f, Celebrates Wins, Embraces Diversity * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Making * Innovation - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence - Quality Focused, Compelled by Operational and Service Excellence, Cost Effective, Accountable Culture</p> <p>The Sharp Experience For more than 15 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to 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 make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people. Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be:</p> <ul style="list-style-type: none"> * The best place to work: Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe." * The best place to practice medicine: Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader. * The best place to receive care: Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate. <p>Through this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than half a century.</p> <p>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 for 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 continued journey toward excellence. Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety 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:</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)	<p>o Sensitivity to operations o A reluctance to simplify o Preoccupation with failure o Defe rence to expertise o Resilience Applying high-reliability concepts in an organization begi ns when leaders at all levels start 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 or ganization ? Quality, Safety, Service, People, Finance, Growth and Community The foundati onal elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm This strategic plan continues Sharp's transformation of the health care experi ence, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner The seven pillars listed below are a visible testame nt to Sharp's commtment to become the best health care system in the universe by achievin g excellence in these areas</p> <ul style="list-style-type: none">*Quality - Demonstrate and improve clinical excellence to set industry standards and exceed customer expectations*Safety - Keep patients, employees a nd physicians safe and free from harm*Service - Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence*P eople - Create a values-driven culture that attracts, retains and promotes the best and br ightest people, who are committed to Sharp's mission and vision*Finance - Achieve financ ial results to ensure Sharp's ability to provide quality health care services, new technol ogy and investment in the organization*Grow th - Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative deve lopment*Community - Be an exemplary community citizen by improving the health and well-b eing of the community and supporting the stewardship of our environment <p>Awards Sharp has received the following recognition Sharp is a recipient of the 2007 Malcolm Baldrige Nati onal Quality Aw ard, the nation's highest presidential honor for quality and organizational performance excellence Sharp was the first health care system in California and eighth i n the nation to receive this recognition Sharp was recognized as one of the 2013 and 2014 World's Most Ethical (WME) Companies by the Ethisphere Institute, the leading business et hics think tank WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind Sharp is th e only health care company in San Diego recognized in both years Sharp was named the No 1 "best integrated health care netw ork" in California and No 12 nationally by Modern Heal thcare magazine in 2012 The rankings are part of the "Top 100 Most Highly Integrated Heal thcare Netw orks," a survey conducted 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 Di ego" Readers Poll In 2015, SMBHWN was named "Best Hospital," while SGH and SMH were ranke d second and third "Best Hospitals " Sharp Community Medical Group (SCMG) and Sharp Rees-S tealy Medical Group (SRSM) were ranked first and second, respectively, in 2015 as San Dieg o's "Best Medical Group " SGH and SMH have both received MAGNET Designation for Nursing Ex cellence by the American Nurses Credentialing Center (ANCC) The Magnet Recognition Progra m is the highest level of honor bestowed by the ANCC and is accepted nationally as the gol d standard in nursing excellence SMH was redesignated in March 2013 Sharp was named one of the nation's "Most Wired" health care systems from 1999 to 2009, and again from 2012 to 2015 by Hospitals & Health Netw orks magazine's annual Most Wired Survey and Benchmark Stu dy "Most Wired" hospitals are committed to using technology to enhance quality of care fo r both patients and staff In 2014, SCVMC and its on-site Birch Patrick Convalescent Cente r became the first co-located hospital and skilled nursing facility in the nation to be de signated as a Planetree Patient-Centered Organization SCVMC joined both SMH and SCHHC in Planetree distinction In 2012, SMH was designated as a Planetree Patient-Centered Hospita l, and is the largest hospital-only designated facility in the U.S In 2014, SMH achieved Planetree Designation with Distinction and was redesignated as a Planetree Patient-Centere d Hospital in 2015 SCHHC was originally designated in 2007 and is the only hospital in th e state to be re-designated twice, occurring in both 2010 and 2013 Additionally, SCHHC wa s named a Planetree Hospital with Distinction for its leadership and innovation in patient -centered care Planetree is a coalition of more than 100 hospitals worl dwide that is comm itted to improving medical care from the patient's perspective In 2013, both SCHHC and SC VMC received Energy Star (ES) designation from the</p>	

Return Reference	Explanation	
	Form 990, Part III, Line 4a (continued)	<p>U S Environmental Protection Agency (EPA) for outstanding energy efficiency Buildings t hat are awarded use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere SCHHC first earned the ES certificatio n in 2007 and then again each year from 2010 through 2013, while SCVMC received ES certifi cation in 2009, 2010, 2011, 2013 and 2015 San Diego Gas & Electric (SDG&E) recognized Sha rp for outstanding results in energy efficiency and conservation Sharp was named San Dieg o's "Healthcare 2014 Energy Champion" for its successes in energy conservation In 2013, S harp was named a "Recycler of the Year" at the City of San Diego's annual Waste Reduction and Recycling Awards for a successful and extensive recycling program SMH and SMBHVN were honored for their comprehensive waste reduction programs Sharp was named the Crystal Win ner of the 2011 Workplace Excellence Awards from the San Diego Society for Human Resource Management This designation recognizes Sharp's Human Resources Department as an innovativ e and valuable asset to overall company performance From 2013 to 2015, the Press Ganey or ganization recognized multiple SHC entities with Guardian of Excellence Awards Based on o ne year of data, this designation recognizes recipients for having reached the 95th percen tile for patient satisfaction, employee engagement, physician engagement surveys or clinic al quality Awards for SHC entities included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatien t Pavilion (OPP), SMV, SHC, Sharp HospiceCare, SRS, SCMG and Sharp Home Health for Employe e Engagement, SMBHWN and the Sharp Senior Health Centers at SMH for Patient Satisfaction, and SCHHC, SMBHWN and SMV for Physician 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-year 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 for Patient Satisfaction, and SCHHC and SMV for Physician Engagement SHP was ranked a top 100 U S health plan and a top three California health pla n based on the National Committee for Quality Assurance's (NCQA) Private Health Insurance Rankings 2014-2015, which rated health insurance plans based on clinical quality, member s atisfaction and NCQA Accreditation Survey results SHP also received the highest level "Ex cellent" Accreditation status from the NCQA for the third year in a row (2013-2015) The NCQA awards accreditation status based on compliance with rigorous requirements and perform ance on Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures SHP was also rated highest in Califo rnia among reporting California Health Plans for Rating of the Health Plan, Rating of Heal th Care, Rating of Personal Doctor, and Rating of Health Promotion and Education in NCQA's 2015 Quality Compass/CAHPS survey, which provides state, regional and national benchmarks as well as individual plan performance</p>

Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>In 2015, Sharp was ranked fourth in the large employers category as one of the "Best Places 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, training, retention, career development, average salary increases, employee surveys, workplace morale and more. In 2015, SGH and SMBHVN received a 2015 Women's Choice Award - a symbol of excellence in customer experience awarded by the collective of women. SGH was recognized as one of America's Best Hospitals for Cancer Care and SMBHVN 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 Association of Governments (SANDAG) and in cooperation with the 511 transportation information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions.</p> <p>Patient Access to Care Programs: Uninsured patients with no ability to pay and insured patients with inadequate coverage receive financial assistance for medically necessary services through Sharp's Financial Assistance Program. Sharp does not refuse any patient requiring emergency medical care. Sharp provides services to help every unfunded patient received in the ED find opportunities for health coverage through PointCare - a team of health coverage experts whose main product is a quick, web-based screening, enrollment and reporting technology designed to provide community members with health coverage and financial assistance options. At Sharp, patients use a simple online questionnaire 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 patient, 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 maze of government health coverage programs while maintaining the patient's dignity throughout the process. Beginning in 2014, Sharp hospitals implemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility). Sharp was the first hospital 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 Application Counselors in order to better assist both patients and the general community with navigating the Covered California website (CoveredCA.com) and plan enrollment. In addition, 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. Hospital participation in the 340B Drug Pricing Program permits the purchase of outpatient drugs 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 medications 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, nursing, physicians or even other patients. If eligible, uninsured patients are offered assistance, which can help decrease readmissions resulting from lack of medication access. The team members research all options available, including programs offered by drug manufacturers, grant-based programs offered by foundations, copay assistance and other low-cost alternatives. Sharp also continues to offer ClearBalance - a specialized loan program for patients facing high medical bills. Through this collaboration with San Diego-based CSI Financial 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 unpaid accounts from going to collections. Through this program, Sharp provides a more affordable alternative for patients struggling to resolve their hospital bills. In addition, Sharp 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 assistance with transportation and placement, connections to</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>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 patients who may benefit from a referral to the Rescue Mission's Recuperative Care Unit, where patients not only receive follow-up medical care through Sharp in a safe environment, but also receive psychiatric care, substance abuse counseling and guidance to help get them off the street. These referrals may include chronically homeless patients or patients who have exhausted other community housing resources. Community Health Screenings Sharp's dedication to improving community health extends beyond the walls of its health care facilities, and Sharp continues to demonstrate this commitment through its community-wide health screening program. Complimentary health screenings are provided across SDC to inform community members about their current health status and help determine their risk for common diseases including diabetes, heart disease and other health conditions. Screenings include body mass index (BMI), blood sugar, cholesterol, blood pressure and an attestation of tobacco use. From October 1, 2014 to September 30, 2015, a cross-disciplinary team of Sharp HealthCare professionals organized, promoted and hosted nearly 75 community health screening events 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 received their results and an informational brochure that outlined strategies to improve health and well-being. Participants were then encouraged to share the results with their primary care physician to determine an appropriate, customized follow-up plan. Uninsured community 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 limited 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 Internship 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 members, including time spent on administrative support and logistics. Thirty-two team members provided screenings and 11 team members served as concierge personnel. In addition, Spanish-speaking team members were available to provide participants with health information in Spanish. In response to the community screenings, Sharp received countless emails and letters expressing heartfelt gratitude from community members, many of whom were inspired to take 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 exemplifying Sharp's commitment to the health of its community. Health Professions Training Internships</p>

Return Reference	Explanation																																																								
Form 990, Part III, Line 4a (continued)	<p>Students and recent health care graduates are a valuable 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 hours within the Sharp system. Students belonged to a variety of disciplines including nursing, allied health and professional educational programs. Sharp provided education and training programs for nursing students (e.g., critical care, medical/surgical, behavioral health, women's services and wound care) and allied health professions such as rehabilitation therapies (speech, physical, occupational and recreational therapy), pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, lab, radiation therapy, surgical technology, paramedic, social work, psychology, business, health information management and public health. Students came from local community colleges such as Grossmont College, San Diego City 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 University (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 and student hours at each of the Sharp entities in FY 2015.</p> <table><tr><th colspan="5">Table 1: Sharp HealthCare Internships - FY 2015</th></tr><tr><th>Entity</th><th>Students</th><th>Group Hours</th><th>Precepted Hours</th><th>Ancillary Hours</th></tr><tr><td>Sharp Chula Vista Medical Center Nursing</td><td>842</td><td>60,662</td><td>20,398</td><td>172</td></tr><tr><td>Sharp Coronado Hospital and Healthcare Center Nursing</td><td>590</td><td>92,510</td><td>3,024</td><td>77</td></tr><tr><td>Sharp Grossmont Hospital Nursing</td><td>732</td><td>62,492</td><td>16,643</td><td>238</td></tr><tr><td>Sharp Mary Birch Hospital for Women & Newborns Nursing</td><td>207</td><td>15,204</td><td>5,184</td><td>15</td></tr><tr><td>Sharp Memorial Hospital Nursing</td><td>404</td><td>29,451</td><td>18,902</td><td>310</td></tr><tr><td>Sharp Mesa Vista Hospital Nursing</td><td>318</td><td>22,642</td><td>3,524</td><td>38</td></tr><tr><td>Sharp HospiceCare Nursing</td><td>74</td><td>674</td><td>74</td><td>74</td></tr><tr><td>Sharp HealthCare Nursing</td><td>387</td><td>60,843</td><td>223</td><td>52,947</td></tr><tr><td>Sharp Health Sciences High and Middle College</td><td>267</td><td>267,491</td><td>4,627</td><td>679,644</td></tr></table> <p>Sharp is an industry partner with charter school HSHMC to provide students broad exposure to health care careers. Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real-world application of their school-based knowledge and skills. This collaboration prepares high school students to enter health, science and medical technology careers in the following five career pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services. HSHMC students earn high school diplomas, complete college entrance requirements and have opportunities to earn 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 SMBHMN in 2009, SCHHC in 2010, and SCVMC in 2011. Students also devote time to various SRS sites. Students begin their experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC 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 as 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 variety of patient care experiences, as well as take additional health-related coursework at Mesa College, including Anatomy, Physiology, Medical Terminology, Health 101, Psychology and Abnormal Psychology. Nearly 500 HSHMC students - including 143 Level I students and 347 Level II students - were supervised for approximately 55,000 hours on Sharp campuses in FY 2015. Students rotated through instructional pods in specialty areas, including but not limited to:</p>	Table 1: Sharp HealthCare Internships - FY 2015					Entity	Students	Group Hours	Precepted Hours	Ancillary Hours	Sharp Chula Vista Medical Center Nursing	842	60,662	20,398	172	Sharp Coronado Hospital and Healthcare Center Nursing	590	92,510	3,024	77	Sharp Grossmont Hospital Nursing	732	62,492	16,643	238	Sharp Mary Birch Hospital for Women & Newborns Nursing	207	15,204	5,184	15	Sharp Memorial Hospital Nursing	404	29,451	18,902	310	Sharp Mesa Vista Hospital Nursing	318	22,642	3,524	38	Sharp HospiceCare Nursing	74	674	74	74	Sharp HealthCare Nursing	387	60,843	223	52,947	Sharp Health Sciences High and Middle College	267	267,491	4,627	679,644	
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	Form 990, Part III, Line 4a (continued)	<p>ited to nursing, emergency services, obstetrics and gynecology (OB/GYN), occupational therapy, physical therapy, behavioral health, pediatrics, medical/surgical, imaging, rehabilitation, laboratory services, pharmacy, pathology, radiology, endoscopy, engineering, pulmonary services, cardiac services, and operations. Students not only had the opportunity to observe patient care, but also received guidance from 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 reviews and evaluates the collaboration with HSHMC, including outcomes of students and graduates, to promote long-term sustainability. Although many HSHMC students face financial hardship - the free and reduced price meal (FRPM) eligibility rate is higher than the averages 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 graduating 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 graduation rate, which is higher than California's 80.8 percent state average as well as an Academic 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 students. HSHMC is also a 2014 U.S. News & World Report Best High Schools bronze award winner, and National School Safety Advocacy Council award winner. Lectures and Continuing Education 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, courses and presentations on numerous college and university campuses. This included guest lectures on pharmacy practice at UCSD and USD, health information technology, nutrition and professional development at SDSU, the legalities of nursing and community nutrition and eating disorders at PLNU, advance care planning at Azusa Pacific University (APU), and a variety of health administration lectures to public health graduate students at SDSU. Sharp's Continuing Medical Education (CME) Department provides evidence-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve 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, clinical documentation improvement and HROs. In addition, the CME team organized a live video conference for orthopedic surgeons, radiologists, residents and fellows in which expert orthopedic surgeons from Sharp HealthCare, Germany, Austria and Switzerland presented on the European and North American Perspectives on Hip Preservation Research. Sharp HealthCare Center for Research.</p>

Return Reference	Explanation	
	Form 990, Part III, Line 4a (continued)	<p>Innovation is critical to the future of health care. The Sharp HealthCare Center for Research supports innovation through its commitment to safe, high quality research initiatives that provide valuable knowledge to the San Diego health care community, and positively impact patients and community members. Currently, more than 350 active protocols are being conducted at Sharp. The Center for Research is also seeking accreditation by the Association for the Accreditation of Human Research Protection Programs (AAHRPP) for accreditation of Sharp's HRPP. Accreditation 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 organization's commitment to protecting research participants. The Center for Research anticipates accreditation by March 2016. Sharp Human Research Protection Program and Institutional 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 conducted 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 component of the HRPP and seeks to promote a culture of safety and respect for those participating 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 participant safety and maintain responsible research conduct. In FY 2015, a dedicated IRB committee of 14 - including physicians, psychologists, research nurses and pharmacists - devoted 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 research with newborns to older adults with Alzheimer's disease. This includes clinical trials that add to scientific knowledge and enable health care providers to learn whether a new treatment is safe and effective. Sharp conducts clinical trials in behavioral health, neonatal, cardiovascular, mechanical circulatory support, renal transplant, orthopedics, stroke and oncology, the latter of which comprises the majority of Sharp's clinical trials. The Center for Research's HRPP also provides education and support both for researchers across Sharp and the broader San Diego health and research communities on requirements regarding the protection of human research participants. As part of its mission, the Center for Research hosts quarterly meetings on relevant educational topics to the research community, including physicians, psychologists, research nurses, study coordinators and students throughout San Diego. Recent presentations have included Investigator Quality Improvement Activities, Understanding Research Noncompliance, Serious Noncompliance and Continuing Noncompliance, 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 care practices in order to identify and promote quality patient care across the health care community. The ORI collaborates with Sharp team members by facilitating the design of patient-centered outcomes research projects, assisting with database development as well as data collection and analysis, exploring funding mechanisms for research projects, and facilitating IRB application submissions. A priority for the ORI is to seek guidance and expertise from the local and national academic community on how to effectively conduct outcomes research in order to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and National University (NU). The ORI has also developed educational presentations for the greater health care research community that foster awareness of the importance of research for improving health outcomes. 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-professional staff) and mentors to change and improve clinical practice and patient care. This evolution in practice and care occurs through identifying a care problem, developing a plan 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 practice in the nursing community. The consortium is a partnership between SCVMC, SGH, SMBHWN, SMH, Scripps Health, Palomar Health, Rady Children's Hospital - San Diego, UCSD Health System, U.S. Department of Veterans Affairs.</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>ffairs (VA) San Diego Healthcare System, Elizabeth Hospice, PLNU, SDSU, APU and USD The Naval Medical Center San Diego (NMCS D) 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 featuring group activities, self-directed learning programs outside of the classroom and structured mentorship throughout the program The EBPI 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 navigating the hospital system to support the fellows through the process of evidence-based practice Mentors also assist the fellows in working collaboratively with other key hospital leadership personnel In FY 2015, the EBPI consisted of a nine-month program culminating with 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 2015 and completed projects that addressed the following issues in clinical practice and patient care health literacy for patients, structured debriefing for critical incidents in the intensive care setting, nurse-driven protocol for urinary catheter removal, charge nurse 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 FY 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 and 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 serve SDC, and be completed by September 30, 2015 Eleven projects were selected San Diego Blood Bank, Holiday Mail for Heroes, San Diego Food Bank (SDFB), San Diego Half Marathon, Ruffin 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 Foundation's Point Loma Native Plant Garden, San Diego River Garden, and Coastal Habitat Restoration More than 1,700 Sharp employees, family members and friends volunteered over 5,850 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 event supported the San Diego Blood Bank during the vital holiday season when people tend to donate less blood SLAH volunteers consisted of registered nurses (RNs), licensed vocational nurses, certified phlebotomists and limited phlebotomists who provided assistance with blood typing (determining what type of blood an individual has) During the 2014 holiday season, 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 season due to deployments and hospital stays Volunteers wrote cards of appreciation to the members of the United States Armed Forces and their families, expressing thanks for the sacrifices 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-related issues On 16 days between February and September 2015, 960 SLAH volunteers inspected, cleaned and sorted donated food, assembled boxes and cleaned the SDFB warehouse</p>

Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>For two days 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 the city. 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 acres 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 than 60 SLAH volunteers assisted with pre-event packet pick-up, and day-of event registration, T-shirt distribution and medical care. By volunteering their time, SLAH participants helped to ensure that more funds go toward the ADA's mission to prevent, cure and improve the 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 Village 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 companionship 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 technicians provided support, counseling and dispensing of medications. The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by spinal cord injury through action sports. With support from adaptive equipment and volunteers, the award-winning series of bicoastal events empowers paraplegics and quadriplegics to experience mobility through surfing. In September, nearly 90 volunteers assisted Life Rolls On - They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water. Founded in 2001, the San 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. Approximately 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, pruning and other light gardening projects. In July, SLAH volunteers joined the foundation once again for the Coastal Habitat Restoration event in Ocean Beach to help save and restore one of the last remaining coastal dune and wetland habitats in San Diego. Twenty volunteers helped remove invasive plants, watered and cared for recent plantings, and provided trail maintenance and litter removal. Sharp Humanitarian Service Program In FY 2015, the Sharp Humanitarian Service Program funded more than 50 Sharp employees in service programs that provide health care or other supportive services to underserved or adversely affected populations 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 impoverished villages of Ayacucho, Peru, located in the central Andes Mountains. Sponsored by the Peruvian American Medical Society, the mission team consisted of approximately 50 professionals - including physicians, a pharmacist, nurses, translators, case workers and general volunteers - who provided medical examinations and medications for approximately 75 to 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 developing 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 surgically 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 addition, the team educated comm</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>unity members about cleft lip and palates on a local radio station in an effort to reduce the social stigma associated with the malformation. In April, another Sharp nurse served in the operating room (OR) on Africa Mercy. As the world's largest civilian hospital ship, Africa Mercy is operated by Mercy Ships, a global charity that 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 procedures for approximately 60 citizens of Madagascar, including the removal of large tumors on backs and necks as well as hernia repairs. International Medical Relief (IMR) is a nonprofit organization that treats underserved patients by providing medical services, medication, supplies, training and education to communities all over the globe with help from medical volunteers. For 10 days, a Sharp team member 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, respiratory therapists and various other nonmedical professionals - the team member provided health 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 orphanage because they are unable to feed them. The I'mME organization empowers and sustains the structure of family to the orphans of the world through care, education, prevention and stewardship. In FY 2015, one Sharp team member participated in a trip to Haiti with I'mME, where 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 collaboration 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 Sharp 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 nongovernment organizations, and Botho (an organization that aims to nurture compassion), they provided compassion training to more than 500 citizens of Botswana. Audience members were from education and social service sectors, including physicians, social workers, nurses, teachers, police officers, orphanage caregivers and students. With the rising prevalence of empathy fatigue and burnout among service providers, the training supports emotional resilience, broadens perspectives and provides practical application during difficult or stressful situations. The training was based on Compassion Cultivation Training (CCT) developed by the Center for Compassion and Altruism Research and Education (CCARE) at the Stanford University 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 provided to participants for eight weeks.</p>

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Form 990, Part III, Line 4a (continued)	<p>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 renovate homes for Mayan families. This trip was organized by the Global Village volunteer program through Habitat for Humanity, a nonprofit Christian housing organization that believes everyone should have a decent, safe and affordable place to live. Three teams of six volunteers rotated between working on a rural house foundation for a Mayan couple and building smokeless stoves and latrines for eight Mayan families (including water filters and basic sanitation services). InterFACE is a volunteer group of plastic and other reconstructive surgeons, anesthesiologists, 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 underprivileged children - and some adults - in Mexico. In two days, the team provided an average of 75 surgical procedures including cleft lip and palate repair, burn reconstruction, and repair to ear, hand and other congenital or acquired deformities. During a week-long medical mission trip, a Sharp team member provided care to hundreds of impoverished residents of Cao Bang, Vietnam. The trip was organized by the Good Samaritan Medical and Dental Ministry, a nonprofit organization that provides medical, dental and optometric care to the people of Vietnam through annual summer missions. The villagers were malnourished, sick 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, pulled teeth and performed surgeries. With no access to clean or running water, sinks, toilets or air conditioning, the team was able to help those in need despite having limited resources. 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 caregiver. The program helps build confidence, encourages laughter, provides emotional support and allows youth to navigate their grief through friendship, teamwork, athletics and the common 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 in San Diego and the No. 2 team in the AHA Western Region Affiliates, raising nearly \$180,000. 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 system. 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, events 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 volunteered 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 auxiliary members and thousands of individual volunteers from the San Diego community, including volunteers for Sharp's various foundations. These community members dedicated more than 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.</p> <table><tr><th colspan="2">Table 2</th></tr><tr><th>Sharp</th><th>Volunteer Hours</th></tr><tr><td>Chula Vista Medical Center</td><td>390</td></tr><tr><td>Coronado Hospital and Healthcare Center</td><td>78</td></tr><tr><td>Grossmont Hospital</td><td>729</td></tr><tr><td>HospiceCare</td><td>77</td></tr><tr><td>Metropolitan Medical Campus</td><td>649</td></tr><tr><td>TOTAL</td><td>1,923</td></tr></table> <p>Average Active Volunteers per Month 270,272 Volunteer Hours In support of Sharp's foundations - including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Found</p>	Table 2		Sharp	Volunteer Hours	Chula Vista Medical Center	390	Coronado Hospital and Healthcare Center	78	Grossmont Hospital	729	HospiceCare	77	Metropolitan Medical Campus	649	TOTAL	1,923	
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Return Reference	Explanation	
	<p>Form 990, Part III, Line 4a (continued)</p>	<p>ation - volunteers dedicated hours of support to various events, such as annual golf tournaments and galas. In addition, 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 requirements 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. They enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions, and creating a welcoming and relaxing environment for guests. Through volunteering in the gift shops and 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 future careers. In FY 2015, more than 480 high school students contributed a total of 58,100 hours to the Junior Volunteer Program. This included 85 juniors who provided more than 6,500 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 service at SGH. Volunteers on Sharp's various entity boards provide program oversight, administration 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 Transplant Program Board, and the Grossmont Imaging LLC Board. This section describes the achievements of various Sharp volunteer programs in FY 2015.</p> <p>Sharp HospiceCare Volunteer Programs Sharp HospiceCare provided a variety of volunteer training opportunities in FY 2015. Hospice volunteers are often working towards a career in the medical field, and can gain valuable knowledge and experience through volunteering. Volunteers provide valuable services to the hospice organization and those they serve, including companionship to those near the 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-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their patient and administrative support activities. In addition, five teenagers 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 HospiceCare's LakeView and ParkView homes. The teens may perform grooming and hygiene tasks or provide simple acts of kindness, such as sitting with patients, listening to their stories and holding their hand. Nine nursing students from PLNU also volunteered at Sharp HospiceCare, offering assistance to family caregivers in private homes.</p>

Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>Sharp HospiceCare provides the 11th Hour Program to ensure that no patient dies alone. Through the program, a Sharp HospiceCare volunteer accompanies patients who are in their final moments yet do not have a family member present. The volunteer offers a comforting presence by holding the patient's hand, reading softly to them and simply being by their side. Families who are present 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 Healing Touch - a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain. After volunteers are trained in Healing Touch, they provide the therapy to family caregivers once a week while their loved one is receiving hospice care as well as a visit following the patient's death. Sharp HospiceCare is a partner in We Honor Veterans (WHV) - a national program developed by 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 their families. As a WHV partner, Sharp HospiceCare can achieve up to four levels of commitment in serving veterans. As current Level I partners, Sharp HospiceCare volunteers receive an additional eight hours of training that enables them to work with patients with military 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 receiving 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 pinning ceremonies for veterans receiving care at Sharp HospiceCare. Sharp HospiceCare offers 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 member's loved one. In FY 2015, volunteers devoted nearly 3,600 hours to handcraft approximately 900 bears for nearly 350 families. Sharp HospiceCare offers a monthly support group to enhance volunteers' education and training. Volunteers are also recognized for their valuable contribution during National Volunteer Week in April and National Hospice and Palliative Care Month in November. Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV) Volunteer Programs. SMH created the Community Care Partner (CCP) program to serve and comfort patients without family or friends to support them during their hospital stay. This unique program 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 notifying medical staff as needed - a task that is usually performed by a family member or friend but often 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 Center Community Health Library and the SMH Volunteer Department have offered the Health Information Ambassador Program to bring the library's services directly to patients and their families, and empower them to become involved in their own health care. The Health Information Ambassadors are hospital volunteers who receive additional training through the Community Health Library. Once trained, the volunteers visit patients at SMH, the SMH Rehabilitation 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 bring requests back to the consumer health librarian who then prints consumer-oriented information from quality websites. The volunteers deliver the health information back to the patients as requested. Patients or family members who have already conducted their own research are offered a website bookmark from www.medlineplus.gov in order to guide them towards using trustworthy web sites in the future. Patients and families are welcome to keep in touch with the library after discharge to ensure they have access to reliable health information at home. In FY 2015, the Health Information Ambassadors visited more than 3,000 patient 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 isolation among patients facing significant medical challenges and their loved ones. Arts for Healing brings a variety of activities to patients at their bedside - such</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>as painting, beading, creative writing, card-making, scrapbooking, quilting and music - to help improve their 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 from surgery, waiting for organ transplant, or receiving palliative care. At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who experience extended hospital stays awaiting childbirth, making them susceptible to stress and loneliness over the separation from their families. Music therapy is also provided in the NICU to promote development in premature babies. At SMV and SMC, Arts for Healing offers several art and music therapy groups, including groups for patients recovering from drug addiction, patients receiving treatment for mood and anxiety disorders, and older 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 hosted each December by the SMH Auxiliary, Valentine's Day, Hospital Week in May, Cancer Awareness Week in June, Spiritual Care Week in October, and the Sharp Women's Health Conference 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 patients receiving end-of-life care at SMH. Thirteen of the blankets were knitted and crocheted 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, 42 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 talent provided by the Arts for Healing team. Sharp Employee Volunteer Efforts. In FY 2015, Sharp 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.</p>

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	Form 990, Part III, Line 4a (continued)	<p>The SGH Engineering Department engaged in a variety of volunteer initiatives in FY 2015. The 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 of 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 Resource Center and Meals-on-Wheels partnership by providing floral centerpieces for their fundraising events to benefit East County seniors as well as offers roses for SGH's annual patient remembrance service. In its fifth year, This Bud's for You has become a natural part of the landscape team's day - an act that is simply part of what they do to enhance the experience of visitors to the hospital. The Engineering Department further extends the spirit of caring through Cheers Bouquets. During their work day, the engineers keep an eye out for 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 quote. The gift is delivered to bring the patient or visitor comfort and joy while at the hospital. 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 during 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 - helping 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 express need. SGH furthered its efforts to provide for those in need during the holidays through its annual Santa's Korner giving event. For more than 30 years, various hospital departments 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 items, movie tickets, bicycles, children's toys, and a holiday meal, are purchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers. The SGH Engineering Department also participated in the SDFB Food 4 Kids Backpack program in FY 2015. The program provides a backpack full of child-friendly, shelf-stable 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 information to parents about available local community services. Between January and April, 2015, 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 Department at SMBHWN is committed to the fight against hunger through participation in the International 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 efforts and long-term programs to save and change lives. Through Feeding San Diego's Kids, nutritious 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, nutritious 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 participate in their own nutrition as well as with occasional holiday-related gifts. Since the start of the program in May 2013, the team has dedicated more than 125 weeks of service to filling 2,800 backpacks for approximately 25 children and their families per school year. More than 475,000 people in San Diego County face the threat of hunger every day. The SDFB distributes emergency food to approximately 400,000</p>

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	<p>Form 990, Part III, Line 4a (continued)</p>	<p>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 improving 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 w ith 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 w ith identifying, 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 identifying and implementing green practices w ithin 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 w ithout sacrificing quality of care th rough a shift tow ard energy efficiency and use of renew able energy sources Sharp has resp onded by implementing numerous green initiatives, including retro-commssioning 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</p>

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Form 990, Part III, Line 4a (continued)		<p>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 mode after a period of inactivity. Since its implementation, the program has been installed on 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 from the EPA in 2013. In July 2015, Sharp implemented TSO Logic software to identify opportunities for replacing inefficient energy consuming hardware with energy efficiency hardware in Sharp's centralized data center. In addition, the system can detect underutilized hardware to shut down or put to sleep during periods of inactivity. This "smart software" anticipates daily usage to optimize energy efficiency. It is projected that Sharp could conservatively reduce hardware electrical consumption by more than five percent each year. Sharp remains firmly committed to identifying energy savings initiatives that bring value to the system and the community, as every dollar saved on green practices can be used to support the provision of quality health care and community-based initiatives. Sharp's energy-saving initiatives are driven by the Sharp Energy Conservation Guideline to help manage energy utilization practices throughout the system. Although there have been significant increases in energy fees over the last five years, Sharp has been able to significantly decrease energy utilization by seven percent (on a per square foot basis), resulting in energy costs 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 each year. In May 2014, SDG&E named Sharp San Diego's Healthcare Energy Champion in recognition 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 Customer Advisory Panel, a group of SDG&E's largest customers who meet quarterly to receive energy updates from SDG&E and provide feedback on important regional energy issues. In addition, SDG&E's staff participates in Sharp's Natural Resource Subcommittee to help Sharp identify 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 energy efficiency created by the EPA. Certified ES buildings earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrifices in comfort or quality. According to 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 energy performance and responsible use of natural resources, SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification 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 certification specifications, one of the first medical office buildings in San Diego of its kind.</p> <p>Water Conservation</p> <p>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 day, 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 percent is used to cool Sharp's buildings, sterilize equipment, prepare food and water the landscape. In an effort to conserve water, Sharp has researched and implemented numerous infrastructure changes and best practices to ensure its facilities are optimally operated while monitoring and measuring water consumption. These changes include installation of motion-sensing faucets and toilets in public restrooms, low-flow showerheads and toilets in patient rooms and locker rooms, mist eliminators, microfiber mops, water-saving devices and equipment, high-efficiency, low-water-use dishwashers, installation of water-efficient chillers, water monitoring and control systems, water practice and utilization evaluations, regular rounding to identify leaks, installation of low water sterile processing equipment, and landscape improvements including reduced watering times, drip irrigation systems, xeriscaping, hardscaping and planting succulents and other drought tolerant plants. To comply with the mandatory water restrictions for California issued on April 1, 2015, Sharp modified irrigation schedules, properly sized sprinkler</p>

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Form 990, Part III, Line 4a (continued)		<p>heads, installed water-sensing equipment and reduced watering times and frequency at all sites. Over eight million pounds of textiles, such as sheets, towels, scrubs and patient gowns, are used at Sharp each year. The significant amount of laundry generated by Sharp prompted the selection of Emerald Textiles, an environmentally-friendly laundry and linen provider that demonstrates strong investment in sustainability practices. Emerald Textiles, operates a state-of-the-art plant that has been efficiently designed to reduce utility consumption and preserve natural resources. Sharp saves an estimated 50 million gallons of water per year (50 percent of total usage) through the use of a state-of-the-art water filtration system, more than 71,000 kWh of electricity through the use of energy efficient lighting, and more than 750,000 therms of gas through the use of energy-efficient laundry equipment.</p> <p>Waste Minimization According to Practice Greenhealth's Healthier Hospitals Initiative (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, Sharp has created a comprehensive waste minimization program, including a systemwide, multidisciplinary Waste Management committee. The committee's purpose is to provide oversight of Sharp's waste management initiatives, including proper waste segregation and enhancing recycling efforts to divert waste and extend the lifespan of local landfills. Sharp was an early adopter in its commitment to waste diversion, and now diverts more than 39 percent of waste 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 from the landfill. The following initiatives highlight Sharp's waste minimization efforts in FY 2015:</p> <ul style="list-style-type: none"> * SMH and SMV collected more than 252,000 pounds of food waste for composting through participation in a food waste composting program with the local greenery. * Sharp diverted more than 2.5 million pounds of trash from the landfill by recycling nonconfidential 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 pounds of cardboard from entering the landfill. This resulted in annual CO2 emission savings of 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 disposable 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 people in need, both locally and globally, through the Lion's Club Recycle Sight program. <p>Sharp's waste minimization activities are widely recognized as being innovative and making a positive difference for the communities that Sharp serves. In FY 2015, Sharp received the following recognition:</p> <ul style="list-style-type: none"> * The City of San Diego's Environmental Services Department named Sharp as one of the Recyclers of the Year in the 2015 Waste Reduction and Recycling Awards Program.

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Form 990, Part III, Line 4a (continued)		<p>* Executive Insight - a leading health care publication - highlighted new horizontal syringe/sharp drop reusable containers, which were developed by Stericycle with significant input from Sharp to reduce the likelihood of needle stick injury from needle disposal</p> <p>* Sharp participated at the San Diego City Council's Ssubi Proclamation Day as part of their partnership with Ssubi is Hope - a nonprofit charity organization that collects donated expired/unusable medical equipment. Through the partnership, Sharp donated more than 43,000 pounds of equipment and supplies to support a health center in rural Uganda that provides care for more than 660,000 people living in 49 nearby villages</p> <p>* SCHHC was selected to develop and display a poster at the annual International Planetree Conference titled "Contributing to a Healthy Community in Uganda - Making an Impact Locally and Internationally"</p> <p>Table 3 presents the waste diversion rates at Sharp HealthCare in FY 2015</p> <p>Table 3 Sharp HealthCare Waste Diversion - FY 2015</p> <p>Sharp Chula Vista Medical Center 893,844 Recycled Waste Per Year (lbs) 2,813,090 Total Waste Per Year (lbs) 32% Percent Recycled</p> <p>Sharp Coronado Hospital and Healthcare Center 293,519 Recycled Waste Per Year (lbs) 1,365,903 Total Waste Per Year (lbs) 21% Percent Recycled</p> <p>Sharp Grossmont Hospital 2,267,597 Recycled Waste Per Year (lbs) 5,949,660 Total Waste Per Year (lbs) 38% Percent Recycled</p> <p>Sharp Memorial 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</p> <p>Sharp Mesa Vista Hospital 698,333 Recycled Waste Per Year (lbs) 1,157,254 Total Waste Per Year (lbs) 60% Percent Recycled</p> <p>Sharp Rees-Stealy Medical Centers 1,217,959 Recycled Waste Per Year (lbs) 2,814,565 Total Waste Per Year (lbs) 43% Percent Recycled</p> <p>Sharp Corporate Sites 1,439,638 Recycled Waste Per Year (lbs) 2,271,212 Total Waste Per Year (lbs) 63% Percent Recycled</p> <p>Total Sharp HealthCare 8,800,990 Recycled Waste Per Year (lbs) 22,843,601 Total Waste Per Year (lbs) 39% Percent Recycled</p> <p>Sustainable Food Practices According to the Intergovernmental 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 minimize its environmental footprint.</p> <p>In 2015, Sharp implemented the Food and Nutrition Best Health Committee - a component of Sharp's larger Best Health employee wellness program - to standardize, facilitate and promote its food sustainability efforts throughout the system. This includes a systemwide focus on its sustainable Mindful Food Program to provide education and healthy food options designed to improve the health of Sharp's patients, staff, community and environment.</p> <p>Implemented in collaboration with Sodexo, Sharp's food service vendor, Sharp's Mindful Food program includes Meatless Mondays, wellness menus, Community Supported Agriculture (CSA), fresh and organic produce, food composting, increasing recycling activities, the promotion of sugarless beverages, the use of postconsumer recycled packaging solutions, and increasing local, organic and sustainable food purchases.</p> <p>In addition, Sharp participates in HHI's Healthier Food program by committing to the purchase of local and sustainable foods.</p> <p>In FY 2015, Sharp purchased more than 285,000 pounds of local produce, representing an increase of 5.1 percent in local purchases from FY 2014.</p> <p>In addition, Sharp increased its purchase of animal protein from local, sustainable sources, a 16.8 percent increase since FY 2014.</p> <p>Sharp expects to further increase the purchase of local, sustainable food as new, safe sources of food items are identified and credentialed.</p> <p>Furthering its sustainable food practices, SMH, SMV and SCHHC created the first county-approved organic gardens and use the produce from these gardens in the meals served at the hospital cafes.</p> <p>These organic gardens produce an average of 22 pounds of produce per week.</p> <p>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 organization to join the city's initiative.</p> <p>SMV joined this effort in 2014, and SCHHC, SCVMC and SGH plan to participate in 2016.</p> <p>Through the program, EDCO, a solid waste vendor, transports food waste to the Miramar Greenery - a 74-acre facility located at the Miramar Landfill in Kearny Mesa.</p> <p>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.</p> <p>The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials.</p> <p>According to the City of San Diego, su</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>ch waste diversion programs contribute to the landfill's lifespan being extended from 2012 to at least 2022. In 2015, Sharp received 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 practices at Sharp include the use of green-label kitchen soaps and cleansers, electronic cafe menus, recycling of all cardboard, cans and grease from cafes, organic markets at each hospital 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 renewable materials in place of the traditional foam, plastic and aluminum packaging commonly used in food service.</p> <p>Commuter Solutions Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees. Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. Sharp's employee parking lots offer car pool parking spaces, designated bike racks, and motorcycle spaces. Employees can also purchase discounted monthly bus passes. As part of the nationwide Electric Vehicle Project, Sharp installed 33 electric vehicle chargers (EVCs) at its corporate office location, SCVMC, and SMMC. Sharp was the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil. Sharp will continue its efforts to expand EVCs at other entities. In FY 2015, Sharp's use of EVCs saved 3,700 gallons of fuel and resulted in a reduction of approximately 20,000 pounds of CO2. In partnership with the SANDAG iCommute program, Sharp offers van pool and car pool match-up opportunities to help employees find convenient ride share partners and promote sustainable commuting. Using the iCommute TripTracker, employees can also monitor 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 iCommute Rideshare Corporate Challenge, where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling and public transit. For the second year in a row and for the third time in four years, Sharp was awarded the top spot in the Mega Employer Category. Through the challenge, more than 700 Sharp employees reported nearly 25,000 alternative commute trips, saving more than 16,000 gallons of gasoline and approximately 340,000 pounds of CO2. Sharp's Commuter Solutions Sub-Committee continuously develops innovative and accessible programs and marketing campaigns that encourage employees to participate in ride sharing and other sustainable modes of transportation. The committee has overseen the implementation of bike racks and designated car pool spots as well as adding a Bicycle Commuter Benefit, which gives employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage. Sharp also supported bicycle transportation through several bike-to-work initiatives in FY 2015. This included the county-wide Bike to Work Day event during which Sharp employees opted to ride their bike to work. During the event, Sharp Best Health provided snacks and beverages at six pit stops throughout SDC.</p>

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Form 990, Part III, Line 4a (continued)		<p>Furthering its commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for more than 300 employees who are able to efficiently and effectively telecommute to work. These employees 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 2010, and again from 2013 through 2015. Community Education and Outreach Sharp actively communicates and educates the San Diego community about its sustainability programs. In FY 2015, Sharp participated in the following outreach activities:</p> <ul style="list-style-type: none"> * E-newsletters highlighting Sharp's recycling efforts and accomplishments, as well as reminders for proper workplace recycling, carpooling, and energy and water 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 decrease water, energy and resource consumption, divert waste through recycling, and reduce their carbon footprint by using alternative transportation. Many of Sharp's key vendor partners 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 cost 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 management designed to educate participants (e.g., medical providers, pharmacy personnel, hospital personnel) about proper and safe disposal of pharmaceutical waste. Topics included pharmaceutical waste liability, regulatory compliance and cost-effective disposal strategies. * Sharp hosted two community e-waste and confidential paper shredding collection events. * Sharp partnered with the U.S. Drug Enforcement Administration on National Drug Take Back Day to provide a safe, convenient and responsible means of drug disposal and to educate the general public about the potential for prescription medication abuse. * Sharp continued participation in San Diego's Gathering of Green Teams with other San Diego business leaders to identify and discuss sustainable best practices, which can be emulated across industries. * Sharp participates in San Diego County's Hazmat (Hazardous Materials) Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC. <p>Sharp's All Ways Green initiative remains committed to creating sustainable practices for employees, physicians and the community to improve the health of the environment and ultimately the health of the populations that it serves. Table 4 highlights the All Ways Green efforts at Sharp entities.</p> <p>Table 4 All Ways Green Initiatives by Sharp Entity - FY 2015</p> <p>SCHHC -Energy Efficiency</p> <ul style="list-style-type: none"> * Energy audits * Air Handler projects * HVAC projects * Lighting retrofits * LED lighting * New energy-efficient appliances in the cafe * New building management system to optimize energy usage for the cooling system <p>-Water Conservation</p> <ul style="list-style-type: none"> * Water-efficient dishwashing system * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators <p>-Waste Minimization</p> <ul style="list-style-type: none"> * Single-serve paper napkin and plastic cutlery dispensers * Reusable sharps containers * Single-stream recycling * Surgical instrument reprocessing <p>-Education and Outreach</p> <ul style="list-style-type: none"> * Earth Week activities * Environmental policy * Green Team * No smoking policy * Organic farmer's market * Organic gardens * Recycling education * Ride share promotion <p>SCVMC -Energy Efficiency</p> <ul style="list-style-type: none"> * Energy audits * Energy-efficient chillers/motors * ES award * HVAC projects * Lighting retrofits * Energy-efficient dishwasher * Elevator upgrades <p>-Water Conservation</p> <ul style="list-style-type: none"> * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic and low-flow faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators <p>-Waste Minimization</p> <ul style="list-style-type: none"> * Blue-wrap recycling * Compactor renovation * Electronic cafe menus * Single-stream recycling * Surgical instrument reprocessing * Reusable sharps containers <p>-Clean Business designation by City of Chula Vista</p> <ul style="list-style-type: none"> * Replacement of bottled water with spa water <p>-Education and Outreach</p> <ul style="list-style-type: none"> * America Recycles Day * Earth Week activities * Environmental policy * Green Team * No smoking policy * Organic far

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Form 990, Part III, Line 4a (continued)		<p>mer's market * Recycling education * Ride share promotion SGH -Energy Efficiency * Energy audits * ES participation * HVAC projects * Lighting retrofits * Retro-commissioning * Elevator modernization * High efficiency LED fixtures -Water Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators * Valve and sprinkle head replacement * Water fountains off * Water-efficient cleaning chemical dispensing machines * Plumbing projects to address water leaks * GMP Weekly Fire Pump Chum Test -Waste Minimization * Blue wrap recycling * Electronic cafe menus * Single-serve paper napkin and plastic cutlery dispensers * Single-stream recycling * Surgical instrument reprocessing * Recycle bins distribution * Reusable sharps containers -Education and Outreach * Earth Week activities * Environmental policy * Green Team * No smoking policy * Organic farmer's market * Recycling education * Ride share promotion Sharp System Services -Energy Efficiency * EVCs * Energy audits * Energy efficient chillers/motors * ES participation * HVAC projects * LED Lighting * Lighting retrofits * Occupancy sensors * Thermostat control software -Water Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators -Waste Minimization * Electronic patient bills and paperless payroll * Electronic and pharmaceutical waste recycling events * Green Grocer's market * Single-serve paper napkin and plastic cutlery dispensers * Single-stream recycling -Education and Outreach * Earth Week activities * Environmental policy * Green Team * No smoking policy * Recycling education * Ride share promotion SHP -Energy Efficiency * Energy audits * HVAC projects * Lighting retrofits * Occupancy sensors -Water Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators * Water dispensers to replace bottled water -Waste Minimization * Recycle bin distribution * Recycled paper * Single-serve paper napkin and plastic cutlery dispensers * Single-stream recycling * Spring cleaning events -Education and Outreach * Earth Week activities * Environmental policy * Green Team * No smoking policy * Recycling education * Ride share promotion 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 Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators * Water-efficient sterile department processing cart washer -Waste Minimization * Blue wrap recycling * Composting * Electronic cafe menus * Food waste composting * Peroxide based cleaning products * Single-serve paper napkin and plastic cutlery dispensers * Reusable sharp waste containers * Single-stream recycling * Surgical instrument reprocessing -Education and Outreach * Drought tolerant rooftop garden * Earth Week activities * Environmental policy * Green Team * No smoking policy</p>

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Form 990, Part III, Line 4a (continued)		<p>* Organic farmer's market * Organic gardens * Recycling education * Ride share promotion S MV/ SMC -Energy Efficiency * Air handler replacement * Energy audits * ES participation * HVAC projects * Lighting retrofits * Motor and pump replacements -Water Conservation * Dri p irrigation * Drought-tolerant plants and bark-covered ground * Electronic faucets * Eval uation of water utilization practices * Hardscaping * Landscape water reduction systems * Mist eliminators -Waste Minimization * Composting * Single-serve paper napkin and plastic cutlery dispensers Single-stream recycling * Styrofoam elimination * Surgical instrument r eprocessing -Education and Outreach * Earth Week activities * Environmental policy * Green Team * No smoking policy * Organic farmer's market * Recycling education * Ride share pro motion SRS -Energy Efficiency * Energy audits * ES participation * Lighting retrofits -Wat er Conservation * Drip irrigation * Drought-tolerant plants and bark-covered ground * Elec tronic faucets * Evaluation of water utilization practices * Hardscaping * Landscape water reduction systems * Low -flow systems * Mist eliminators -Waste Minimization * Single-serv e paper napkin and plastic cutlery dispensers * Recycling of exam paper * Single-stream re cycling * Styrofoam elimination -Education and Outreach * Contractor education * Earth Wee k activities * Environmental policy * Green Team * No smoking policy * Recycling education * Ride share promotion</p> <p>Emergency and Disaster Preparedness Sharp contributes to the healt h and safety of the San Diego community through essential emergency and disaster planning activities and services Throughout FY 2015, Sharp provided education to staff, community members, and community health professionals on emergency and disaster preparedness Sharp' s disaster preparedness team offered several disaster education courses to first responder s, health care providers and community members across SDC The Hospital-Based First Receiv er Awareness Course and First Receiver Operations Course were offered as a two-part series to educate and prepare hospital staff for a decontamination event Course topics included decontamination principles and best practices, basic hazards, utilization of appropriate Personal Protective Equipment, response concepts, containment, decontamination, and recove ry A standardized, on-scene federal emergency management training for hospital management titled National Incident Management System/Incident Command System/Hospital Incident Comm and System was also offered by Sharp's disaster preparedness team, as well as a START (Simple Triage and Rapid Treatment) Triage/ Jump START Triage class to train emergency respond ers 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 organizati ons and committees including Southern California Earthquake Alliance, County of San Diego Emergency Medical Care Committee (EMCC), the Joint Advisory Committee on Public Health Eme rgency Preparedness, California Hospital Association Emergency Management Advisory Committ ee, and the County of San Diego Healthcare Disaster Council, a group of representatives fr om SDC hospitals, other health care delivery agencies, county officials, fire agencies, la w enforcement, American Red Cross and others who meet monthly to share best practices for emergency preparedness In addition, Sharp's disaster leadership served on the Statewide M edical Health Exercise work group which is designed to guide local emergency planners in d eveloping, planning and conducting emergency responses Through the work group, Sharp help ed design training materials, including an exercise guidebook and other resources, for the 2015 California Statewide Medical Health Training and Exercise Program through the Califo rnia Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) Sharp supports safety efforts of the state and the city of San Diego through maintenanc e and storage of a county decontamination trailer at SGH to be used in response to a mass decontamination event Additionally, all Sharp hospitals are prepared for an emergency wit h backup water supplies that last up to 96 hours in the event the system's normal water su pply is interrupted Through participation in the U S Department of Health & Human Servic es Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sh arp HealthCare HPP Disaster Preparedness Partnership The partnership includes SCVMC, SCHH C, SGH, SMH, SRS Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital Chula Vista, Kaiser Hospital, Alvarado Hospita l, Paradise Valley Hospital, the Council of Community Clinics, Naval Air Station North Isl and/Naval Medical Services, San Diego County Sheriffs, Marine Corps Air Station Miramar Fi re Department, and Fresenius Medical Centers The</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>partnership seeks to continually identify and develop 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, trainings 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 Preparedness Expo to educate San Diego residents on effective disaster preparedness and response in the event of an earthquake, fire, power outage, or other emergency. Approximately 300 community members attended the expo, which included a variety of local disaster vendors and emergency personnel as well as valuable disaster education and emergency demonstrations. The expo also included a Drug Take Back Program and electronic waste recycling event. In early FY 2015, global endemic events potentially impacted 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 trainings, 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.</p> <p>Employee Wellness Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community. In 2010, the Sharp Best Health Employee Wellness Program was established to improve the overall health, happiness and productivity 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 health goals. Sharp Best Health offers team members tools, information and resources to help them stay fit and healthy. Through the Sharp Best Health Web Portal, the program's comprehensive and interactive website, employees can access a variety of digital tools to support their health improvement efforts, including a personal health assessment, meal and exercise planners, food and physical activity logs, healthy recipes and tips, nutrition for sports athletes, wellness or diet-specific dietary eating plans, a progress tracker and a health library. The web portal also provides information on available wellness workshops, health coaching, training plans, and discounts on thousands of health and wellness products including dinner delivery, gym memberships, wellness centers, training clubs, footwear, weight management, golf packages, yoga, massage and more. The web portal also provides information on the Best Health HealthyNow 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 throughout the year. Team members are encouraged to participate in on-site fitness classes, meditation workshops, micro-stretch breaks, relaxation and stress management workshops, mindfulness classes, walking and running clubs, and events such as bike-to-work days, wellness 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, walking 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 commuting to work. During the event, Sharp Best Health provided six pit stops for new and experienced riders to enjoy a fun rest break, snacks and encouragement. Sharp Best Health also participated in community health events throughout the year, including the American Cancer Society (ACS) Great American Smoke Out, National Nutrition Month, the ADA Tour de Cure bike ride and National Walking Day.</p>

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Form 990, Part III, Line 4a (continued)		<p>Each Sharp hospital as well as SRS has a dedicated Best Health committee that works to promote wellness at their individual work sites. For instance, in February, approximately 460 employees and their spouses and kids participated in 5K the Sharp Way and Kid's Run at Ti delands Park in Coronado, hosted by the Best Health Committee at SGH. In addition, committees at each Sharp hospital and most SRS locations hosted Employee Wellness Fairs throughout the summer months, reaching more than 1,000 Sharp team members. The fairs provided education and resources on a variety of topics, such as employee safety, cancer awareness, physical therapy, weight management and health coaching, as well as offered bone density screenings and a nutrition booth with healthy food samples. Sharp Best Health included healthy vending machine options on all hospital campuses as well as healthy food items in each cafeteria and retail area. In FY 2015, Sharp Best Health implemented 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 color-code, green-labeled items are the healthiest options and can be consumed often, yellow-labeled items are moderately healthy and should be eaten occasionally, and red-labeled items 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. Through the Mindful Program, Sharp's cafeteria menus were redesigned to include sustainable, nutritious and enticing food options that foster a healthy lifestyle among patients, visitors 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. Through the program, employees can order seasonally available, locally-grown and organic produce online and have it delivered to their workplace twice a month at low cost. Green Grocers - Delivered to You provides a convenient method for employees and their families to incorporate 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 legally or spiritually, the community's farm. Since January 2015, Sharp team members have ordered 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 develop healthier eating habits. The program includes workshops with cooking demonstrations from registered dietitians and complementary online resources. Nearly 20 classes were offered to approximately 200 attendees through the series in FY 2015, with topics including eating healthy while not at home, managing sugar cravings and portion control. Activities, such as hiking and walking clubs are also available to Sharp team members, family and friends. In FY 2015, Sharp Best Health organized 11 systemwide hikes with more than 160 attendees. The walking clubs vary by location with either structured meeting points or various small walking groups. In 2015, Sharp Best Health received the AHA Fit-Friendly Worksites Honor Roll award (Gold Category) for the third consecutive year, which recognizes employers that 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 risk of related health issues. In FY 2015, more than 10,100 Sharp employees received screenings for blood pressure, BMI, blood sugar, tobacco use and cholesterol. Sharp Best Health also exceeded its goal of having at least 75 percent of employees participate in the 2015 screening 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 health topics, including smoking cessation, healthy food choices, physical activity, stress management, 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 encourages team members to utilize the Fitbit Zip to track their physical activity and achieve their personal fitness goals. On a monthly basis, Sharp Best Health provides a systemwide update on each entity's Fitbit Zip activity levels to inform team members of their</p>

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	Form 990, Part III, Line 4a (continued)	<p>r progress, and encourage them to continue working toward the AHA recommended goal of 10,000 steps 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 of 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 events at community sites throughout San Diego where interested community members can receive the same health screenings and follow-up resources provided through the employee health screening initiative. Through the health screening programs, Sharp connects with both its employees and community members and encourages them to achieve healthy lifestyles. Looking forward, Sharp Best Health remains committed to an environment that promotes healthy and sustainable lifestyle choices for Sharp team members and the San Diego community.</p> <p>Section 2 - Executive Summary This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community 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 benefit provided by Sharp, according to the framework specifically identified in Senate Bill (SB) 697, for the following entities:</p> <ul style="list-style-type: none"> * 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 <p>Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital. Listing of Community 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:</p> <ul style="list-style-type: none"> * Access to care for individuals without a medical provider and support for high-risk, underserved and underfunded patients * Education and screening programs on health conditions, such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health * Health education, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Education and training of community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer education, patient navigation services and 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

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Form 990, Part III, Line 4a (continued)	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 Services, Civilian Health and Medical Progra m of the U.S Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally manag ed health care program for active-duty, National Guard and Reserve members, retirees, thei r loved ones and survivors, and unreimbursed costs of workers' compensation programs This also included financial support for on-site workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations and services for seniors, financial and ot her support to community clinics to assist in providing and improving access to health ser vices, Project HELP, Project CARE, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank (SDFB), financial and other support to the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and in formation, and participation in community health fairs and events addressing the unique ne eds of the community, as well as providing flu vaccinations, health screenings and support groups to the community Sharp collaborated with local schools to promote interest in hea lth care careers and made its facilities available for use by community groups at no charg e Also, Sharp executive leadership and staff actively participated in numerous community organizations, committees and coalitions to improve the health of the community See Appen dix A for a listing of Sharp's involvement in community organizations In addition, the ca tegory included costs associated with planning and operating community benefit programs, s uch as community health needs assessments and administration * Health Research, Education and Training Programs included education and training programs for medical, nursing and o ther health care students and professionals, as well as supervision and support for studen ts and interns, and time devoted to generalizable health-related research projects that we re made available to the broader health care community Economic Value of Community Benefit t Provided in FY 2015 In FY 2015, Sharp provided a total of \$289,082,293 in community bene fit programs and services that were unreimbursed Table 1 displays a summary of unreimburs ed costs based on the categories specifically identified in SB 697 Table 1 Total Economi c Value of Community Benefit Provided Sharp HealthCare Overall - FY 2015 SB 697 Category Programs and Services Included in SB 697 Category Estimated FY 2015 Unreimbursed Costs Medi cal Care Services Shortfall in Medi-Cal \$64,584,675 Shortfall in Medicare \$176,953,974 Sho rtfall in San Diego County Indigent Medical Services \$6,153,541 Shortfall in CHAMPVA/TRICA RE \$7,439,083 Shortfall in Workers' Compensation \$196,523 Charity Care and Bad Debt \$25,83 0,581 Other Benefits for Vulnerable Populations Patient transportation and other assistanc e for the needy \$2,488,270 Other Benefits for the Broader Community Health education and i nformation, support groups, health fairs, meeting room space, donations of time to communi ty organizations and cost of fundraising for community events \$2,023,606 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$3,412,040 TOTAL \$289,082,293 Table 2 shows a listing of these u nreimbursed costs provided by each Sharp entity and Figure 3 shows the percentage distribu tion by Sharp entity Table 2 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - FY 2015 Sharp HealthCare Entity Estimated FY 2015 Unreimbursed Cost s Sharp Chula Vista Medical Center \$56,723,662 Sharp Coronado Hospital and Healthcare Cent er \$13,260,482 Sharp Grossmont Hospital \$86,691,098 Sharp Mary Birch Hospital for Women & Newborns \$3,923,260 Sharp Memorial Hospital \$115,623,598 Sharp Mesa Vista Hospital and Sha rp McDonald Center \$12,749,089 Sharp Health Plan \$111,104 TOTAL FOR ALL ENTITIES \$289,082, 293 Table 3 includes a summary of unreimbursed costs for each Sharp entity based on the ca tegories specifically identified in SB 697 In FY 2014, Sharp led the community in unreimb ursed medical care services among San Diego County's SB 697 hospitals and health care syst ems Table 3 FY 2015 Detailed Economic Value of SB Bill 697 Categories Sharp HealthCare E ntity SB 697 CATEGORY Medical Care Services Other Benefits for Vulnerable Populations Othe r Benefits for the Broader Community Health Resear	

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Form 990, Part III, Line 4a (continued)		<p>ch, Education and Training Programs Estimated 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 \$1,119,344 \$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 \$115,623,598 Sharp Mesa Vista Hospital and Sharp McDonald Center \$11,734,863 \$538,965 \$224,279 \$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</p> <p>Section 3 - Community Benefit Planning Process For the past 19 years, Sharp HealthCare has based its community benefit planning on findings from a triennial Community Health Needs Assessment (CHNA) process as well as from the combination of expertise in programs and services of each Sharp hospital and knowledge of the populations and communities served by those hospitals. Methodology to Conduct the 2013 Sharp HealthCare Community Health Needs Assessments Since 1995, Sharp has participated in a countywide collaboration that includes a broad range of hospitals, health care organizations and community agencies to conduct 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 Affordable 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 salient hospital data and the perspectives of health leaders and residents in order to identify and prioritize health needs for community members across the county, with a particular focus on vulnerable populations. Additionally, the process aimed to highlight health issues that hospitals could impact through programs, services and collaboration. In this endeavor, Sharp 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 SDC 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 System. The complete report of this collaborative process - the HASD&IC 2013 CHNA - is available for public viewing at http://www.hasdic.org. The results of this collaborative process significantly informed the 2013 CHNAs for each Sharp hospital and individual hospital assessments were further supported by additional data collection and analysis and community outreach specific to the primary communities served by each Sharp hospital. Additionally, in accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2013 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities. The 2013 CHNAs for each Sharp hospital help inform current and future community benefit programs and services, especially for high-need community members. This section describes the general methodology employed for Sharp HealthCare's 2013 CHNAs.</p>

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Form 990, Part III, Line 4a (continued)	<p>Data Collection and Analysis As the study area for both the collaborative HASD&IC 2013 CHN A and the Sharp 2013 CHNAs cover SDC, the HASD&IC 2013 CHNA process and findings significantly informed Sharp's CHNA process and, as such, are described as applicable throughout the various CHNA reports For complete details on the HASD&IC 2013 CHNA process, please visit the HASD&IC website at http://www.hasdic.org or contact Lindsey Wade, Vice President, 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</p> <ul style="list-style-type: none">* Has a significant prevalence in the community* Contributes significantly to the morbidity and mortality in SDC* Disproportionately impacts vulnerable communities* Reflects a need that exists throughout SDC* Can be addressed through evidence-based practices by hospitals and health care systems <p>Quantitative data (secondary sources) for both the HASD&IC 2013 CHNA and the individual Sharp hospital CHNAs included 2011 calendar year hospital discharge data at the ZIP code level, health statistics from the San Diego County Health and Human Services Agency (HHSA), the U.S. Census Bureau, the Centers for Disease Control and Prevention and others The variables analyzed are included in Table 1 below, and were analyzed at the ZIP code level wherever possible Table 1 Variables Analyzed in the HASD&IC and Sharp HealthCare 2013 CHNAs</p> <p>Secondary Data Variables -Inpatient Hospitalizations by Cause -Emergency Department Visits by Cause -Demographic Data (socioeconomic indicators) -Mortality Data -Regional Disease-Specific Health Data (County HHSA) -Self-Reported Health Data (California Health Interview Survey) -Specialized Health Data /Reports (various) Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC's 2013 CHNA and Sharp's 2013 CHNA processes utilized the Dignity Health/Truven Community Need Index (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 provide input in a community forum setting For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods an online community health leader/health expert survey, key informant interviews and community forums The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC Key informants included county public health officers, health care and social service providers and members of community-based organizations Following consultation with the CHNA Planning Teams at each Sharp hospital, additional specific feedback from additional key informants and community residents was also collected Community members were asked for open-ended feedback on the health issues of greatest importance to them as well as any significant barriers they face in maintaining health and well-being Findings Through the combined analyses of the results for all of the data and information gathered, the following conditions were identified as priority health needs for the primary communities served by Sharp hospitals (listed in alphabetical order)</p> <ul style="list-style-type: none">* Behavioral Health (Mental Health)* Cancer* Cardiovascular Disease* Diabetes, Type 2* High-Risk Pregnancy* Obesity* Orthopedics* Senior Health <p>As the CHNAs were hospital-specific, not all of Sharp's hospitals identified all of 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 analysis 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 fell into one of the following five categories</p> <ul style="list-style-type: none">* Access to Care or Insurance* Care Management* Education* Screening* Ser	

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Form 990, Part III, Line 4a (continued)		<p>vices * Collaboration Sharp is committed to the health and well-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 addresses the health needs identified through the CHNA process. While not an exhaustive list of the available resources in San Diego, this map will serve as a resource for Sharp to help continue, refine and create programs that meet the needs of their 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 members of the San Diego community. The health conditions and health issues identified in this 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 contrary, these resolutions will be a journey requiring time, persistence, collaboration and innovation. It is a journey that the entire Sharp system is committed to making, and Sharp remains steadfastly dedicated to the care and improvement 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-assessments or by contacting Sharp HealthCare Community Benefit at communitybenefits@sharp.com.</p> <p>Determination of Priority Community Needs Sharp HealthCare Sharp entities reviewed their 2013 CHNAs and used these assessments to help determine priority needs for the communities served by their hospitals. In identifying these priorities, Sharp entities also considered the expertise and mission of its programs and services in addition to the needs of the unique, ever-changing demographics and health topics that comprise Sharp's service area and region.</p> <p>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:</p> <ul style="list-style-type: none"> * Establishes and/or reviews hospital-specific objectives taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community * Verifies the need for an ongoing focus on identified community needs or adds new identified community needs * Reports on activities conducted in the prior fiscal year - FY 2015 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2016 Plan * Reports and categorizes the economic value of community benefit provided in FY 2015, according to the framework specifically identified in SB 697 * Reviews and approves a Community Benefit Plan * Distributes the Community Benefit Plan and Report to members of the Sharp board of directors and each 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 <p>Ongoing Commitment to Collaboration</p>

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Form 990, Part III, Line 4a (continued)	<p>In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of SDC residents, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, statewide California Hospital Association, HASD&IC, and other local collaborators, such as San Diegans for Healthcare Coverage, the San Diego Food System Alliance, Hunger Advocacy Network, 2-1-1 San Diego and the Community Health Improvement Partners Behavioral Health Work Team</p> <p>Section 4 - Sharp Grossmont Hospital 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 costs 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 and Services Included in SB 697 Category Estimated FY 2015 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms \$30,177,479 Shortfall in Medicare \$43,995,016 Shortfall in CHAMPVA/TRICARE \$1,554,177 Charity Care and Bad Debt \$8,378,311 Other Benefits for Vulnerable Populations Patient transportation, Project HELP and other assistance for the needy \$789,946 Other Benefits for the Broader Community Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donations of time to community organizations and cost of fundraising for community events \$676,825 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$1,119,344 TOTAL \$86,691,098 Sharp Grossmont Hospital - FY 2015 Key highlights</p> <p>* Unreimbursed Medical Care Services included uncompensated care for 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</p> <p>* Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits, financial and other support to Neighborhood Healthcare, Project HELP, Project CARE, flu vaccination clinics for high-risk adults, including seniors, contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank (SDFB), the Sharp Humanitarian Service 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 San Diego Rescue Mission (SDRM), the Care Transitions Intervention (CTI) program, and other assistance for vulnerable and high-risk community members</p> <p>* Other Benefits for the Broader Community included health education and information on a variety of topics, support groups, participation in community health fairs and events, health screenings for stroke, blood pressure, diabetes, fall prevention, hand, lung function and carotid artery disease, community education and resources provided by the SGH Cancer Patient Navigator program, and specialized 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 donated meeting room space to community groups SGH staff actively participated in community boards, committees, and civic organizations, including Association of California Nurse Leaders (ACNL), East County Chamber of Commerce Health Committee, Neighborhood Healthcare Community Clinics, Santee Chamber of Commerce, Meals-on-Wheels Greater San Diego East County Advisory Board, San Diego County Social Services Advisory Board, YMCA, Caregiver Coalition of San Diego (the Caregiver Education Committee) and East County Senior Service Providers (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 operating community benefit programs, such as community health needs assessments and administration</p> <p>* Health Research, Education and Training Programs included time devoted to education and training for health care professionals, student and intern supervision and time devoted to generalizable, health-related research projects that were made available to the broader health care community</p> <p>Definition of Community SGH is located at 5555 Grossmont Center 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 Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pi</p>	

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>ne Valley and Mountain Empire Approximately five percent of the population lives in remote or rural areas of this region For SGH's 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county The CNI identifies the severity of health disparity for every ZIP code in the United States based on specific barriers to health care access including education, income, culture/language, 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 SGH with especially high need include, but are not limited to, Lemon Grove, Spring Valley and El Cajon</p> <p>Description of Community Health In SDC's east region in 2014, 99.2 percent of children ages 0 to 11 and 91.1 percent of adults ages 18 to 64 had health insurance - failing to meet the Healthy People 2020 (HP 2020) national targets for health insurance coverage However, 100 percent of children 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 percent 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 outcomes Further, 64.0 percent living at 200 percent below the federal poverty level (FPL) reported as food insecure</p> <p>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 Medical Care Children 0 to 11 Years 100% 100% Children 12 to 17 Years 100% 100% Adults 18 to 64 Years 89.4% 89.4% Not Currently Insured Adults 18 to 64 Years 8.9% Source 2013-2014 California Health Interview Survey (CHIS)</p> <p>Table 3 Medi-Cal (Medicaid) Eligibility Among Uninsured in SDC's East Region (Adults Ages 18 to 64 Years), 2014 Description Rate Medi-Cal Eligible 35.1% Not Eligible 64.9% Source 2013-2014 CHIS</p> <p>In 2012, cancer and heart disease were 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 for communities served by SGH, please refer to the SGH 2013 CHNA at http://www.sharp.com/about/community/community-health-needs-assessments</p> <p>Table 4 Leading Causes of Death in SDC's East Region, 2012 Cause of Death Number of Deaths Percent of Total Deaths Malignant neoplasms 885 24.0% Diseases of heart 868 23.6% Chronic lower respiratory diseases 225 6.1% Accidents (unintentional injuries) 208 5.6% Alzheimer's disease 187 5.1% Cerebrovascular diseases 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 cirrhosis 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 (HHS A), Public Health Services, Epidemiology & Immunization Services Branch</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)	<p>Community Benefit Planning Process In addition to the steps outlined in Section 3 regarding community benefit planning, SGH * Incorporates community priorities and community input into its strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services based on community needs, previous years' experience and current funding levels * Prepares and distributes a monthly report of community activities to its board of directors, describing community benefit programs provided, such as education, screenings and flu vaccinations * Prepares and distributes information on community benefit programs and services through its foundation and community newsletters * Consults with representatives from a variety of departments to discuss, plan and implement community activities</p> <p>Priority Community Needs Addressed in Community Benefit Report - SGH 2013 CHNA Through the SGH 2013 CHNA, the following priority health needs were identified for the communities served by SGH (in alphabetical order) * Behavioral Health (Mental Health) * Cardiovascular Disease * Diabetes, Type 2 * Obesity * Senior Health In alignment with these identified needs, the following pages detail programs that specifically address cardiovascular disease, diabetes and senior health</p> <p>SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues Beyond these clinical services, SGH lacks the resources to comprehensively meet the need for community education and support in behavioral health Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC Obesity is addressed through general nutrition and exercise education and resources provided at SGH There are also programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise In addition, Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs [0] 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 - or thopedic/osteoporosis education and screening * Women's and prenatal health services and education * Prevention of unintentional injuries * Support during the transition of care process for high-risk, underserved and underfunded patients * Collaboration with local schools to promote interest in health care careers For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2015 Report of Activities conducted in support of the objective(s), and FY 2016 Plan of Activities</p> <p>Identified Community Need Stroke Education and Screening Rationale e references the findings of the SGH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * The SGH 2013 CHNA identified cardiovascular disease (including cerebrovascular disease/stroke) as one of five priority health issues affecting members of the communities served by SGH * The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA identified cardiovascular disease (including cerebrovascular disease/stroke) as one of the top four priority health issues for community members in SDC * Feedback from key informant interviews conducted during the HASD&IC 2013 CHNA process aligned access 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 Cerebrovascular disease was the fourth leading cause of death for the east region * In 2013, there 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 SDC age-adjusted death rate due to cerebrovascular disease of 35.3 per 100,000 population</p>	

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Form 990, Part III, Line 4a (continued)		<p>ion * In 2013, there were 1,312 hospitalizations due to stroke in SDC's east region. The age-adjusted 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. The stroke age-adjusted hospitalization rate in the east region was the highest in comparison to all SDC regions. * In 2013, there were 256 stroke-related ED visits in SDC's east region. 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 behavior, based on current disease rates, it is projected that by the year 2020 the total number 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 physical inactivity, tobacco use, alcohol or drug use, poor nutrition, poor medical care, stress, depression, high cholesterol 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 disability. 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 controlled, such as avoiding smoking and drinking too much alcohol, eating a balanced diet, and exercising (CDC, 2014).</p> <p>Objective * Provide stroke education, support and screening services for the east region of SDC. FY 2015 Report of Activities Note: SGH is recognized with advanced certification by the Joint Commission as a Primary Stroke Center and was re-certified in June 2014. The program is nationally recognized 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 Stroke Association's (ASA) Get With the Guidelines (GWTG)-Stroke Gold-Plus Quality Achievement Award as well as the Target Stroke Honor Roll Elite designation. The AHA/ASA's GWTG is 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 timeliness 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 stroke risk factors, warning signs and appropriate interventions, including arrival at the hospital within early onset of symptoms. Events were held at various community sites, including but not limited to: St Michael's Parish, Lakeside Fire Station, La Mesa Fire Station, College Avenue Baptist Church, First Baptist Church of Lemon Grove, Waterford Terrace Retirement Community, the Dr. William C. Herrick Community Health Care Library, the Spring into Healthy Living Event at Cameron Family YMCA, the Heart Health Expo at SGH, San Diego State University (SDSU), and the Jewish Family Service of San Diego's Health and Wellness Fair at College Avenue Center. SGH provided education and advised behavior modification - including smoking cessation, weight loss and stress reduction - upon the identification of health risk factors during the stroke screenings.</p>

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Form 990, Part III, Line 4a (continued)	<p>In April, Sharp's systemwide Stroke Program participated in Strike Out Stroke Night at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, San Diego County HHSA, the San Diego Padres and other key partners to promote stroke awareness and celebrate stroke survivors. During the baseball game, Sharp offered education about the warning signs of stroke and how to respond F A S T (Face, Arms, Speech, Time). Free giveaways were provided throughout the evening, while stroke education was displayed on the JumboTron to the entire stadium 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 types of strokes, how to identify risk factors for stroke, strategies for risk reduction and stroke 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 community members at a Meet the Physician lecture titled Stroke Is a Brain Attack, organized through the SGH Senior Resource Center. Education included emergency treatment for stroke, prevention and warning signs, and F A S T to help community members recognize the sudden signs of stroke and act accordingly. During the event, SGH's Stroke Center collaborated with Grossmont College cardiovascular students and instructors to conduct a carotid screening for more than 20 attendees. In FY 2015, the SGH Outpatient Rehabilitation Department offered a weekly support group for stroke survivors and their family members that focused on brain injury survivors with aphasia or other speech or language difficulties. SGH also actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. Additionally, SGH collaborated with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry. In April, the SGH Stroke Center and a physician provided stroke education and resources to approximately 40 community members and allied health professionals at the first annual 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 care, adaptive recreational therapy, the use of adaptive technology for language rehabilitation and more information about community support after stroke.</p> <p>FY 2016 Plan</p> <p>SGH Stroke Center will do the following:</p> <ul style="list-style-type: none">* Participate in stroke screening and education events in the east 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 Consortium* Continue to provide data to the SDC stroke registry* Continue to collaborate with the state of California to develop a stroke registry* Provide at least one physician speaking event around stroke care and prevention* Provide stroke education and screenings at the Sharp Women's Health Conference <p>Identified Community Need</p> <p>Heart and Vascular Disease Education and Screening Rationale</p> <p>references the findings of the SGH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated.</p> <p>Rationale</p> <ul style="list-style-type: none">* The SGH 2013 CHNA identified cardiovascular disease as one of five priority health issues affecting members of the communities served by SGH.* The HASD&IC 2013 CHNA identified cardiovascular disease as one of the top four priority health issues for community members in SDC.* In general, data presented in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease in more vulnerable communities within SDC's east region.* Feedback from key informant interviews conducted during the HASD&IC 2013 CHNA process aligned access to care and insurance coverage closely with care 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 factors. 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 2013, 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 pop.	

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	Form 990, Part III, Line 4a (continued)	<p>ulation This was the highest of all SDC regions and well above the SDC overall age-adjust ed death rate of 107.9 deaths per 100,000 population and the HP 2020 target of 108.2 death s per 100,000 population * In 2013, there were 1,180 hospitalizations due to coronary hea rt disease in SDC's east region The rate of hospitalizations for heart disease was 250.2 per 100,000 population The hospitalization rate in the region was the highest in SDC over all 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, wh ich is higher than SDC's age-adjusted ave rage of 33.2 per 100,000 population * According to the 3-4-50 Chronic Disease in San Diego County 2010 report, if no changes are made in risk behavior, based on current disease ra tes, it is projected that by the year 2020 the total number of deaths from heart disease a nd stroke will both increase by 38 percent * According to the California Health Interview Survey (CHIS) in 2014 9.3 percent of adults living in SDC's east region indicated that th ey were ever diagnosed with heart disease, which is higher than SDC at 5.6 percent Object ives * Provide heart and vascular education and screening services for the community, with an emphasis on adults, women and seniors * Provide expertise in cardiovascular care to co mmunity health care professionals through participation in professional conferences and co llaboratives * Participate in programs to improve the care and outcomes of individuals w it h heart and vascular disease FY 2015 Report of Activities SGH is recognized as a Blue Dist inction Center for Cardiac Care by Blue Cross Blue Shield for demonstrated expertise in de livering quality cardiac health care In FY 2015, SGH's Cardiac Rehabilitation Department provided education and support to patients and community members impacted by congestive he art failure (CHF) A free, monthly CHF class and support group, held at the Grossmont Heal thcare District Herrick Community Health Care Library, provided approximately 45 community members with a supportive environment to discuss various topics about living well w ith CH F A free Heart and Vascular Risk Factors Education class was offered twice a month to ind ividuals who were hospitalized within the last six months due to select heart conditions, reaching nearly 180 individuals in FY 2015</p>

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<p>Form 990, Part III, Line 4a (continued)</p>		<p>SGH's Cardiac Training Center and Cardiac Rehabilitation Departments participated in a variety of community events throughout San Diego in FY 2015. Together, they offered community members free blood pressure screenings, cardiopulmonary resuscitation (CPR) demonstrations, and education and resources on cardiac health including prevention, symptom recognition, evaluation and treatment. Events included the annual Sharp Women's Health Conference, Health Fair Saturday at the Grossmont Center mall, East County Senior Service Providers 16th annual Senior Health Fair at Santee Trolley Square, Fiesta Del Sol family festival, December Nights, the Sharp Disaster 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 the 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 one killer of women and emphasizing the importance of heart health. Also in February, the team 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 heart failure for various professional events, including SGH's sixth annual Heart and Vascular Conference. More than 400 health care professionals attended the conference to enhance their knowledge of advances in cardiovascular care. In November and May, SGH participated in the seventh and eighth semiannual meetings of Southern California VOICE (Vascular Outcomes Improvement Collaborative), which includes more than 40 regional vascular physicians, nurses, 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 regional and national webinar management - a project that improves communication and facilitates quality data retrieval and analysis. In June, SGH's Cardiac professionals educated approximately 40 nurses on post-discharge care for cardiac surgery patients at Villa Las Palmas Healthcare Center. SGH participated in several programs in FY 2015 to improve the care and outcomes of individuals with heart and vascular disease. To assist in improving care for acutely ill patients in SDC, SGH provided data on STEMI (ST elevation myocardial infarction or acute heart attack) to SDC EMS. Sharp HealthCare also continues to host the quarterly SDC EMS County Advisory Council for STEMI at Sharp's corporate office (Spectrum). SGH continued to provide its Peripheral Vascular Disease Rehabilitation Program in FY 2015. The program provides education and coaching on exercise, diet and medication management and is designed to keep patients - particularly low-income patients - at the highest functional level. The program is funded in part by donations contributed to the SGH Foundation, to help defray cost for patients with limited resources. SGH's cardiac team is committed to supporting future health care leaders through active participation in student training and internship programs. In FY 2015, the team mentored more than 30 students from Azusa Pacific University (APU), SDSU, University of California, San Diego (UCSD), Grossmont College, National University (NU) and Western University of Health Sciences, including students with an interest in a career as a nurse, cardiovascular technician or physician assistant.</p> <p>FY 2016 Plan SGH will do the following:</p> <ul style="list-style-type: none"> * Provide a free monthly CHF class and support group * Provide free bimonthly Heart and Vascular Risk Factor Education classes * Provide cardiac and vascular risk factor education and screening at community events * Provide one cardiac health lecture to community members * Offer educational speakers to the professional community on topics such as performance improvements in CHF and acute myocardial infarction, and cardiovascular treatment options, as invited * Continue to participate in the Open Versus Endovascular Repair 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 physicians and other health care professionals in November 2015 * Continue to provide student learning opportunities <p>Identified Community Need Diabetes Education and Screening Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated.</p> <p>Rationale * The SGH 2013 CHNA identified diabetes as one of five priority health issues for community members served by SGH. * The HASD&IC 2013 CHNA identified</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>diabetes as one of the top four priority health issues for community members in SDC * In 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, Jacumba, etc.) * Input collected from San Diego community health leaders and experts in the HASD &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 SDC's east region The region's age-adjusted death rate due to diabetes was 25.4 per 100,000 population, the highest rate among all of the regions and higher than the overall SDC age-adjusted rate of 19.5 deaths per 100,000 population * In 2013, there were 912 hospitalizations due to diabetes in SDC's east region The age-adjusted rate of hospitalizations for diabetes was 193.3 per 100,000 population This rate was the third highest in SDC overall and higher than the county age-adjusted rate of 140.0 hospitalizations due to diabetes per 100,000 population * In 2013, there were 786 diabetes-related ED discharges in SDC's east 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 * According to the CHS, 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 percent and the state of California at 8.9 percent * The 2014 National Diabetes Statistics Report from the CDC reports that a total of 29.1 million people in the U.S. have diabetes Of those individuals, 21 million are diagnosed while 8.1 million are undiagnosed * According 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 diagnosed diabetes in the U.S. was \$245 billion, with \$176 billion in direct medical costs and \$69 billion in reduced productivity * According to the 2012 report from the San Diego County HHS titled Critical Pathways The Disease Continuum, 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 disease and stroke as well as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults in the U.S. (CDC, 2011) Objectives * Provide diabetes education and screening in the east region of SDC</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>* Collaborate with community organizations and projects to provide diabetes education to S DC's vulnerable populations * Participate in local and national professional conferences to share best practices in 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 national standards for excellence and quality in diabetes education The program provides individuals 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 wound prevention Small group and one-on-one classes are also offered in English and Spanish In FY 2015, the SGH Diabetes Education Program reached more than 1,770 community members through educational lectures and blood glucose screenings at hospital and off-site locations Diabetes lectures were held at libraries, community centers, educational institutions 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 the Santee Trolley Square More than 250 community members were screened during these events and, as a result, more than 30 community members were identified with elevated blood glucose 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 continued 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 with Family Health Centers of San Diego (FHCS D), to conduct outreach and education to vulnerable community members in SDC's east region Sharp Diabetes educators supported the expansion of FHCS D's Diabetes Management Care Coordination Project (DMCC P), which provides FHCS D patients with group diabetes education and encourages peer support and education from project "graduates" to current patients/project enrollees The project monitors enrollees' A1C levels, and has proven successful outcomes in lowering and maintaining these levels through education and peer support The SHC Diabetes Education Program supports the project through the provision of diabetes lectures at multiple FHCS D sites In SDC's east region, the SHC Diabetes Education Program provided a diabetes lecture to nearly 15 attendees at the FHCS D Lemon Grove site Topics included nutrition, physical activity, diabetes mellitus, self-management and goal setting New in 2015, the SHC Diabetes Education Program provided diabetes education to food insecure adults enrolled in Feeding America San Diego's (FASD) Diabetes Wellness Project, a collaboration between UCSD's Student-Run Free Clinic Project, the Third Avenue Charitable Organization (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 provides them with ongoing medical treatment and diabetes management through the clinic In addition, FASD provides Diabetes Wellness Food Boxes to project participants, in conjunction with a monthly diabetes and nutrition education course as well as CalFresh outreach Through the project, the SHC Diabetes Education Program provided diabetes and nutrition education at both the TACO and Baker Elementary School sites Approximately 200 participants are enrolled 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 blood test, and other metrics The SHC Diabetes Education Program collaborated with La Maestra Community Health Centers to educate and advise underserved pregnant women and breastfeeding 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 educational resources, including gestational diabetes statistics, new diagnostic criteria, treatment and management of blood glucose levels, insulin requirements, self-care practices, information on nutrition management, weight gain, obesity and diabetes, and the risks of uncontrolled diabetes and complications Clinic patients also received logbooks to track and manage blood sugar levels The SHC Diabetes Education Program educated clinic patients</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>ients 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 SHC Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with La Maestra's obstetrician/gynecologist (OB/GYN) to prevent complications. 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 visits. In FY 2015, the SHC Diabetes Education Program continued to provide services and resources to meet the needs of San Diego's newly immigrated Iraqi Chaldean population. The program facilitated translation as well as provided materials and resources to better understand 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 About 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 Activity With Diabetes, Gestational Diabetes Mellitus Seven-Day Menu Plan, and Food Groups. Food 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 conferences 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 poor glycemic control. This presentation was also delivered at the 17th annual National Patient Safety Foundation Patient Safety Congress. Additionally, the SHC Diabetes Education Program provided another poster presentation titled In Search of a Single Glycemic Metric to Benchmark Institutional Diabetes Performance. The Perfect Diabetic Day, at the Association 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 published on the predictors of poor blood sugar control for hospitalized diabetic patients. FY 2016 Plan The SGH Diabetes Education Program will do the following:</p> <ul style="list-style-type: none"> * Conduct diabetes education at various community venues in SDC's east region * Continue to collaborate with FHCS 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 * Continue to provide gestational services and resources to underserved pregnant women - both at the hospital and in collaboration with La Maestra * Conduct monthly diabetes prevention classes * Continue to foster relationships with community clinics to provide education and resources to community members * Continue to participate in ADA's Step Out Walk to Stop Diabetes * Keep current on resources to provide community members support of diabetes treatment and prevention - particularly language and culturally appropriate resources * Continue to participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)	<p>* Conduct educational outpatient and inpatient symposiums for health care professionals</p> <p>Id entified Community Need Health Education, Screening and Support for Seniors 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 * The SGH 2013 CHNA identified senior health as one of five priority health issues for community members serve d by SGH * In the HASD&IC 2013 CHNA, dementia and Alzheimer's disease were identified amo ng the top 15 priority health conditions seen in SDC hospitals * Attendees of community f orums held during the HASD&IC 2013 CHNA process identified Alzheimer's disease and dementi a as priority health needs for SDC * In SDC's east region, there were more than 60,000 re sidents, 13 6 percent of the total population were ages 65 years or older in 2013 By the year 2020, the region expects a 51 percent increase among the 65 and older population * In 2012, the leading causes of death among senior adults ages 65 years and older in SDC in cluded cancer, heart disease, chronic low er respiratory diseases, diabetes, stroke, uninte ntional injuries, chronic liver disease and cirrhosis, Alzheimer's disease, Parkinson's di sease, hypertension and hypertensive renal disease, influenza, pneumonia and septicemia * In 2014, influenza ranked as the eleventh leading cause of death in 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, coronary heart disease, stro ke, pneumonia, chronic obstructive pulmonary disease, diabetes and influenza, when compare d to SDC overall * According to the San Diego County Senior Health Report, significant he alth issues for seniors include obesity, diabetes, stroke, chronic low er respiratory disea ses, influenza and pneumonia, mental health issues (including dementia and Alzheimer's dis ease), cancer and heart disease In addition, seniors are at high risk for falls, which is the leading cause of death due to unintentional injury (HHSA, 2015) * According to the S an Diego County Senior Falls Report, adults ages 65 and older are the 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 olde r 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 rates than any other age g roup * Among the populations that the CDC recommends annual vaccination against influenza are people ages 50 years and older, adults with a chronic health condition, people who li ve 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 household contacts of persons at high risk for complications from the flu Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers * While researchers have long know n that caregiving can have harmful mental heal th effects for caregivers, research shows that caregiving can have serious physical health consequences as well Seventeen percent of caregivers feel their health in general has go tten worse as a result of their caregiving responsibilities (American Association of Retir ed Persons (AARP) Public Policy Institute, Valuing the Invaluable, Updated November 2012) * One in five caregivers report having had training but seek additional resources Nearly 78 percent report needing more help and information with at least 14 specific topics rela ted to caregiving, and caregivers in high burden situations are more likely to seek help The top four topics of concern to caregivers are keeping their loved one safe, managing th eir own stress, finding easy activities to do with their care recipient, and finding time for themselves (The National Alliance for Caregiving and AARP (2009), Caregiving in the U S , Bethesda, MD National Alliance for Caregiving Washington, D C , 2012) Objectives * Provide a variety of senior health education and screening programs * Produce and mail qu arterly activity calendars to community members * Act as the lead agency for East County Project CARE, ensuring the safety of homebound seniors and disabled adults in SDC's east re gion * In collaboration with community partners, offer seasonal flu vaccination clinics at convenient locations for seniors and high-risk adults in the community * Provide health e ducation materials at seasonal flu clinics as well as information about additional Sharp S enior Resource Center programs * Serve as a referral resource to additional support servic es in the community for senior residents in SDC's east region * Provide education and comm unity resources to caregivers FY 2015 Report of Ac</p>	

Return Reference	Explanation	
	Form 990, Part III, Line 4a (continued)	<p>activities Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them - through 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 provide personalized support and clear, accurate information regarding health education and screenings, 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 Center provided more than 30 free health education programs at the SGH campus, the Grossmont HealthCare District Conference Center and community sites in SDC's east region, reaching nearly 800 community members. Programs were presented by various professionals, including physical therapists, speech therapists, a psychologist, a registered dietitian, an RN, a cardiologist, an audiologist and an attorney, as well as by experts from community organizations. Health education topics included balance and fall prevention, diet and fitness for a healthy heart, diabetes, senior services, patient-provider communication, Project CARE, Vials of Life, financial issues, memory loss, caregiver resources, bereavement, advance care planning, Medicare, sleep disorders, coping with grief during the holiday season, Parkinson's disease, Alzheimer's disease, maintaining a healthy voice, prediabetes, osteoporosis and 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 series of physician lectures in FY 2015, covering topics such as chronic pain management, depression, 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 provided 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 screenings, four hand screenings, a carotid artery screening, medication review as well as screenings 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 library, a YMCA, two local senior centers, health fairs and special events, screening nearly 580 community members.</p>

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Form 990, Part III, Line 4a (continued)		<p>The SGH Senior Resource Center is the lead agency for Project CARE in SDC's east region. Project CARE is a community program that includes the County of San Diego's Aging and Independence Services (AIS), Jewish Family Services, San Diego Gas and Electric (SDG&E), local senior centers, sheriff and police, and many others. Through its free 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 refrigerator, that provide critical medical information to emergency personnel for seniors and disabled people living in their homes. Also, the SGH Senior Resource Center provided daily 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 calls, the participants' family or friends are contacted to ensure their safety. In FY 2015, nearly 6,100 Are You OK? calls were placed to seniors or disabled community members, and nearly 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 conference titled Finding the Balance in Caregiving to more than 100 family caregivers at the College Avenue Baptist Church in San Diego. This conference 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 emotional issues of caregiving. In addition, the SGH Senior Resource Center participated in the Aging and Independence Services Vital Aging 2015 Boosting Your Brainpower Conference, which explored how nutrition, exercise, mental stimulation, and social connection affect memory, mood and cognitive functioning. The summit's keynote presentation was given by a nationally acclaimed neuropsychologist, and indoor and outdoor activities were featured. Other topics included, but were not limited to, Alzheimer's disease, food and mood, exercise, lifelong learning, and elements of health and well-being. The SGH Senior Resource Center provided 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 participated in the San Diego Community Action Network (SanDi-CAN) end-of-life conference at the Balboa Park Club titled Planning Ahead: Crucial Conversations Helping Families & Seniors Navigate End-of-Life Decisions. Approximately 85 community members attended the free conference, where they received education on how to make educated and informed health care decisions 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 management as well as a talk on bereavement and how to reinvent oneself after loss. In addition, 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 held 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 provided 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 Living Community and the City of La Mesa to provide Right Choices at the Right Time, a conference for seniors and their families on how to approach aging from a healthy perspective. Held at the Point Loma Community Presbyterian Church in April and the La Mesa Community Center in May, the conference provided more than 200 community members with education on a variety of topics, including hospice services, leaving a legacy by planning for the future, care choices, advance care planning and finding hope and healing after a loss. The conference included educational presentations by a physician, attorney and advance care planning specialist, 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, Santee, La Mesa, Spring Valley, the College Area and San Diego. Populations served at these fairs included seniors.</p>

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Form 990, Part III, Line 4a (continued)		<p>and caregivers in rural areas, Lesbian, Gay, Bisexual and Transgender (LGBT) seniors, and In Home Supportive Services employees who provide in-home, non-medical care for frail and at-risk seniors. Through participation in these events, the SGH Senior 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 events included the Sharp HospiceCare Resource & Education Expo at the College Avenue Baptist Church, Senior Health Fair at the Lakeside Community Center, Jewish Family Services College Avenue Center Health Fair, Superfood for Super Seniors Event at Waterford Terrace Retirement Community, Black History Month celebration at the Spring Valley Library, La Vida Real Fair, the 16th annual East County Senior Health Fair at the Santee Trolley Square shopping center and the Spring Into Healthy Living event at the Cameron Family YMCA in Santee. 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 Caregiver 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. At 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 SGH 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 information 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 conducted by the flu clinic site, Sharp.com and paper and electronic newspaper notices. The SGH Senior Resource Center provided more than 550 seasonal flu vaccinations at 17 community sites to high-risk adults with limited access to health care resources, including seniors without transportation and those with chronic illnesses as well as caregivers. Sites included senior centers, community centers, churches, the Salvation Army, the SGH campus, senior nutrition sites and food banks. At the community sites, the SGH Senior Resource Center also provided its activity calendars detailing upcoming community events and programs, including blood pressure and flu clinics, health screenings, Vials of Life, community senior programs 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 whom were uninsured or had limited access to transportation. In FY 2015, the SGH Senior Resource Center maintained active relationships with organizations that serve seniors, enhance 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), EC SSP and Meals-on-Wheels Greater San Diego East County Advisory Board.</p>

Return Reference	Explanation	
<p>Form 990, Part III, Line 4a (continued)</p>		<p>FY 2016 Plan SGH Senior Resource Center will do the following</p> <ul style="list-style-type: none"> * Provide resources and support to address relevant concerns of seniors and caregivers in the community through in-person and phone consultations * Provide community health information and resources through educational programs, monthly blood pressure clinics and at least five types of health screenings annually * Utilize Sharp experts and community partners to provide approximately 35 seminars per year that focus on issues of concern to seniors * Participate in 20 community health fairs and special events targeting seniors * Collaborate with East County YMCA, 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 of San Diego and one in collaboration with Sharp HospiceCare * Provide telephone reassurance calls to seniors and disabled adults in SDC's east region through the Are You OK? Program 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 Advance Directives and Health Care Decisions Program to inform seniors about advanced directives and other necessary documents available to communicate their end-of-life wishes * As funding allows, provide seasonal flu vaccinations to the community * Maintain active relationships with other organizations serving seniors in SDC's east region <p>Identified Community Need Cancer Education and Support, and Participation in Clinical Trials</p> <p>Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated</p> <p>Rationale</p> <ul style="list-style-type: none"> * In the HASD&IC 2013 CHNA, various types of cancer were identified among the top priority health conditions seen in 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-adjusted death rate due to cancer was 192.3 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate due to cancer of 159.5 per 100,000 population and higher than the HP 2020 target of 161.4 deaths per 100,000 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 prostate cancer in SDC's east region were all higher when compared to the age-adjusted death rates for these specific cancers in SDC overall * From 2010 to 2013, cancer was the leading cause of death in SDC, responsible for nearly 20,000 deaths overall * HP 2020 has multiple objectives for reducing various cancer types, with an overall cancer death rate reduction 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 California 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 Society (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 Cancer Facts & Figures Report, in 2015 there are an estimated 25,270 new cases of breast cancer and an estimated 4,320 breast cancer deaths for females in California This is far higher 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 breast cancer in SDC is 22.7 deaths per 100,000 women This rate is higher than the HP2020 target of 20.7 breast cancer deaths per 100,000 women * The 2015 Susan G. Komen for the Cure San Diego Affiliate Community Profile Report reveals SDC has a higher incidence rate (128.6 per 100,000) for breast cancer than the U.S. and the state of California (122.1 and 122.0, respectively) * According to the 2015 Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, in SDC there are 46.1 late-stage cases of breast cancer per 100,000 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 black women

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	Form 990, Part III, Line 4a (continued)	<p>en have the highest death rates (27.7 per 100,000 women) and the highest late-stage diagnoses rates (51.6 per 100,000 women) for breast cancer. White women have the second highest rates of breast cancer deaths and late-stage diagnosis, followed by Asian-Pacific Islander (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 barriers for San Diego community members in accessing breast health care: cultural and language barriers, socioeconomic status, education and awareness, financial barriers including insurance, 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 findings indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern, and African American women. Community efforts should also focus on improving transportation and education to reduce fear and uncertainty. * 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, California Cancer Facts & Figures, screening offers the ability for secondary prevention by detecting cancer early. Regular screening that allows for the early detection and removal of precancerous 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 discovered before having spread beyond the organ where the cancer began. * The ACS recommends most women should start annual breast cancer screenings between the ages of 45 and 54 and 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. Research 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 satisfaction of care and fewer problems with psychological 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 al., 2013). * A study published in the JAMA found that even though mortality from breast cancer has declined since 1990 due to improvements in early detection and treatment, an estimated 40,290 women in the U.S. will die of breast cancer in 2015 (Oeffinger et al., 2015).</p>

Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>* According to the National Institutes of Health (NIH), clinical trials are part of clinic al research and are at the heart of all medical advances Clinical trials look at new ways to prevent, detect or treat disease, with the goal to determine the safety and efficacy o f a new test Clinical trials also examine other aspects of care, such as improving the qu ality 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 su pport services to the community * Participate in cancer clinical trials, including screeni ng and enrolling patients FY 2015 Report of Activities Note The David and Donna Long Cent er for Cancer Treatment Center at SGH (SGH Cancer Center) is accredited by the National Ac creditation Program for Breast Centers (NAPBC) The NAPBC grants accreditation only to tho se centers that voluntarily commit to providing the best possible care to patients with di seases 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 accred itation standards promote comprehensive cancer services, including consultation among surg eons, medical and radiation oncologists, diagnostic radiologists, pathologists and other c ancer specialists, resulting in improved patient care As part of its journey in comprehen sive cancer care, the SGH Cancer Center provides patients with nutritional and genetic cou nseling In FY 2015, the SGH Cancer Center provided breast self-examinations and cancer ed ucation and resources from the ACS and National Cancer Institute (NCI) to more than 500 in dividuals at community events, including the Cuyamaca College Health & Wellness Fair, East 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 Wome n's Health Conference, Sharp HospiceCare Resource & Education Expo and the Waterford Terra ce Retirement Community Health Fair In addition, SGH Cancer Center staff walked alongside cancer patients and families in the ACS Making Strides Against Breast Cancer Walk in Octo ber 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 onc ologist and former cancer patient joined a live new s interview on San Diego 6 new s station to express the importance of receiving a breast cancer screening and performing one's own breast self-examination News contributions were also provided to KPBS radio and televisi on, KUSI News, and San Diego 6 on the follow ing topics, the overtreatment of ductal carcin oma in situ, a type of noninvasive breast cancer, skin cancer prevention, and the increase d risk of cancer due to e-cigarettes A variety of free support groups reached approximate ly 1,000 community members impacted by cancer Offered twice per month, the breast cancer support group allow ed women in all stages of breast cancer to share experiences and discov er coping strategies In addition, two monthly support groups, one for lung cancer and one for brain tumors, were offered to meet the educational and emotional needs of people livi ng with or caring for someone with these cancers Beginning in the spring of 2015, the wee kly Art and Chat support group offered cancer patients, survivors and their loved ones a c ombination of chat and relaxing drawing methods to increase focus, creativity, self-confid ence and personal well-being The SGH Cancer Center also offered the weekly chaplain-led S acred Circle Spirituality and Cancer support group, through which cancer patients used a mixture of expressive arts modalities, prayer, and discussion of personal and spiritual to pics to restore their spirits Furthering its support for those with cancer, in FY 2015, t he SGH Cancer Institute created the Wall of Hope and Inspiration - a special art installat ion for patients and visitors to write words of wisdom, advice and encouragement to those with cancer The SGH Cancer Center hosted educational 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 low er stress and calm the nervous system In addition, six Look Good Feel Better classes taught approximately 30 women techniques to manage app earance-related side effects of cancer treatment and boost self-confidence Offered throug h the ACS, the Look Good Feel Better classes included a complimentary makeup kit for att endees and instruction from a licensed beauty professional on makeup application, skin car e, and wearing wigs and headwear The SGH Cancer Center also offered a 12-month Survivorsh ip Lunch and Learn series in FY 2015, reaching app</p>

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	<p>Form 990, Part III, Line 4a (continued)</p>	<p>roximately 10 individuals per session. Once a month, community members, patients and families were invited to hear local experts speak about a unique cancer-related topic - such as coping with the holidays, approaching survivorship with confidence, and complementary therapies - and participate in a Q&A session while enjoying a complimentary lunch. As part of the SGH Cancer Center team, a licensed clinical social worker (LCSW), cancer patient navigators (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 psychosocial services (assessments, crisis intervention, counseling and stress management), support group leadership, and advocacy and resources for transportation, palliative care and hospice, food and financial assistance. In FY 2015 this included improving patient and family connections to community services, such as ACS, San Diego Brain Tumor Foundation, Leukemia and Lymphoma 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 Management program, and other food and financial assistance programs. The LCSW served approximately 230 patients and family members in FY 2015, while an additional 25 community members contacted the LCSW for consultation regarding support groups and other SGH Cancer Center services and community resources. The Breast CPN is an RN certified in breast health who personally assists breast cancer patients and their families in their navigation of the health care system. The Breast CPN offers support, guidance, financial assistance referrals and connection to community resources. Through collaboration with community clinics - including FHCS, Neighborhood Healthcare and Borrego Health - the Breast CPN refers unfunded or underfunded women for a covered diagnostic 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 Breast and Cervical Cancer Treatment Program, a program offered through the California Department of Health Care Services to provide urgently needed cancer treatment coverage, including referring patients to local clinics who help complete the enrollment process. Patients needing psychosocial support may be referred to various local or national support groups, the Jewish Family Service of San Diego's Breast Cancer Case Management program or the SGH Cancer Center Radiation Oncology Department's LCSW. In FY 2015, the Breast CPN facilitated access to care for more than 180 breast cancer patients in need - many with late-stage cancer diagnoses - through the provision of referrals to various community and national organizations. 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 assists those with anal and esophageal cancers as well as any cancer patient with complex care needs. The CPN supports patients and their family members through care coordination and connection to needed resources, including transportation, translation needs, financial assistance, speech therapy, nutritional support, feeding tube support, social work services and more. In addition, the CPN offers psychosocial support and education about the side effects of radiation therapy. The CPN has assisted nearly 160 patients and their families since the inception of the program.</p>

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Form 990, Part III, Line 4a (continued)		<p>The genetics counselor assists patients and family members at SGH, SMH and SCVMC through risk assessment, counseling, genetics testing for personal and family history of cancer, and referrals for high-risk patients. In FY 2015, the genetics counselor served approximately 250 individuals, and dedicated nearly 450 hours to genetics counseling, across each entity. The SGH Cancer Center certified dietician assists patients 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 approximately 280 patients. The SGH Cancer Center conducts oncology clinical trials to support the discovery 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 trials. As a result, 21 patients were enrolled in cancer research studies while approximately 90 patients continued to receive follow-up care through the studies. The SGH Cancer Center supported learning opportunities for community physicians and other health care professionals through participation in professional conferences. This included the 2014 Binational Congress Breast and Cervical Cancer, sponsored by SHC and Las Damas de San Diego Foundation in collaboration with the United States-Mexico Border Health Commission. This free, educational event was designed to raise cancer awareness among the Baja California, Mexico, and Southern California communities by promoting early cancer detection programs, health advocacy, education and goodwill. The SGH Cancer Center also supported Sharp's 2015 conference titled Colorectal Cancer From Diagnosis to Survivorship, to educate community physicians and other health professionals about the early identification of patients at risk for colorectal cancer, the latest in screening, diagnosis, staging and treatment, and ongoing surveillance of cancer survivors. FY 2016 Plan The SGH Cancer Center will do the following:</p> <ul style="list-style-type: none"> * Continue to provide cancer education, resources and demonstrations on breast self-exams at community health fairs and events * Continue to provide a free bi-weekly breast cancer support group for women in all stages of breast cancer * Provide free community support groups, including groups for community members with lung cancer and their caregivers, a support 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 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 cancer treatment * Offer a 5K training group to support the physical activity goals of patients and community members with cancer * Continue to provide ongoing personalized education and information, support and guidance to cancer patients and their loved ones as they move through the continuum of care * Continue to provide education and resources to the community 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 individuals 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 Planning clinic to assist patients and community members with cancer, and their loved ones, in completing an Advance Directive * Screen and enroll cancer patients in clinical trials for research studies * Provide educational information on cancers and available treatments through community residents and community physician lectures * Provide internships to NU Radiation Therapy students <p>Identified Community Need Bone Health - Orthopedic/ Osteoporosis Education and Screening Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated. Rationale:</p> <ul style="list-style-type: none"> * In the HASD&IC 2013 CHNA, back pain was identified among the top 15 priority 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 100,000 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 arthritis ED discharges totaled 3,231, which is an age-adjusted rate of 672.1 per 100,000 population. This was the second highest

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	Form 990, Part III, Line 4a (continued)	<p>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 other age groups. *</p> <p>According to the CDC, arthritis is the nation's most common cause of disability. An estimated 52.5 million U.S. adults (more than one in five) report doctor-diagnosed arthritis. As the U.S. population ages, these numbers are expected to increase to 67 million 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 or other rheumatic condition affects one in every 250 children under the age of 18 (CDC, 2015). *</p> <p>Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer fractures. It can also affect the lives of family members and friends who serve as caregivers (NIH, 2014). *</p> <p>Some of the risk factors for developing osteoporosis include body size, family history, age, sex hormone deficiencies, diet low in calcium and vitamin D, certain medications, physical inactivity, smoking and excessive alcohol use (NIH, 2014). *</p> <p>Fifty percent of people who fracture a hip will be unable to walk without assistance and about one in five hip fracture patients over age 50 die in the year following their fracture as a result of associated medical complications. Vertebral fractures can also have serious consequences, including chronic back pain and disability. These fractures have also been linked to increased mortality in older people (NIH, 2014). *</p> <p>According to the CDC, there are 250,000 hospital admissions for hip fractures among people ages 65 and older each year. By 2030, the number of hip fractures is projected to increase by 12 percent (CDC, 2013). *</p> <p>According to HP 2020, approximately 80 percent of Americans experience low back pain (LBP) in their lifetime. Each year, it is estimated that 15 to 20 percent of the population develops protracted back pain, two to eight percent have chronic back pain (pain that lasts more than three months), three to four percent of the population is temporarily disabled due to back pain, and one percent of the working-age population is disabled completely and permanently due to LBP. *</p> <p>In the United States, more than 53 million people either already have osteoporosis or are at high risk due to low bone mass (NIH, 2015). *</p> <p>In 2013, the direct medical costs of falls in the U.S. totaled \$34 billion. With an aging population in the U.S., the number of falls and the cost are expected to rise (CDC, 2013).</p> <p>Objective * Provide education on orthopedics and osteoporosis to the community.</p> <p>FY 2015 Report of Activities Note: SGH was recertified in June 2014 by the Joint Commission in Disease-Specific Care for its Total Knee and Total Hip Replacement Programs. The programs are nationally recognized for their outreach, education and utilization of evidence-based practices as well as documentation of their performance measures and success rates.</p>

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	Form 990, Part III, Line 4a (continued)	<p>In FY 2015, SGH offered educational sessions on hip, back, knee and shoulder problems to n early 400 community members Topics included management of arthritis as well as hip and kn ee repair and treatment, including discussions of nonsurgical options and minimally-invasi ve surgery using the latest technology Held at the Grossmont Healthcare District Conferen ce Center and the SGH Auditorium, attendance ranged from 15 to 70 individuals per event S GH provided three seminars on the treatment of shoulder pain, reaching nearly 180 communit y members, including education on arthritis, torn rotator cuff, bursitis and frozen should er, as well as treatment options In addition, in March, SGH provided education to 80 comm unity members at a seminar titled The Brittle Truth - Osteoporosis Facts and Tips for Heal thy Bones Topics included risk factors such as diet, lifestyle, age, family history, trea tments and physical activity to help maintain bone health Additionally, Sharp provided mo re than 225 community members with osteoporosis heel screenings and education on calcium a nd vitamin D requirements as well as exercise tips for osteoporosis treatment and preventi on at the Sharp Women's Health Conference FY 2016 Plan SGH will do the follow ing * Conti nue to offer orthopedic, arthritis, joint health and osteoporosis educational presentation s to the community * Provide a physician-led session on osteoporosis prevention and educat ion at the Sharp Women's Health Conference Identified Community Need Women's and Prenatal Health Services and Education Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherw ise indicated 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 ha d an 11 percent LBW, the highest percentage when compared to mothers of other races and et hnicities * In 2013, 36 infants died before their first birthday in SDC's east region Th e infant mortality 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 matern al complications in SDC's east region in 2013 The east region's age-adjusted rate was 301 6 per 100,000 population, which was low er 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 ca re in SDC's east region, which translates to 81 1 percent of live births for the region T his was slightly low er than the percentage of live births receiving early prenatal care in SDC overall (84 8 percent) * In 2013, 84 8 percent of women in SDC initiated prenatal ca re during their pregnancy * According to 2014 CHIS data, 24 2 percent of women (ages 18 t o 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 qual ity preconception and inter-conception care * According to a recent study in the JAMA, on e in seven women have depression in the year after they give birth (JAMA, 2013) * Accordi ng to the CDC's 2014 Breastfeeding Report Card, breastfeeding provides many know n benefits for infants, children, and mothers Professional lactation support can help mothers initi ate and continue breastfeeding * The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for approximately the first six months of life, followed by continued breastfeeding with complementary foods for one year or longer (AAP, 2012) * According to the CDC's 2014 Breastfeeding Report Card, 63 1 percent of mothers in Californ ia were breastfeeding at six months, while only 25 4 percent were exclusively breastfeedin g at six months (CDC, 2014) * In California, SDC is ranked 22nd out of 50 counties for ex clusive breastfeeding (California Women, Infants and Children (WIC) Association and UC Dav is Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Perfor mance, 2013) * Nearly tw o-thirds of California w omen plan to breastfeed exclusively, but less than 40 percent are doing so at one month postpartum Hospitals, health care provider s, public health agencies and support groups must work together to ensure all mothers have the needed resources to breastfeed in the hospital and at home (California WIC Associatio n and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hos pital Performance, 2013) * According to the CDC, maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant Severa l health-related factors known to cause adverse pr</p>

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Form 990, Part III, Line 4a (continued)		<p>egnanacy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal 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 affected about one of every 10 infants born in the U.S. Preterm birth is the greatest contributor to infant death, with most preterm-related deaths occurring among babies who were born before 32 weeks. Preterm birth is also a leading cause of long-term neurological disabilities in children * Contributing factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco and alcohol use, substance abuse, stress, high blood pressure, prior pre-term births, carrying more than one baby, infection and late prenatal 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 mothers on the importance of breastfeeding * Collaborate with community organizations to help raise awareness of women's health issues and services, as well as to provide low-income and underserved women in the San Diego community with critical prenatal services * Participate in professional associations related to women's services and prenatal health and disseminate research FY 2015 Report of Activities In FY 2015, the SGH Women's Health Center provided education, outreach and support to help meet the unique needs of women, mothers and 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 breastfeeding 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 session in FY 2015. Through the support group, mothers with babies up to 12 months of age who are suffering from "baby blues" symptoms, depression and/or anxiety can share their experiences, learn coping strategies and receive professional referrals. In addition, the weekly Little Wonders support group helped new parents transition into their role as a mother or father. Led by a perinatal educator, the group reached approximately 11 parents per session, and covered topics such as calming techniques and sleep strategies to help enhance knowledge and confidence in new parents.</p>

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Form 990, Part III, Line 4a (continued)		<p>Educational classes covered a variety of parenting and new born care topics. Through the breastfeeding class, moms-to-be learned basic breastfeeding 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 Women's Health Center in FY 2015 included classes on cesarean delivery preparation, childbirth preparation, infant and child CPR, and preparing new brothers, sisters and grandparents. The SGH Women's Health Center also supported community members at Sharp's annual Women's Health Conference, where they provided education on women's health issues and offered resources for attendees with an elevated BMI. SGH anticipates Baby-Friendly USA Designation in early-to mid-2016 through the implementation 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 Hospital Initiative (BFHI) recognizes and encourages hospitals and birthing centers that offer high-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 requirements for Baby-Friendly USA Designation including training health care staff to properly implement a breastfeeding policy, providing education to pregnant women on the benefits of breastfeeding, demonstrating how to breastfeed and maintain lactation to new mothers, encouraging breastfeeding on demand, allowing mothers and infants to remain together 24 hours a day, and establishing breastfeeding support groups and referring mothers to these resources following discharge from the hospital or clinic. The SGH Women's Health Center has 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 of the Ten Steps to Successful Breastfeeding, and continued in 2013 through various other quality strategies to promote exclusive breastfeeding and exclusive breast milk in the neonatal 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 best practices in breastfeeding for mothers and their families. NICU nurses also continued to 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 establishment of breast milk in the first couple of weeks. The SGH Women's Health Center also continued to track mothers of premature infants 28 to 34 weeks who established breast milk supply at two weeks. As a result of these comprehensive efforts, the SGH Women's Health Center increased the exclusive breastfeeding rate at discharge for newborns from 49 percent 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 98 percent in 2015. In addition, through the provision of consistent breastfeeding education 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 percent in 2013 to as high as 75 percent in 2015. In FY 2015, staff contributed expertise in breastfeeding measurement to a report developed by UC San Diego's Lactation Supportive Environments Initiative titled Breastfeeding Measurement in the Outpatient Electronic Health Record: 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 Breastfeeding-Friendly Community Health Centers project (BFCHC) - an initiative of SDC's Live Well San Diego and funded through a grant from the First 5 Commission of San Diego. Through the BFCHC collaboration, the SGH Prenatal Clinic was selected as the pilot clinic - out of six participating clinics - to help establish Baby-Friendly USA guidelines around breastfeeding during the prenatal period and after discharge and support other prenatal clinics in achieving Baby-Friendly USA standards. SGH delivers more than 800 babies from community clinics each year. The SGH Prenatal Clinic offers a variety of prenatal support for high-risk and underserved women in SDC. Throughout FY 2015, SGH Prenatal Clinic midwives provided in-kind help at Neighborhood Health Centers in El Cajon to support the underserved population in SDC's east region. This includes</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>d approximately 1,610 hours of care for pregnant 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 women with Medi-Cal benefits. Services included health education, nutritional guidance, and psychological and social issue support as well as translation services for non-English-speaking women. Nutrition classes were offered as part of this effort in order to reduce the number of women who reach gestational diabetic criteria. Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program, while those with nutrition issues were referred to an SGH registered dietitian (RD) or the SGH Diabetes Education Program as appropriate. At-risk women with elevated BMIs received education and glucometers in order to measure their blood sugar and prevent the development of gestational diabetes. In addition, education on gestational diabetes was provided to pregnant members of the community. The SGH Women's Health Center continued its partnership with Vista Hill ParentCare to assist drug-addicted patients with psychological and social issues during pregnancy. These approaches have been shown to reduce both LBW rates 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, California Teratogen Information Service (CTIS), WIC, and the SDC Public Health Nurse. In FY 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 chapter of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), WIC, CTIS, Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, the Beacon Council's Patient Safety Collaborative, ACNL, the regional Perinatal Care 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 Collaborative to improve morbidity and mortality in women as well as the California Perinatal Quality Care Collaborative to improve antibiotic stewardship in the NICU. FY 2016 Plan SGH will do the following:</p> <ul style="list-style-type: none"> * Provide free breastfeeding, postpartum and new parent support groups * 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 maternity care practices required to achieve Baby-Friendly USA Designation * With grant funding from the First 5 Commission of San Diego, participate in the BFCHC project to help establish Baby-Friendly USA guidelines for breastfeeding during the prenatal period and after discharge * Provide prenatal clinical and social services as well as education to vulnerable, community clinic patients through the SGH Prenatal Clinic * Provide a NICU graduate reunion for former NICU patients and their family members <p>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 indicated. Rationale: * The SGH 2013 CHNA identified cardiovascular disease and obesity among its six priority health issues affecting members of the communities served by SGH.</p>

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Form 990, Part III, Line 4a (continued)		<p>* Senior community 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.</p> <p>* The HASD&IC 2013 CHNA process identified the following as top priority health conditions for SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases.</p> <p>* 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 specifically recommended by participants in the community forums held in El Cajon.</p> <p>* 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.).</p> <p>* According to data presented in 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 Americans (49 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, diabetes and genetic factors.</p> <p>* According to 2014 data from the CHIS, the self-reported obesity rate for adults ages 18 and older in SDC's east region was 20.9 percent, which is lower than the county rate of 24.8 percent.</p> <p>* In 2014, 15.1 percent of adults ages 18 and older in SDC's east region self-reported eating at fast-food restaurants four or more times each week, which is higher than the county rate of 11.1 percent (CHIS, 2014).</p> <p>* Obesity increases the risk of many health conditions, including coronary heart disease, stroke, Type 2 diabetes, and various cancers. Obesity is also linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015).</p> <p>* According to the CDC, some of the leading causes of preventable death include 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 between 2011 and 2012.</p> <p>Objectives</p> <p>* Provide a variety of health and wellness education and services at events and sites throughout the community.</p> <p>* Offer health and wellness education to the community through various media outlets.</p> <p>FY 2015 Report of Activities Throughout FY 2015</p> <p>SGH participated in community events, offered presentations at neighborhood sites, and partnered with local media sources to educate community members about a variety of health and wellness topics.</p> <p>In September, SGH participated in the Kids Care Fest at the Lakeside Rodeo Grounds, a free family event hosted by the Grossmont Healthcare District and the City of La Mesa. The event featured interactive health education for children and families, including childhood fever management from the SGH ED, and injury prevention from ThinkFirst/Sharp on Survival.</p> <p>In March, staff from a range of hospital departments participated in Sharp's annual Women's Health Conference, where they offered wellness education and services to approximately 500 attendees, including acupuncture, balance screenings, fall prevention education, nutrition education, healthy recipes, food samples and more.</p> <p>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 benefits of mindful eating to approximately 250 community health providers at Sharp's Obesity Crisis Conference in May.</p> <p>SGH helped increase awareness about current news and trends impacting the health and safety of community members through television interviews on KUSI News, FOX 5 News, NBC 7 News, CBS News 8, San Diego 6, and Channel 10 News as well as through various radio stations and printed articles in The San Diego Union-Tribune.</p> <p>Information was shared through these outlets by hospital physicians from a variety of specialties, including emergency medicine, sleep medicine, infectious disease, OB/GYN, cardiology, gastroenterology, dermatology, oncology, hematology and neurosurgery.</p> <p>Topics included, but were not limited to, the Ebola virus, avoiding the norovirus, stress and health-related hair loss in women, staying safe during the holidays, the relationship between smoking and medical conditions, heart health, the relationship between poor phone posture and neck and back pain, the importance of Automated External Defibrillators for decreasing brain damage after a heart attack, acid reflux, skin</p>

Return Reference	Explanation	
	Form 990, Part III, Line 4a (continued)	<p>cancer awareness, the risks of e-cigarettes, the effects of excessive iron intake on liver and heart function, the hazards of burn tattoos - a dangerous trend of burning patterns into the skin, the risk of soccer-related concussions, proper hydration during a heat wave and risk factors for heat-related health issues, ensuring children get enough sleep as they head back to school, and the importance of vaccinations, regular screening and lifestyle behaviors in reproductive health. Also through these media outlets, an end-of-life care professional talked about the importance of advance care planning and completing an Advance Directive, while an SGH RD shared nutrition-related education, including healthy food choices during the holidays, potential causes and treatment options for eating disorders, environmental and economic benefits of farm-to-table style eating, the ban on trans fats and choosing the right amounts and types of dietary fat. FY 2016 Plan SGH will do the following:</p> <ul style="list-style-type: none"> * Continue to provide health and wellness offerings to community members at a variety of community events and other sites. * Continue to provide health and wellness education through local news sources. <p>Identified Community Need: Prevention of Unintentional Injuries. Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated. Rationale:</p> <ul style="list-style-type: none"> * In the HASD&IC 2013 CHNA, 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 cause of death for SDC's east region. * Unintentional injuries - motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosion, poisoning (including drugs 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 gender, 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 SDC'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 hospitalizations related to unintentional injury in SDC's east region. The age-adjusted rate of hospitalizations was 785.0 per 100,000 population, which is above the county age-adjusted average of 691.5 per 100,000 population. * In 2013, there were 28,007 ED visits related to unintentional injury in SDC's east region. The age-adjusted rate for the east region was 5,968.2 per 100,000 population, which is the highest of all regions and above the SDC age-adjusted average of 4,984.5 ED visits per 100,000 population. * According to the California Department 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 disabler of persons ages one to 44 in California.

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>* The same report states that every year in California, injuries cause more than 16,000 deaths, 75,000 cases of permanent disability, 240,000 hospitalizations, and 2.3 million ED visits. * According to HP 2020, most events resulting 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 physical environment both at home and in the community, access to health services and systems created for injury-related care, and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations). * Every year in California, injuries cause more than 16,000 deaths, 75,000 cases of permanent disability, 240,000 hospitalizations, and 2.3 million emergency department visits (California Burden of Disease and Injury Report, 2013). Objective *</p> <p>Offer an injury and violence prevention program for children, adolescents and young adults in SDC's east region. In FY 2015 Report of Activities. In FY 2015, ThinkFirst/Sharp 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 two-hour classes covering topics such as the modes of injury, disability awareness, and the anatomy and physiology of the brain and spinal cord. The programs included personal testimonies from individuals with traumatic brain injury (TBI) or spinal cord injury (SCI), known as Voices for Injury Prevention (VIPs). In addition, ThinkFirst/Sharp on Survival offered schools multiple opportunities for learning through a variety of lesson plans, including information on physical rehabilitation and careers in health care, and disability awareness panels to meet the needs of specific class curricula. Specifically, elementary school students 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 consequences of reckless driving, violence and poor decision making.</p> <p>ThinkFirst/Sharp on Survival provided education to youth and their parents through participation in the annual Kids 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 and 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 financial support of the Health and Science Pipeline Initiative (HASPI), more than a dozen schools throughout SDC provided ThinkFirst/Sharp on Survival speakers to their students. The program offered classroom presentations, small assemblies and the opportunity to participate 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 from schools in SDC's east region benefited from ThinkFirst/Sharp on Survival education in FY 2015. Additionally, ThinkFirst/Sharp on Survival presented on injury prevention, TBI, SCI and disability awareness to more than 1,200 college students in SDSU's Disability in Society courses. During the annual HASPI teacher conference held at Grossmont College, ThinkFirst/Sharp on Survival participated in a panel of industry partners, including Scripps Health and SDSU, to address preparing students for healthcare careers and internships. Approximately 100 HASPI science teachers across the county attended the event. Furthermore, ThinkFirst/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:</p> <ul style="list-style-type: none"> * With funding support from grants, provide educational programming and presentations for local schools and organizations. * Using grant funding, increase community awareness of ThinkFirst/Sharp on Survival through 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 inj

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	<p>Form 990, Part III, Line 4a (continued)</p>	<p>ury prevention education through SDSU's Disability in Society course * Explore further opp ortunities to provide education to health care professionals and college students interest ed in health care careers * As appropriate and with funding, continue to explore opportunit ies for concussion education in SDC's east region Identified Community Need Support Duri ng the Transition of Care Process for High-Risk, Underserved and Underfunded Patients Rati onale references the findings of the SGH 2013 Community Health Needs Assessment or the mos t recent SDC community health statistics unless otherwise indicated Rationale * Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recomm ended further work in access to care, health insurance and care management with each of th e priority health issues identified for SDC (cardiovascular disease, Type 2 diabetes, ment al/behavioral health and obesity) * Participants in the HASD&IC 2013 CHNA community forums held throughout SDC also strongly aligned access to care and care management with mainta ining health * In 2012, SDC's east region presented a higher rate of unemployment (10 68 percent in 2012) when compared to SDC overall (9 16 percent in 2012) * According to CHIS data, 8 9 percent of those 18 to 64 years of age in SDC's east region were currently not insured in 2014 compared to 20 1 percent in 2011 * The same data indicates that in SDC's e ast region in 2014 for those 18 to 64 years of age, the most common sources of health insu rance coverage included employment-based coverage (58 2 percent) 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/C alFresh benefits and 14 9 percent of children were living at or below 200 percent Federal Poverty Level (FPL) In the east region, both of these numbers are higher, with 44 7 perce nt of children receiving food stamps/SNAP/C alFresh benefits and 34 0 percent of children living in the east region at or below 200 percent FPL * According 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 us ual source of care * As of September 2015, the average unemployment rate in the cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee, and Spring Valley was 5 3 percent (Labo r Market Information, State of California Employment Development Department, http://www.labormarketinfo.edd.ca.gov) * In November 2015, the overall unemployment rate in SDC was 4 8 percent, falling below the unemployment rate for the state of California in December 2015 of 5 8 percent (Bureau of Labor Statistics (BLS), 2015) * The cost of living in Californi a is 35 percent above the U S average, with health spending per capita in California grow ing by 5 9 percent betw een 1994 to 2004 (California Hospital Association Special Report, O ctober 2011) * According to Community Health Improvement Partners (CHIP), betw een 2006 and 2009, demand for ED services in SDC increased by 11 9 percent, from 582,129 to 651,595 v isits (CHIP, 2010) * In 2015, the health insurance benefits under the Consolidated Omnibu s Budget Reconciliation Act (COBRA) cost a single person in California betw een \$511 and \$6 25 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 Pensi on & Health Plans)</p>

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<p>Form 990, Part III, Line 4a (continued)</p>		<p>* Between 2009 and 2014, community clinics in California have experienced rising rates of primary care clinic utilization. The number of persons utilizing the clinics increased by 5.9 percent between 2013 and 2014 (Office of Statewide Health Planning and Development, 2015). * Consistent with demand, the number of community clinics in California rose from 1,010 in 2009 to 1,289 (or 27.62 percent) in 2014 (OSPHD, 2014). Objectives: * Connect high-risk, underfunded patients and community members to local resources and organizations for low-cost medical equipment, housing options and follow-up care. * Assist economically disadvantaged individuals through transportation and financial assistance for pharmaceuticals. * Collaborate with community organizations to provide services to chronically homeless individuals. * Through the Care Transitions Intervention pilot, provide high-risk, under and unfunded patients with health coaching, support and resources to ensure safe transition home and maintained health and safety.</p> <p>FY 2015 Report of Activities: In FY 2015, SGH continued to provide post-acute care facilitation for high-risk patients, including individuals who were homeless or without a safe home environment. Individuals received referrals to and assistance from a variety of local resources and organizations. These groups provided support with transportation, placement, medical equipment, medications, outpatient dialysis and nursing home stays. SGH referred high-risk patients, families, and community members to churches, shelters and other community resources for food, safe shelter 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 managers 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 workers continue to provide DME items to patients who are uninsured, underinsured or who are otherwise 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 medications, 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 prescriptions valued at approximately \$374,000. Beginning in 2014, SGH piloted a Care Transitions Intervention (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 program provides 30-day coaching by an RN at no cost to Medi-Cal or unfunded patients who are identified as highly vulnerable through a comprehensive risk assessment tool. The assessment tool evaluates patients for multiple factors including isolation, co-occurring health issues, food insecurity, behavioral health issues, and other conditions that impact the health and safety of vulnerable patients. The project team is a collaborative effort between various team members across Sharp, including nurses, case managers, disease specialists, SGH's Senior Resource Center and others. The team ensures that vulnerable patients are connected with community resources and support to safely transition home, and keep them safe and healthy in the community. Partnerships with community organizations connect these patients 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 support organizations. This outreach is critical for sustaining vulnerable patients and empowering 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 - were identified with food insecurity. Of those patients, 12 were enrolled in CalFresh benefits through the SDFB, and hundreds of others were evaluated and provided resources for various other hunger relief programs, including the Emergency Food Assistance Program, the Senior Food Program and free food distribution sites throughout San Diego. Further, in an effort to supply food directly to those in need during the first few days after discharge, the CTI program provides medically-tailored emergency food bags for CTI patients without food in their homes. Supported by funding from the Grossmont Hospital Foundation, the food bags include nutritious items specifically designed for the complex health conditions and nutritional 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</p>

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	Form 990, Part III, Line 4a (continued)	<p>visit and combine this delivery with a review of the patient's hospitalization and a plan for self-management. 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 challenged with adherence to their care plan because they cannot afford diabetes equipment. To address this challenge, a grant application was submitted and approved by the Neighborhood Walmart closest to SGH. As a result of this funding, 50 "diabetes kits" - including a three-month supply of strips, lancets, etc - were put together. These kits help to keep CTI patients safe and managed until their insurance is 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 services from a CTI coach. The average readmission rate for this cohort has remained at 12 percent 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 determinants of health that has contributed to the marked success of this program. In recognition 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 Foundation's Culture of Health Learning Collaborative, which spotlights successful hospital-community organization partnerships to improve community health. CTI has also been recognized as a semi-finalist in the Hospital Charitable Services award program from Jackson Healthcare in Georgia. In FY 2015, SGH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the SDRM, SGH discharged chronically homeless patients to the SDRM's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SGH in a safe space, and also provides psychiatric care, substance abuse counseling and guidance from the SDRM's programs in order to help these patients get back on their feet. FY 2016 Plan SGH will do the following:</p> <ul style="list-style-type: none"> * Continue to provide post-acute care facilitation to high-risk patients * Continue and expand the DME donations project to improve access to necessary medical equipment for high-risk patients who cannot afford DME * Continue to administer Project HELP funds to those in need * Continue to collaborate with community organizations to provide medical care, financial assistance, psychiatric and social services to chronically homeless patients * Continue to provide high-risk, Medi-Cal and unfunded patients with CTI health coaches and connection to resources, including resources to combat food insecurity, and access to necessary medical equipment * Establish partnerships with Feeding America, San Diego and 2-1-1 San Diego to strengthen the services of the CTI program and support expansion of the program * Explore opportunities to improve communication with community clinics <p>Identified Community Need: Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers</p>

Return Reference	Explanation	
	Form 990, Part III, Line 4a (continued)	<p>Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated Rationale * According to the 2013 Healthcare Shortage Areas Atlas from the County of San Diego Health and Human Services Agency (HHSA), SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area * The demand for RNs and other health care personnel in the U S will increase due to the aging population Nurses will also be needed to educate and care for patients 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 result of federal health insurance reform More nurses will be needed to care for these patients (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 demand for home health aides to provide assistance will continue to increase The older population often has health problems and will need help with daily activities * Total employment is projected to increase by 6.5 percent, or 9.8 million, from 2014 to 2024 Health care and social assistance is projected to increase its employment share from 12 percent in 2014 to 13.6 percent in 2024, the 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 employment (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 include physical therapists, medical assistants, occupational therapists, RNs, medical record and health information technicians, radiology technologists and technicians, pharmacists and medical and clinical laboratory technologists * According to the San Diego Workforce Partnership, healthcare specialty occupations expected to add employment by 12 percent (7,466 jobs) between 2013 and 2018 in San Diego County The top six growing health care occupations are RNs, home health aides, nursing assistants, medical assistants and licensed vocational nurses * According to the San Diego Workforce Partnership, there is a growing demand for health care workers, but employers express a challenge to fill open position because of an "experience gap" among recent graduates While new graduates often possess the requisite academic knowledge to be hired, they lack professional experience * The San Diego Workforce Partnership recommends programs that provide volunteer opportunities to high school and post-secondary students, as on-the-job training could provide real world experience for workers Programs that target underrepresented groups and 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 hospitals make tremendous impacts on the lives of individuals, families and communities This includes time and resources dedicated to the thousands of interns and high school students spending time in California hospitals each year, gaining valuable work experience and career exposure Objectives * Collaborate with local schools to provide opportunities for students to explore health care professions * Collaborate with local colleges and universities to provide professional development lectures to students from local colleges and universities * Offer professional development opportunities for community health professionals FY 2015 Report of Activities SGH continued to collaborate with the Grossmont Union High School District (GUHSD) in the Health-careers Exploration Summer Institute (HESI), providing high school students with opportunities for classroom instruction, job shadowing, observations and limited hands-on experiences Due to increased interest in the program, the number of HESI students doubled between FY 2014 and FY 2015 In FY 2015, two groups of 10 to 12 students shadowed staff for two weeks in a variety of hospital specialties, including women's health, laboratory, pulmonary, interventional radiology, pre- and post-operative surgery, sterile processing, endoscopy, occupational and physical therapy, and the catheterization, hyperbaric and electroencephalography (EEG) laboratories At the conclusion of the program, students presented their experiences as case studies to family members, educators and hospital staff Those completing the program received high school credits equal to two summer school sessions SGH also continued.</p>

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Form 990, Part III, Line 4a (continued)		<p>ts participation in the Health Sciences High and Middle College (HSHMC) program in FY 2015 , providing early professional development for 190 students from a broad array of backgrou nds in ninth through 12th grades. Students shadowed staff in various areas throughout the hospital, including but not limited to cafeteria, nursing, engineering, occupational and p hysical therapy, endoscopy, women's health, cardiology, pharmacy, rehab nursing, medical i ntensive care unit (MICU), surgical intensive care unit (SICU), the volunteer office as we ll as Sharp Rees-Stealy (SRS) OB/GYN, neurology, pediatrics, family practice and orthopedi cs. In addition, SGH staff provided students instruction on educational requirements, care er ladder development and job requirements. At the end of the academic year, SGH staff pro vided the students, their loved ones, community leaders and hospital mentors a symposium t hat show cased the lessons learned throughout the program. Throughout the academic year, SG H provided nearly 1,000 students from colleges and universities throughout San Diego with various placement and professional development opportunities. Approximately 730 nursing st udents spent nearly 62,500 hours at SGH, including time spent both in clinical rotations a nd individual preceptor training, while more than 230 ancillary students spent more than 54,000 hours on the SGH campus. In addition, the SGH Senior Resource Center provided approx imately 200 hours of intern supervision to a SDSU gerontology student. Academic partners i ncluded Alliant University, Aspen University, Azusa Pacifica University, California Norths tate University, California State University Dominguez Hills, California State University Long Beach, California State University Northridge, California State University San Marcos , Casa Loma College, Concorde Career College, Drexel University, EMSTA College, Grand Cany on University, Grossmont College, Grossmont Health Occupations Center, Kaplan College, Loma Linda University, Maryw ood University, National University, Nebraska Methodist College, Nova Southw estern University, Palomar College, PIMA Medical Institute, Point Loma Nazarene University, San Diego City College, SDSU, Southw estern College, Tennessee State Universit y, Touro University, University of Phoenix, UCSD, University of San Diego, University of S outhern California, University of St. Augustine, University of Texas Arlington, University of the Pacific, United States University (USU), West Coast Ultrasound, Western Governors University, Western University, and WestMed College. In addition, SGH also offered profess ional development lectures to 25 SDSU nursing students on clinical care nutrition, and 25 PLNU students on community nutrition and eating disorders. The SGH Stroke Center provided stroke education to approximately 20 SDSU nursing students. SGH offered free professional development opportunities for community and Sharp health professionals in FY 2015, includi ng the Compassion Cultivation Training (CCT) course and the Introduction to Mindfulness cl ass series. Developed by the Center for Compassion and Altruism Research and Education (CCARE) at the Stanford University School of Medicine, CCT helped a variety of community heal th professionals develop compassion for themselves and others. Taught by a Certified Compa ssion Cultivation teacher, the eight-week course utilizes lectures, guided compassion cult ivation exercise, and group discussions to help improve communication, increase resilience to stress, and enhance feelings of wellbeing. The Certified Compassion Cultivation teache r also led the Introduction to Mindfulness series. The four-class series helped participan ts incorporate mindfulness into daily life, such as sitting, walking and eating meditation , and how to work with difficult thoughts and emotions, in order to achieve a range of pos itive benefits including greater mind-body awareness, reduced stress, improved well-being and happiness, and much more. In FY 2015</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)	<p>FY 2016 Plan SGH will do the following * In collaboration with GUHSD, participate in the HESI * Continue to participate in the HSHMC program* Continue to provide internship and professional development opportunities to college and university students throughout San Diego * Continue to collaborate with local universities to provide professional development lectures for students * Develop an elementary school field trip program to promote healthy decision-making as well as to provide a broad understanding of health care career options SGH Program and Service Highlights * 24-hour emergency services with heliport and paramedic base station - designated STEMI Center * Acute care * Ambulatory care services, including infusion therapy * Behavioral Health Unit * Breast Health Center, including mammography * Cardiac services, recognized by the AHA - GWTG * Cardiac Training Center * Computed Tomography scan * David and Donna Long Center for Cancer Treatment * EKG * EEG * Endoscopy unit * Grossmont Plaza Outpatient Surgery Center * Group and art therapies * Home health * Home infusion therapy * Hospice * Hyperbaric treatment * Intensive Care Unit * LakeView Home * NICU * Orthopedics * Outpatient diabetes services, recognized by the American Diabetes Association * 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 Disorders Center * Spiritual care services * Stroke Center * Surgical services * Transitional Care Unit * Van services * Vascular services * Women's Health Center * Wound Care Center</p> <p>Section 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, Sharp 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 this 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 benefit categories:</p> <ul style="list-style-type: none">* Other Benefits for Vulnerable Populations included contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank (SDFB)* Other Benefits for the Broader Community included a variety of end-of-life support for seniors, families, caregivers and veterans in the San Diego community, such as education, support groups and outreach at community health fairs and other events. In addition, Sharp HospiceCare provided volunteer training opportunities for community adults and teens. Sharp HospiceCare staff actively participated in community boards, committees and civic organizations, including San Diego County Coalition for Improving End-of-Life Care (SDCCEOLC), Caregiver Coalition of San Diego, San Diego County Hospice-Veteran Partnership (HVP), California Hospice and 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 Network (NorCAN), South County Action Network (SoCAN), East County Senior Service Providers (ECSSP), San Diego Chapter of the Hospice and Palliative Nurses Association (HPNA), San Diego Physician 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 category also included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.* Health Research, Education and Training Programs included time devoted to education and training for health care professionals, student and intern supervision and generalizable health-related research projects that were made available to the broader health care community. <p>Definition of Community 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 and 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 Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (US) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations. According to the CNI, communities serv</p>	

Return Reference	Explanation	
	<p>Form 990, Part III, Line 4a (continued)</p>	<p>ed by Sharp HospiceCare with especially high-need include, but are not limited to, East Sa n Diego, City Heights, North Park, the College Area, and Downtow n San Diego Description o f Community Health In SDC in 2014, 98 2 percent of children ages 0 to 11, 91 5 percent of children ages 12 to 17, and 84 3 percent of adults ages 18 to 64 had health insurance - fa iling to meet the Healthy People 2020 (HP2020) national targets for health insurance cove rage See Table 1 for a summary of key indicators of access to care and Table 2 for data r egarding Medi-Cal eligibility In SDC in 2014, 20 9 percent of adults ages 18 to 64 did no t have a usual source of care and 14 3 percent of these adults had health insurance In ad ition 14 3 percent reported fair or poor health outcomes Further, 43 6 percent living at 200 percent below the federal poverty level (FPL) reported as food insecure Table 1 Hea lth Care Access in SDC, 2014 Description Rate Year 2020 Target Current Health Insurance Co verage Children 0 to 11 Years 98 2% 100% Children 12 to 17 Years 91 5% 100% Adults 18 to 6 4 Years 84 3% 100% Regular Source of Medical Care Children 0 to 11 Years 97 9% 100% Childr en 12 to 17 Years 83 0% 100% Adults 18 to 64 Years 79 1% 89 4% Not Currently Insured Adult s 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), 20 14 Description Rate Medi-Cal Eligible 28 7% Not Eligible 71 3% Source 2013-2014 CHIS Tabl e 3 summarizes the leading causes of death in SDC For additional demographic and health d ata for communities served by Sharp HospiceCare, please refer to the Sharp Memorial Hospit al (SMH) 2013 CHNA at http://www.sharp.com/about/community/community-health-needs-assessme nts which includes data for the primary communities served by Sharp HospiceCare Table 3 Leading Causes of Death in SDC, 2014 Cause of Death Number of Deaths Malignant neoplasms 4 891 Diseases of heart 4586 Alzheimer's disease 1316 Cerebrovascular diseases 1155 Accident s (unintentional injuries) 1101 Chronic low er respiratory diseases 995 Diabetes mellitus 5 88 Intentional self-harm (suicide) 421 Chronic liver disease and cirrhosis 319 Essential h ypertension and hypertensive renal disease 314 Influenza and pneumonia 304 Parkinson's dis ease 268 Pneumonitis due to solids and liquids 134 Viral hepatitis 118 Nephritis, nephroti c 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 Online Dat abase, released 2015 Data are from the Multiple Cause of Death Files, 1999-2014, as compi led from data provided by the 57 vital statistics jurisdictions through the Vital Statisti cs Cooperative Program Community Benefit Planning Process In addition to the steps outlin ed in Section 3 regarding community benefit planning, Sharp HospiceCare * Consults with r epresentatives from a variety of internal departments and other community organizations to discuss, plan and implement community activities * Participates in programs and workgroup s to review and implement services that improve palliative and end-of-life care for the Sa n Diego community * Incorporates end-of-life community needs into its goal development Pri ority Community Needs Addressed by Sharp HospiceCare</p>

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	Form 990, Part III, Line 4a (continued)	<p>The 2013 CHNAs for each SHC acute care hospital (SCVMC, SCHHC, SGH, SMH) identify senior health as a priority health need for the community. Sharp HospiceCare provides hospice and palliative care services across the SHC care continuum and helps to address senior health issues through the following community programs and services:</p> <ul style="list-style-type: none"> * End-of-life and chronic illness management education for community members * Advance care planning education and outreach for community members, students and health care professionals * Hospice and palliative care education and training programs for health care professionals, students and volunteers * Bereavement counseling and support <p>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), FY 2015 Report of Activities conducted in support of the objective(s), and FY 2016 Plan of Activities.</p> <p>Identified Community Need: End-of-Life and Chronic Illness Management Education for Community Members</p> <p>Rationale references the findings of the SHC 2013 Community Health Needs Assessments or the most recent SDC community health statistics unless otherwise indicated.</p> <p>Rationale:</p> <ul style="list-style-type: none"> * In SHC's 2013 CHNAs, senior health was identified as one of the priority 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 chief concerns for seniors in SDC: cardiovascular disease, Alzheimer's disease, pain management, hearing loss (many seniors cannot afford treatment) and mobility issues (falls and resulting immobility). Health issues such as medication management, social planning for the future (including housing, advance care planning, etc.), and lack of education, management and support for behavioral changes were identified. * According to research presented in the SHC 2013 CHNAs, older adults are among the fastest growing age groups in the U.S. In 2011, the first of more than 70 million baby boomers (adults born between 1946 and 1964) turned 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 increasing 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 2015 California HealthCare Almanac report "Beds for Boomers: Will California's Supply of Services Meet Senior Demand?", nearly two-thirds of California seniors had two or more chronic conditions in 2012, and more than one-third had four or more (California Healthcare Foundation (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 43.5 million adults in the U.S. who have provided unpaid care to an adult or child (AARP, 2015). * Although caregivers report some positive feelings about caregiving, including family togetherness and the satisfaction of helping others, they also report high levels of stress over the course of providing care. Sixty-one percent of family caregivers of people with Alzheimer's and other dementias rated the emotional stress of caregiving as high or very high (National Alzheimer's Association, Alzheimer'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 their 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 report 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, educational/training support, home-based visits, or technology, depending on how they were delivered (National Alzheimer's Association, 2012). * According to a 2011 article in the American Family Physician Journal (AFPJ), the demand for family caregivers is expected to rise by 85 percent in the next few decades. Furthermore, family caregiving has been affected in several important ways over the past five years: caregivers are

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	<p>Form 990, Part III, Line 4a (continued)</p>	<p>d care recipients are older and have higher levels of disability than in years past, the duration, intensity and burden of care has increased, the financial cost associated with in formal caregiving has risen, and the use of paid formal care has declined significantly * In 2013, 140,000 Californians were served by hospice Nearly 80 percent of hospice patients were ages 71 and older At current rate of use, the number of hospice patients is projected to more than double between 2013 and 2040 It is projected that in 2040, 88 percent of hospice patients will be 71 and older (2015 California Health Care Almanac Beds for Boomers report) Objectives * Provide education and outreach to the San Diego community concerning advanced illness management 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 illness management and end-of-life care needs of military veterans and their families FY 2015 Report 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 organizations 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 Community 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 education and outreach on a variety of end-of-life and advance illness management topics This included educational presentations at churches, senior living centers, and community health agencies and organizations throughout SDC as well as participation in community health fairs and events In January, Sharp HospiceCare partnered with SanDi-CAN, Nor-CAN and other community organizations 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 the conferences, approximately 300 seniors and their family members learned tools to identify their end-of-life values and goals of care, and communication skills for making educated 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 Important Documents Everyone Should Have, Communication Tools for Crucial Conversations, Whole 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 Own Advance Directives</p>

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Form 990, Part III, Line 4a (continued)	<p>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. The free conferences were held at the Sandermann Education Center at SCHHC, the Point Loma Community Presbyterian Church and the La Mesa Community Center and offered education from Sharp HospiceCare leadership and community health experts on how to plan and communicate future health care, financial and physical needs. Presentations included Advance Care Planning, 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 variety of community resources. In June and July, Sharp HospiceCare participated in two community events presented by the Caregiver Coalition of San Diego: Finding the Balance in Caregiving held at College Avenue Baptist Church, and Batter Up! Are Your Bases Covered?, a special 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 variety of caregiving topics, including, but not limited to, coping with the emotional issues of caregiving, managing loved ones' physical care needs, understanding hospice, Medicare, and 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 conference that provided approximately 200 seniors and their caregivers with valuable information on how to care for themselves and their loved ones. The event included several community resource agencies, as well as expert speakers who shared knowledge on a variety of topics, including asking one's doctor the right questions, creating an advance directive, detecting fraud, improving memory, managing depression and using exercise to feel better. In 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 community 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 Services Health Fair, the Sharp Women's Health Conference, the East County Senior Service Providers 16th annual Senior Health Fair at Santee Trolley Square, Vital Aging 2015: Boosting Your Brain Power Conference and Manade San Diego Family Health Fair at Sweetwater High School 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. Sharp HospiceCare is a partner in We Honor Veterans (WHV), a national program developed by the NHPCO in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice 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 serving 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 member of the San Diego County HVP, a coalition of VA facilities and community hospices working together to ensure excellent end-of-life care for veterans and their families. Through the partnership, the VA San Diego Healthcare System and San Diego's community hospice organizations continually collaborate to promote and advocate for quality care for veterans experiencing a life-limiting illness and serve as a voice 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 organization that provides support, awareness, education and resources for veterans, community members and families living with PTSD and TBI and those who want to support them. Held at Liberty 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</p>

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Form 990, Part III, Line 4a (continued)		<p>nearly 200 veterans, families, caregivers and other members of the community 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 for military personnel, veterans and family caregivers, this free educational event provided more than 100 attendees with practical solutions for managing TBI and PTSD, improving communication and caring for the family caregiver In August and October, Sharp HospiceCare provided education and resources on hospice, advance care planning (ACP) and advanced illness management at the Veterans, Military and Families Expos at the War Memorial Building at Balboa Park. The free events were sponsored by the City of San Diego Parks and Recreation Department, Senior Citizen Services, SanDi-CAN, San Diego Veterans Coalition, Legacy Corps, San Diego and the Caregiver Coalition of San Diego Reaching approximately 240 community members, the events offered presentations, workshops, resource tables and assistance with 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 La 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 veterans, Sharp HospiceCare joined community members and local end-of-life care organizations in the HVPs Keep the Spirit of '45 Alive wreath laying ceremonies Held on Mt Soledad in August, 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 Sharp HospiceCare continued its wig donation program in FY 2015, providing free wigs to 49 community members who suffer from hair loss due to cancer treatment and other illnesses Through 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 community members to select their wig, and receive personalized wig fitting, styling and maintenance instructions In addition, surplus wigs are donated to patients at the Douglas & Nancy Barnhart Cancer Center at SCVMC and to other community organizations interested in supporting those with medical-related hair loss A total of 150 wigs were donated to those in need in FY 2015 FY 2016 Plan Sharp HospiceCare will do the following</p> <ul style="list-style-type: none"> * Continue to collaborate with a variety of local networking groups and community-oriented agencies to provide education and resources for seniors and their loved ones on advanced illness management and end-of-life care * In collaboration with SCHHC and the Sharp Senior Resource Centers, host three free aging conferences, reaching 100 community members per conference * Continue to support the needs of military veterans and their families through the provision of education and resources at veteran-oriented community events and collaboration with local and national organizations advocating for quality end-of-life care for veterans * Achieve WHV Level II Partners to build the organizational capacity needed to provide quality care for veterans and their families

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Form 990, Part III, Line 4a (continued)		<p>Identified Community Need Advance Care Planning Education and Outreach to Community Members, Students and Health Care Professionals Rationale references the findings of the SHC 2013 Community Health Needs Assessments or the most recent SDC community health statistics unless otherwise indicated Rationale *</p> <p>Participants in the HASD&IC 2013 CHNA community forums recommended increased educational resources on advance directives to help address the health concerns of seniors in SDC * Key informant interviews from the SHC 2013 CHNAs identified social planning for the future, including education on ACP, among chief concerns for seniors in SDC * Greater community education regarding care options and care management to ensure a positive experience as seniors approach 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, because 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 with loved ones (NHPCO, 2015) * Seventy percent of Americans do not have an advance care plan (CDC, 2014) * A 2013 report, Completion of Advance Directives Among U.S. Consumers, published in The American Journal of Preventive Medicine in January 2014, shows that of more than 7,900 respondents only 26.3 percent had an advance directive, with lack of awareness cited as the primary barrier for not having one This study also indicates racial and educational disparities in the completion of an advance directive and highlights the need for 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 have an advance directive on record (National Center for Health Statistics, 2011) * According to the CDC, barriers to ACP include lack of awareness, denial of death and dying, 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 takes to extend life, and cultural differences (CDC, 2012) * According to the CDC, planning for the end of life is increasingly being viewed as a public health issue, given its potential to prevent unnecessary suffering and to support an individual's decisions and preferences related to the end of life In addition, the CDC recognizes the public health opportunity to educate Americans, and especially older adults, about ACP and to improve their quality 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 information to family members, involving them in discussions and using advance directives has shown to reduce their symptoms 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 studies have found that end-of-life care planning is associated with significantly less aggressive 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 difference in prevalence of advance directives is attributable to several factors, including cultural differences in family-centered decision-making, distrust of the health care system, and poor communication between health care professionals and patients (Morhaim and Pollack, 2013) Objectives * Provide education, engagement and consultation for community members on ACP and POLST * Educate community health care professionals and students on ACP and POLST FY 2015 Report of Activities SHC offers a free and confidential ACP program to support community members as they consider their future health care options Facilitated by Sharp HospiceCare, the ACP program empowers adults of any age and health status to explore and document their beliefs, values and goals as they relate to health care The program consists of three stages Stage one, community engagement, focuses on bringing awareness to healthy community members about the importance of ACP This stage includes basic education and resources, identification of an appropriate health care agent, and completion of an advance health care directive Stage two, disease-specific outreach, focuses on education for community members with a progressive chronic illness, including decline in functional status, comorbidities, potential for hospitalization and caregiver issues With a goal of antic</p>

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	<p>Form 990, Part III, Line 4a (continued)</p>	<p>ipating future needs as health declines, this stage focuses on developing a w ritten plan t hat identifies goals of care, and involves the health care agent and loved ones The third stage, late-life illness outreach, targets those with a disease prognosis of one year or less Under these circumstances, specific or urgent decisions must be made and converted i nto medical orders that w ill guide the health care provider's actions and be consistent w ith goals of care The focus of this stage is to assist the individual or appointed health care agent w ith navigating complex medical decisions related to immediate life-sustaining or prolonging measures, including completion of the POLST form, a legal document designed for individuals w ith advanced progressive or terminal illness that specifies care preferen ces in an emergency medical situation In FY 2015, the Sharp ACP team provided more than 1 30 phone and in-person consultations to community members seeking guidance w ith identifyin g their personal goals of care and health care preferences, appointing an appropriate heal th care agent, and completing an advance health care directive The ACP team also engaged approximately 2,500 community members and caregivers in free ACP and POLST education at a variety of community sites, including health fairs, senior centers, homecare agencies, chu rches and seminars Locations included but w ere not limited to Silver Crest Senior Reside nce, Gateway Gardens Senior Living, Los Arcos Affordable Senior Living, Lantern Crest Seni or Living, Collw ood Terrace Retirement Community, La Mesa Library, Point Loma Library, the Coronado Book Club, San Diego LGBT Community Center, Salvation Army, Sister Servants of t he Blessed Sacrament, San Diego Gas & Electric (SDG&E) Employee Wellness Fair, Sempra Ener gy Wellness Fair, Rancho Santa Fe Senior Center first annual Healthy Aging Conference at F airbanks Ranch Country Club, County of San Diego Aging and Independence Services (AIS) Vit al Aging 2015 Boosting Your Brain Pow er Conference in Liberty Station, December Nights in Balboa Park, SanDi-CAN and Nor-CAN Planning Ahead Crucial Conversations conferences, SD CCEOLC Quality of Life Panel, Sharp Women's Health Conference, SCVMC Heart Health Expo, SG H Cancer Center's Survivorship Lunch and Learn series, Sharp HospiceCare Aging Right Choi ces at the Right Time conferences, Sharp HospiceCare Live Stronger Longer Conference for Seniors and Caregivers, Sharp HospiceCare's annual Healing Through the Holidays event, and Sharp HospiceCare's annual Memorial Service The Sharp ACP team participated in a variety of initiatives supporting National Healthcare Decisions Day (NHDD) Held on April 16, 201 5, the national initiative encourages adults of all ages to plan ahead of a health care cr isis The team kicked off NHDD w ith a live discussion on San Diego 6 New s station about th e importance of ACP and getting the conversation started April 16 and 17 continued w ith " kitchen-table talks," held at SCVMC, SGH and SMH, during w hich community members could mee t with Sharp's ACP experts to begin their advance health care plan Approximately 200 indi viduals w ere reached through the NHDD kitchen-table talks NHDD presentations w ere also pr ovided to more than 40 community members at Gethsemane Lutheran Church in Serra Mesa and t he Serra Mesa Community Council</p>

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Form 990, Part III, Line 4a (continued)	<p>In further support of NHDD, Sharp HealthCare hosted Conversations Matter, a free community workshop held at the First United Methodist Church of San Diego. During the workshop, the Sharp ACP team 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. Presentations included Conversations Matter Tools and Resources for Communicating/Documenting Future Health Care Wishes, Difficult Conversations Presenters Demonstrate Conversations and Provide Tips That Address Communication Barriers, and Physician Panel Personal Stories from Physicians 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 of 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-part film series, An Impossible Choice. Filmed in the SCHHC Subacute Unit, the story documents 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 support from the California HealthCare Foundation (CHCF), Sharp HospiceCare collaborated with SDCCEOLC in August to provide free community viewings of the Public Broadcasting Service documentary, Being Mortal, including a post-film panel discussion on end-of-life care. Based on the book written by Dr. Atul Gawande, American surgeon, author and public health researcher, the movie addresses the national dialogue around death, including exploration of 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 the Ramona Community Library, the film screenings were attended by approximately 80 community members. Throughout the year Sharp HospiceCare educated more than 500 local, state and national 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 Healthcare, Senior Care Action Network (SCAN) Health Plan, the Center to Advance Palliative Care (CAPC) National Conference, SDRHCC, Caregiver Coalition of San Diego, SDC CEOLC, San Diego Dementia Consortium, the Sharp HospiceCare Resource & Education Expo, Greater San Diego Business Association and the County of San Diego Ombudsmen Program. In collaboration with the Coalition for Compassionate Care of California (CCCC), the Sharp ACP team also offered a POLST Train-the-Trainer workshop to train community health care providers on POLST, including identifying 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 ACP 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 psychology students at Valhalla High School as well as delivered eight lectures on hospice, bioethics, ACP and advance directives to nearly 180 nursing 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 Palliative Nursing Assistant training program through the HPNA. In FY 2014, SHC developed the Sharp HealthCare Advance Directive to guide the public in outlining their health care decisions. Made publicly available on Sharp's website in both English and Spanish, the document uses 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 directive becomes a legal document that can be used as a tool for health care decision-making. Additional contact information is provided for community members who are interested in speaking with a Sharp ACP facilitator. FY 2016 Plan Sharp HospiceCare will do the following:</p> <ul style="list-style-type: none">* 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 community members with beginning an advance health care plan* Continue to provide ACP education and outreach to local, state and national health care professionals* Ed	

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	<p>Form 990, Part III, Line 4a (continued)</p>	<p>educate Sharp team members about the End of Life Option Act - recently approved legislation that allows terminally ill patients to request and receive a doctor-prescribed medication to end the dying process - and address community questions and concerns that may arise * Collaborate with San Diego Health Connect, County of San Diego AIS, Health Services Advisory Group, emergency medical services, and various health care providers in SDC to ensure community members have access to advance directive and POLST forms in emergency situations through the county-wide health-information exchange Identified Community Need Health Professions and Student 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 statistics unless otherwise indicated Rationale * According to the 2013 SDC Healthcare Shortage Areas Atlas from the County of San Diego's 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 increase due to the aging population Nurses will be needed to educate and care for patients 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 result of federal health insurance reform More nurses will be needed to care for these patients (Bureau of Labor Statistics (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 demand for home health aides to provide assistance will continue to increase The older population often has health problems and will need help with daily activities * Total employment is projected to increase by 6.5 percent, or 9.8 million, from 2014 to 2024 Health care and social assistance is projected to increase its employment share from 12 percent in 2014 to 13.6 percent in 2024, the 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 employment (BLS, 2015) * 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 other chronic conditions (Eldercare Workforce Alliance, 2014-15) * The number of Americans over age 65 is expected to increase 71 percent by 2030 Geriatrics health professions training programs are critical to ensuring there is a skilled eldercare workforce and knowledgeable, well-supported family caregivers available to meet the complex and unique needs of older adults (Eldercare Workforce Alliance, 2014) * The number of people reaching retirement will double by 2030, accounting for an eight percent increase in the U.S. population needing a wide range of professional health, home care, and social services An estimated 3.5 million additional health care professionals will be needed by 2030 to care for older adults, while current levels of workforce are already stretched (Eldercare Workforce Alliance, 2014-2015)</p>

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Form 990, Part III, Line 4a (continued)	<p>* The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers. * According to the California Hospital Association (CHA) 2014 report titled Critical Roles: California's Allied Health Workforce Follow-Up Report, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities. This includes time and resources dedicated to the thousands of interns and high school students spending time in California hospitals each year, gaining valuable work experience and career exposure. Objectives:</p> <ul style="list-style-type: none">* Provide education and training opportunities for students and interns* Provide a Sharp HospiceCare Resource & Education Expo for community health care professionals* Through education, training and outreach, guide local, state and national health care organizations in the development and implementation of appropriate services for the needs of the aging population, including individuals in need of advanced illness management* Maintain active relationships and leadership roles with local and national organizations* Provide volunteer opportunities for adults and teens in the San Diego community <p>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 case managers out in the field, while an additional 24 students spent an eight-hour day shadowing and learning from the nursing staff at Sharp HospiceCare's LakeView home. Sharp HospiceCare also mentored three doctoral students from the Instituto Politécnico Nacional in Mexico, as well as nursing students from Point Loma Nazarene University (PLNU). In June, Sharp HospiceCare hosted its sixth annual Resource and Education Expo titled Advanced Illness Management: Preserving Quality of Life to help community health professionals improve their approach to patient and family-centered care for the advanced illness and aging populations. The free expo featured speakers from Sharp HospiceCare and SGH leadership as well as interactive discussions and community resources from 35 community agencies supporting end-of-life needs. The expo reached approximately 200 community health care professionals in FY 2015, including physicians, nurses, case managers, social workers, chaplains, therapists and home health aides. Sharp HospiceCare leadership provided education, training and outreach to local, state and national professionals throughout FY 2015. These efforts sought to guide industry professionals in achieving person-centered, coordinated care through the advancement of innovative hospice and palliative care initiatives. Organizations included Good Samaritan Medical Center, Saddleback Memorial Medical Center, the CAPC national conference, CCCC, Highmark Health, Baylor Scott and White Health, Family Medicine Education Consortium, Kaufman, Hall & Associates, LLC, State of California Department of Justice Bureau of Medi-Cal Fraud and Elder Abuse, Lowy Institute, Balboa Nephrology Medical Group, American Hospital Association (AHA) Leadership Summit, West Health Institute, Hospice Analytics, SCAN Health Plan and Continuum Care Hospice. Presentation topics included successful aging, palliative care, advanced illness management, geriatric frailty, prognostication, biometric markers and ACP. Sharp HospiceCare leadership also continued to serve on the board, and as a state hospice representative, for NHPCO and CHAPCA. Underscoring Sharp HospiceCare's commitment to quality end-of-life care for San Diego veterans, the Sharp HospiceCare interdisciplinary team is trained in ELNEC (End-of-Life Nursing Education Consortium) for Veterans. Administered by the American Association of Colleges of Nursing, the ELNEC project is a national education initiative to improve palliative care. Through Train-the-Trainer 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 they 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 HospiceCare has been working with its community partners to locally expand training in ELNEC for Veterans, including sharing the curriculum with fellow members of the HVP and staff from the VA San Diego Healthcare System. Sharp HospiceCare continued to provide volunteer training opportunities in FY 2015. Hospice volunteers are often working towards a career in the medical field. In addition to gaining valuable knowledge and experience through volunteering, hospice volunteers provide valuable services.</p>

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p>upport to hospice organizations and those they serve, including companionship to those near the end of life, family and caregiver support, and 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 commitment to hospice care prior to beginning their patient and administrative support activities. Sharp HospiceCare also trained five teenagers through its Teen Volunteer Program and provided volunteer opportunities for nine nursing students from PLNU. The teen volunteers devoted their time to special projects in the office or at Sharp HospiceCare's hospice homes, while the nursing students assisted family caregivers in private homes. In FY 2015, Sharp HospiceCare trained 22 volunteers through the 11th Hour Program, a special program through which a Sharp HospiceCare volunteer accompanies end-of-life patients without family members present during their final moments. The volunteers may also provide company to family members who are present as their loved one passes away. New in FY 2015, Sharp HospiceCare trained 11 volunteers in Healing Touch, a gentle energy therapy that uses the hands to help manage physical, 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 patient'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 and their family members, in which they honor them with a WHV pin and a certificate of appreciation for their services. In FY 2015, volunteers held 17 pinning ceremonies for veterans receiving care at Sharp HospiceCare. In addition, volunteers may provide weekly support, companionship and relief for caregivers of veterans.</p> <p>FY 2016 Plan</p> <p>Sharp Hospice Care will do the following:</p> <ul style="list-style-type: none"> * Continue to provide education and training opportunities for nursing and 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 local, state and national organizations to support the development and implementation of appropriate services for the needs of the aging population, including advanced illness management. * Maintain active relationships and leadership roles with local and national organizations. * Continue to collaborate with San Diego County HVP to provide ELNEC for Veterans training to community health care professionals. * Provide volunteer training programs for at least 75 adults and teens. * Continue to provide special training opportunities for hospice volunteers, including 11th Hour Program training, Healing Touch for family caregivers, and WHV Level I volunteer training to support veterans. <p>Identified Community Need</p> <p>Bereavement Counseling and Support Rationale references the findings of the SHC 2013 Community Health Needs Assessments or the most recent SDC community health statistics unless otherwise indicated.</p> <p>Rationale</p> <ul style="list-style-type: none"> * According to the Institute of Medicine (IOM) 2014 report, Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life, clinical care is not a person's sole priority near the end of life. Patients and families may be deeply concerned with existential or spiritual issues, including bereavement, and with practical matters of coping. Appropriate support in these areas is an essential component of good care.

Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	<p>* According to the same report, risk factors for complicated grief among bereaved caregivers include fewer years of education, younger age of the deceased and lower satisfaction 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 may be experienced in response to physical losses, such as death, or in response to symbolic or social losses, such as divorce or loss of a job. The grief experience can be affected by one's history and support system. Taking care of one's self and accessing counseling and support services can be a guide through some of the challenges of grieving as a person adjusts to his or her loss. * According to a 2010 article in Journal of the American Medical Association (JAMA), when compared with nursing homes or home health nursing services, bereaved family members report fewer unmet needs for pain and emotional support when the last place of care was hospice. In addition, lower spousal mortality at 18 months was found among bereaved wives of decedents who used hospice care versus those who did not. * A 2004 JAMA study titled, Quality of End-of-Life Care and Last Place of Care, examined 1,578 family members of people who died in the year 2000 of non-traumatic causes. Families were asked about the quality of patients' experiences at the last place where they spent more than 48 hours. Significant findings of the study include more than one-third of those cared for by nursing homes, hospitals and home health agencies reported either insufficient or problematic emotional support for the patient and/or family, compared to one-fifth of those in hospice (JAMA, January 7, 2004).</p> <p>Objectives</p> <ul style="list-style-type: none">* Provide bereavement education, resources, counseling and support to community members with life-limiting illness and their loved ones.* Provide individuals and their families referrals to community services.* Provide support to loved ones of those who have passed away through the Memory Bear Program. <p>FY 2015 Report of Activities</p> <p>Throughout FY 2015, Sharp HospiceCare offered a variety of bereavement 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 individuals and families as well as free community education, support groups and monthly newsletter 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 with bereavement counseling services from master's-level social workers with specific training in grief and loss. Sharp HospiceCare's bereavement counselors also provided referrals to community counselors, mental health services, other bereavement support services and community resources as needed. Sharp HospiceCare continued to offer the Healing After Loss and the Widow's and Widower's bereavement support groups, reaching approximately 180 community members in FY 2015. Offered quarterly, the groups consisted of eight-week sessions facilitated by skilled mental health care professionals specializing in the needs of the bereaved. 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 Anger 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 Like? 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, receive 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 coping tools for healing through grief, including relaxation exercises, journaling and identifying personal strengths. Sharp HospiceCare supported more than 100 community members grieving 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 spiritual 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 Grossmont Healthcare District, which provided practical suggestions for community members to cope with the painful feelings of loss that often arise during the holidays. Additionally, Sharp HospiceCare provided the Support During the Holiday Season bereavement services.</p>

Return Reference	Explanation	
	<p>Form 990, Part III, Line 4a (continued)</p>	<p>upport group on two days in December, which focused on coping skills to promote healing through the holidays and remembering your loved ones. In May, the Sharp HospiceCare Spiritual Care Department offered its annual memorial service for family members of hospice patients who have died in the past year. Through music, readings, and sharing memories with other attendees, approximately 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 HospiceCare continued the Memory Bear program through which Sharp HospiceCare volunteers use 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 bereavement support newsletter titled Healing Through Grief, to approximately 1,300 community members for 13 months after the loss of their loved one. FY 2016 Plan Sharp HospiceCare will do the following:</p> <ul style="list-style-type: none"> * Continue to offer individual and family bereavement counseling for community members who have lost a loved one * Continue to provide referrals to community services * Continue to provide a variety of free bereavement support groups * Continue to provide events and support services for individuals grieving the loss of a loved one during the holiday season * Support at least 350 families through the Memory Bear program * Continue to provide 13 mailings of bereavement support newsletters Sharp HospiceCare Program and Service Highlights * Advance care planning * Bereavement care services * Homes for Hospice program * Hospice nursing services * Integrative therapies * Spiritual care services * Volunteer program * Management for various hospice patient conditions, including: <ul style="list-style-type: none"> * Alzheimer's disease * Cancer * Debility * Dementia * Heart disease * Human Immunodeficiency Virus * Kidney disease * Liver disease * Pulmonary disease * Stroke <p>Appendix A - Sharp HealthCare Involvement in Community Organizations</p> <p>The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2015. Community organizations are listed alphabetically.</p> <ul style="list-style-type: none"> * 2-1-1 San Diego Board * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Protective Services * Aging and Independence Services * Alzheimer's Association * American Association of Colleges of Nursing * American Association of Critical Care Nurses, San Diego Chapter * American Cancer Society * American College of Healthcare Executives (ACHE) * American Diabetes Association * American Foundation for Suicide Prevention * American 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 Behavioral Healthcare * Association for Clinical Pastoral Education * Association of Women's Health, Obstetric and Neonatal Nurses * Azusa Pacific University * Beacon Council's Patient Safety Collaborative * Boys and Girls Club of San Diego

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)	<p>* Bonita Business and Professional Organization * California Association of Health Plans * California Association of Hospitals and Health Systems * California Association of Marriage and Family Therapists * California Association of Physician Groups * California Board of Behavioral Health Sciences * California Coalition for Mental Health * California College, San Diego * California Maternal Quality Care Collaborative * California Council for Excellence * California Department of Public Health * California Dietetic Association, Executive Board * California HealthCare Foundation * California Health Information Association * California Hospice and Palliative Care Association * California Hospital Association Center for Behavioral Health * California Hospital Association * California Library Association * California Perinatal Quality Care Collaborative * California State University San Marcos * California Teratogen Information 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 Living Association Advisory Board and Peer Review Advisory Team * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula Vista Family Health Center * Chula Vista Rotary * City of Chula Vista Wellness Program * Coalition to Transform Advanced Care * Combined Health Agencies * Community Emergency Response Team * Consortium for Nursing Excellence, San Diego * Coronado Chapter of Rotary International * Coronado Fire Department * Council of Women's and Infants' Specialty Hospitals * Cycle EastLake * Downtown San Diego Partnership * East County Senior Service Providers * El Cajon Fire Department * Emergency Nurses Association, San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego * Feeding America San Diego * Gardner Group * Gary and Mary West Senior Wellness Center * Girl Scouts of San Diego Imperial Council, Inc * Greater San Diego East County Advisory Board * Grossmont College * Grossmont Healthcare District * Grossmont Health Occupations Center * Grossmont Union High School District * Health Care Communicators Board * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Health Volunteers Overseas * Heart to Heart International * Helen Woodward Animal Center * Helix Charter High School * 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 Diego * International Association of Eating Disorders Professionals * International Lactation Consultants Association * International Relief Team * Ioama Medical Ministries * Jewish Family Service of San Diego * Jewish Federation of San Diego County - Jewish Senior Services Council * John Brockington Foundation * Journal for Nursing Care Quality Editorial Board * Kaplan College Advisory Board * Kiwanis Club of Chula Vista * Komen Latina Advisory Council * 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 International Nonprofit Organization * Las Patronas * Las Primeras * March of Dimes * Meals-on-Wheels Greater San Diego * Medical Library Group of Southern California and Arizona * Mended Hearts * Mental Health America * Mental Health Coalition * Mental Health First Aid Program - MHA of San Diego * Miracle Babies * MRI Joint Venture Board * National Active and Retired Federal Employees Association * National Alliance on Mental Illness * National Association of Neonatal Nurses * National Association of Hispanic Nurses, San Diego Chapter * National Hospice and Palliative Care Organization * National Institute for Children's Health Quality * National Kidney Foundation * National University * Neighborhood Healthcare Community Clinic * North County Health Project * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Professional Oncology Network * Public Health Nurse Advisory Board * Recovery Innovations - California * Regional Perinatal System * Residential Care Council * Rotary Club of Chula Vista * Rotary Club of Coronado * Safety Net Connect * San Diego Community Action Network * San Diegans for Healthcare Coverage * San Diego Association of Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Association of Governments Public Health Stakeholder Group * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Brain Injury Founda</p>	

Return Reference	Explanation	
Form 990, Part III, Line 4a (continued)		<p> tion * San Diego Coalition of Mental Health * San Diego Council on Suicide Prevention * San Diego County Breastfeeding Coalition Advisory Board * San Diego County Coalition for Improving End-of-Life Care * San Diego County Council on Aging * 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 Adult Behavioral Health System of Care Council * San Diego County Perinatal Care Network * San Diego County Social Services Advisory Board * San Diego County Stroke Consortium * San Diego County Suicide Prevention Council * San Diego County Taxpayers Association * San Diego Covered California Collaborative * San Diego Dietetic Association Board * San Diego East 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 Information Association * San Diego Healthcare Disaster Council * San Diego Hospice and Palliative Nurses Association * San Diego Housing Commission * San Diego Hunger Coalition * San Diego Imperial Council of Hospital Volunteers * San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc. * San Diego Mental Health Coalition * San Diego Mesa College * San Diego Military Family Collaborative * San Diego North Chamber of Commerce * San Diego Older Adult Council * San Diego Organization of Healthcare Leaders, a local ACHE Chapter * San Diego Patient Safety Consortium * San Diego Physician Orders for Life-Sustaining Treatment Coalition * San Diego Regional Home Care Council * San Diego Rescue Mission * San Diego River Park Foundation * San Diego-Imperial Council of Hospital Volunteers * San Diego 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 Network * South County Economic Development Council * Southern California Association of Neonatal Nurses * Southern California Earthquake Alliance * Southern Caregiver Resource Center * Special Olympics * St. Paul's Retirement Homes Foundation * St. Vincent de Paul Village * Susan G. Komen Breast Cancer Foundation * Sweetwater Union High School District * The Meeting Place * Third Avenue Charitable Organization * Trauma Center Association of America * United Service Organizations Council of San Diego * University of California, San Diego * University of San Diego * VA San Diego Healthcare System * Veterans Home of California, Chula Vista * Veterans Village of San Diego * Vista Hill ParentCare * Walk San Diego * Women, Infants and Children Program * YMCA * YWCA Becky's House * YWCA Board of Directors * YWCA Executive Committee * YWCA Finance Committee * YWCA In the Company of Women Event </p>

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 Corporation

Employer identification number
33-0449527

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	No
(1) Sharp HealthCare (SHC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-6077327	Healthcare Organization	CA	501 (c)(3)	3	N/A		No
(2) Sharp Memorial Hospital (SMH) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3782169	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	
(3) Sharp Chula Vista Medical Center (SCVMC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-2367304	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	
(4) Sharp HealthCare Foundation (SHF) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3492461	Healthcare Foundation	CA	501 (c)(3)	7	Sharp HealthCare	Yes	
(5) Grossmont Hospital Foundation 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0124488	Hospital Foundation	CA	501 (c)(3)	7	Grossmont Hospital Corporation	Yes	
(6) Sharp Health Plan (SHP) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0519730	Health Plan	CA	501 (c)(4)	N/A	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)	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?		(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	
(1) Grossmont Imaging LLC 7777 Alvarado Road Suite 108 La Mesa, CA 91941 20-2655131	Diagnostic Imaging	CA	N/A	Related	401,535	1,479,534		No		Yes		50 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Continuous Quality Insurance SPC 23 Lime Tree Bay Avenue PO Box 1 Grand Cayman CJ	Captive Insurance Company	CJ	N/A	C					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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 organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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
See Additional Data Table			

Schedule R (Form 990) 2014

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) Disproportionate 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
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Additional Data

Software ID:

Software Version:

EIN: 33-0449527

Name: Grossmont Hospital Corporation

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	No
(1) Sharp HealthCare (SHC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-6077327	Healthcare Organization	CA	501 (c)(3)	3	N/A		No
(1) Sharp Memorial Hospital (SMH) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3782169	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	
(2) Sharp Chula Vista Medical Center (SCVMC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-2367304	Hospital	CA	501 (c)(3)	3	Sharp HealthCare	Yes	
(3) Sharp HealthCare Foundation (SHF) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3492461	Healthcare Foundation	CA	501 (c)(3)	7	Sharp HealthCare	Yes	
(4) Grossmont Hospital Foundation 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0124488	Hospital Foundation	CA	501 (c)(3)	7	Grossmont Hospital Corporation	Yes	
(5) Sharp Health Plan (SHP) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0519730	Health Plan	CA	501 (c)(4)	N/A	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)	3	Sharp HealthCare	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Sharp Memorial Hospital	L	2,098,181	Accrual
Sharp Memorial Hospital	M	5,650,723	Accrual
Sharp Memorial Hospital	Q	63,845	Accrual
Sharp Memorial Hospital	S	330,118	Accrual
Sharp Chula Vista Medical Center	L	265,154	Accrual
Sharp Chula Vista Medical Center	M	172,641	Accrual
Sharp Chula Vista Medical Center	R	179,922	Accrual
Sharp Coronado Hospital and Healthcare Center	O	251,000	Accrual
Sharp Coronado Hospital and Healthcare Center	M	220,155	Accrual
Sharp Coronado Hospital and Healthcare Center	Q	116,389	Accrual
Sharp Coronado Hospital and Healthcare Center	R	137,411	Accrual
Grossmont Hospital Foundation	Q	1,023,773	Accrual
Grossmont Hospital Foundation	C	2,415,939	Accrual
Grossmont Hospital Foundation	B	1,151,712	Accrual
Grossmont Hospital Foundation	N	63,679	Accrual
Sharp Health Plan	L	542,657	Accrual