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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

C Name of organization
Scripps Health

% Richard Rothberger

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4275 Campus Point Court

City or town, state or province, country, and ZIP or foreign postal code
San Diego, CA 92121

D Employer identification number
95-1684089

E Telephone number
(858) 678-7226

G Gross receipts $ 4,462,181,028

F Name and address of principal officer
Christopher Van Gorder
4275 Campus Point Court
SAN DIEGO, CA 92121

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www scrippshealth org

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

L Year of formation 1924

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Founded in 1924 by Philanthropist Ellen Browning Scripps, Scripps Health is a $2 9 billion, private not-for- profit integrated health system in San Diego, Ca (SEE SCH O)

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
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**	14,986
6	Total number of volunteers (estimate if necessary)	**6**	3,665
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,928,556
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-96,854

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	26,873,287	39,110,316
9	Program service revenue (Part VIII, line 2g)	2,395,815,994	2,635,312,765
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	208,770,591	211,934,974
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,511,975	57,229,925
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,669,971,847	2,943,587,980
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	781,225	938,981
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,133,685,135	1,179,375,553
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶9,083,382		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,168,441,340	1,391,979,608
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,302,907,700	2,572,294,142
19	Revenue less expenses Subtract line 18 from line 12	367,064,147	371,293,838

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	4,253,258,000	4,463,807,760
21	Total liabilities (Part X, line 26)	1,298,760,499	1,381,809,214
22	Net assets or fund balances Subtract line 21 from line 20	2,954,497,501	3,081,998,546

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

****** | 2016-08-08
Signature of officer | Date

RICHARD SHERIDAN CORP SR VP, GEN CNSL
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
EVA NITTA	EVA NITTA			P01286320

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

Firm's address ▶ 560 MISSION STREET SUITE 1600
SAN FRANCISCO, CA 94105

Phone no (415) 894-8000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Founded in 1924 by Philanthropist Ellen Browning Scripps, Scripps Health is a $2 9 billion, private not-for profit integrated health system in San Diego, CALIFORNIA (Continued in Schedule O)

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 2,236,282,695 including grants of $ 938,981) (Revenue $ 2,688,592,033)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 2,236,282,695

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	Yes	
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	Yes	
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,060		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14,986		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	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 ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶ Richard Rothberger
4275 Campus Point Court
San Diego, CA 92121 (858) 678-6828

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

Check if Schedule O contains a response 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)**	16,890,059	0	-1,951,690

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 ▶ 2,397

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Scripps Clinic Medical Group, 10666 N Torrey Pines Rd La Jolla, CA 92037	Physician Services	238,066,934
McCarthy Building Companies, 20401 SW Birch St 300 Newport Beach, CA 92006	Construction	73,381,825
Scripps Coastal Medical Group, 501 Washington Ave 601 San Diego, CA 92103	Physician Services	37,186,108
Emergency Acute Care Med Corp, 440 Stevens Ave Suite 150 San Diego, CA 92075	Physician Services	12,761,492
The Whiting-Turner Contracting, PO Box 17596 Baltimore, MD 21297	Construction	12,359,195

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 ▶ 156

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	3,096,730			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	36,013,586			
	g	Noncash contributions included in lines 1a-1f $		5,692,990			
	h	**Total.** Add lines 1a-1f			39,110,316		
Program Service Revenue			Business Code				
	2a	Healthcare Delivery Rev	622110	2,291,347,828	2,290,108,198	1,239,630	0
	b	Capitation Premium	622110	147,560,077	147,560,077	0	0
	c	Provider Fee Revenue	622110	152,127,901	152,127,901	0	0
	d	Meaningful Use Incentive	900099	2,019,513	2,019,513	0	0
	e	Rental Income - MOB	531120	10,823,792	10,823,792	0	0
	f	All other program service revenue		31,433,654	30,556,484	877,170	0
	g	**Total.** Add lines 2a–2f		2,635,312,765			
	3	Investment income (including dividends, interest, and other similar amounts)		40,281,746	3,000,958	41,645	37,239,143
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)			0		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,688,145,153	599,000			
	b	Less cost or other basis and sales expenses	1,517,034,945	55,980			
	c	Gain or (loss)	171,110,208	543,020			
	d	Net gain or (loss)			171,653,228		171,653,228
	8a	Gross income from fundraising events (not including $ 3,096,730 of contributions reported on line 1c) See Part IV, line 18	a	523,827			
	b	Less direct expenses	b	1,502,123			
	c	Net income or (loss) from fundraising events			-978,296		-978,296
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory			0		
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	Cafeteria	722310	6,067,323	6,067,323	0	0
	b	Parking	812930	2,450,392	2,274,140	176,252	0
	c	Gift Shop	453220	1,179,827	1,179,827	0	0
	d	All other revenue		48,510,679	42,873,820	3,593,859	2,043,000
	e	**Total.** Add lines 11a–11d		58,208,221			
	12	**Total revenue.** See Instructions		2,943,587,980	2,688,592,033	5,928,556	209,957,075

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	938,981	938,981		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	17,359,527	0	17,359,527	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,736,116	843,688	892,428	
7 Other salaries and wages	904,634,161	762,881,722	136,991,413	4,761,026
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,732,499	30,077,894	6,506,171	148,434
9 Other employee benefits	151,188,904	125,626,099	25,017,611	545,194
10 Payroll taxes	67,724,346	56,565,711	10,863,163	295,472
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	8,753,928	4,112,753	4,634,594	6,581
c Accounting	993,242	120,352	872,890	0
d Lobbying	312,644	0	312,644	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	2,762,051	0	2,762,051	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	492,120,253	450,856,355	40,464,999	798,899
12 Advertising and promotion	7,652,738	3,640,247	4,008,225	4,266
13 Office expenses	63,735,122	49,967,306	12,741,965	1,025,851
14 Information technology	38,442,703	15,779,752	22,662,951	0
15 Royalties	0	0	0	0
16 Occupancy	79,126,433	65,409,295	13,514,515	202,623
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	20,934,236	18,900,554	2,033,682	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	129,246,350	117,800,487	11,445,863	0
23 Insurance	6,938,485	6,922,390	16,095	0
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 Medical Supplies	386,791,067	386,791,067	0	0
b Repairs and Maintenance	27,310,005	13,436,101	13,827,278	46,626
c Hospital Fee Program	122,841,703	122,841,703	0	0
d ALL OTHER EXPENSES	4,018,648	2,770,238	0	1,248,410
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,572,294,142	2,236,282,695	326,928,065	9,083,382
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		458,127,487	2	464,627,941
	3	Pledges and grants receivable, net		18,291,479	3	16,820,956
	4	Accounts receivable, net		307,978,390	4	378,340,846
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		16,710,695	5	17,759,611
	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		0	6	0
	7	Notes and loans receivable, net		141,217	7	135,624
	8	Inventories for sale or use		35,991,659	8	38,540,480
	9	Prepaid expenses and deferred charges		23,979,887	9	21,415,901
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,996,914,506			
	b	Less accumulated depreciation	10b 1,414,385,712	1,441,673,410	10c	1,582,528,794
	11	Investments—publicly traded securities		1,454,759,554	11	1,360,142,064
	12	Investments—other securities See Part IV, line 11		381,816,000	12	421,291,000
	13	Investments—program-related See Part IV, line 11		18,568,036	13	57,760,462
	14	Intangible assets		34,674,201	14	45,232,969
	15	Other assets See Part IV, line 11		60,545,985	15	59,211,112
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,253,258,000	16	4,463,807,760
Liabilities	17	Accounts payable and accrued expenses		333,652,890	17	379,566,513
	18	Grants payable		0	18	0
	19	Deferred revenue		14,845,504	19	14,761,226
	20	Tax-exempt bond liabilities		858,248,606	20	842,697,017
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		10,463,011	23	46,572,636
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		81,550,488	25	98,211,822
	26	**Total liabilities.** Add lines 17 through 25		1,298,760,499	26	1,381,809,214
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,747,774,920	27	2,883,544,657
	28	Temporarily restricted net assets		127,888,120	28	118,262,384
	29	Permanently restricted net assets		78,834,461	29	80,191,505
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,954,497,501	33	3,081,998,546
	34	Total liabilities and net assets/fund balances		4,253,258,000	34	4,463,807,760

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,943,587,980
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,572,294,142
3	Revenue less expenses Subtract line 2 from line 1	3	371,293,838
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,954,497,501
5	Net unrealized gains (losses) on investments	5	-279,694,357
6	Donated services and use of facilities	6	-141,758
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	36,043,322
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,081,998,546

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

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

(A) Name and Title	(B) Average hours per week (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) MARY JO ANDERSON CHS TRUSTEE	12 0 3 0	X						0	0	0
(1) RICHARD C BIGELOW TRUSTEE	12 0 3 0	X						0	0	0
(2) DOUGLAS A BINGHAM ESQ TRUSTEE	12 0 3 0	X						0	0	0
(3) JEFF BOWMAN TRUSTEE	12 0 3 0	X						0	0	0
(4) JAN CALDWELL TRUSTEE	12 0 3 0	X						0	0	0
(5) JUDY CHURCHILL PH D CHAIRMAN/TRUSTEE	12 0 3 0	X		X				0	0	0
(6) GORDON R CLARK VICE CHAIR/TRUSTEE	12 0 3 0	X		X				0	0	0
(7) KATHERINE A LAUER TRUSTEE	12 0 3 0	X						0	0	0
(7) KATHERINE A LAUER TRUSTEE	12 0 3 0	X						0	0	0
(8) MARTY J LEVIN TRUSTEE	12 0 3 0	X						0	0	0
(9) MAUREEN STAPLETON TRUSTEE	12 0 3 0	X						0	0	0
(10) ROBERT TJOSVOLD TRUSTEE	12 0 3 0	X						0	0	0
(11) CHRISTOPHER VAN GORDER PRESIDENT & CEO/TRUSTEE	57 0 3 0	X		X				1,870,923	0	-2,140,466
(12) RICHARD VORTMANN TRUSTEE	12 0 3 0	X						0	0	0
(13) ABBY SILVERMAN WEISS TRUSTEE	12 0 3 0	X						0	0	0
(14) GALE D KEEL ASSISTANT SECRETARY	39 0 1 0			X				94,848	0	16,628
(15) VIRGINIA LEARY ASSISTANT SECRETARY	39 0 1 0			X				90,867	0	26,549
(16) RICHARD ROTHBERGER TREASURER/EXECUTIVE VP/CFO	53 0 2 0			X				1,716,667	0	314,242
(17) RICHARD R SHERIDAN SEC/CORP SR VP, GEN COUNSEL	53 0 2 0			X				708,989	0	-1,280,917
(18) ROBIN BROWN CHIEF EXECUTIVE, SR VP	50 0 0 0				X			701,258	0	-364,973
(19) VICTOR V BUZACHERO CORP SR VP INNOVAT/HR/PERF MGT	50 0 0 0				X			967,090	0	228,106
(20) JOHN ENGLE CORP SR VP, CHIEF DEVELOPMENT	50 0 0 0				X			545,730	0	104,546
(21) CARL ETTER CHIEF EXECUTIVE, SR VP	50 0 0 0				X			695,590	0	123,042
(22) SHIRAZ FAGAN CHIEF EXECUTIVE, SR VP	50 0 0 0				X			753,067	0	148,472
(23) GARY FYBEL CHIEF EXECUTIVE, SR VP	50 0 0 0				X			774,079	0	143,493
(24) THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	50 0 0 0				X			964,882	0	170,572

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) JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	50 0 0 0				X			932,207	0	-273,788
(1) JAMES LABELLE MD CORP SR VP, CHIEF MED OFFICER	50 0 0 0				X			939,955	0	160,167
(2) BARBARA PRICE CORP SRVP BUS & SERV LINE DEV	50 0 0 0				X			678,470	0	131,109
(3) MARC A REYNOLDS CORP SR VP, PAYER RELATIONS	30 0 20 0				X			561,121	0	115,180
(4) SUSAN CAMPBELL EXEC DIR, EXTERNAL AFFAIRS	50 0 0 0					X		527,226	0	96,643
(5) MARY ELLEN DOYLE CORP VP, NURSING OPS	50 0 0 0					X		500,395	0	82,821
(6) ROBERT T HOFF CORP VP, CLINICAL ANC OPS	50 0 0 0					X		521,478	0	88,584
(7) ANIL KESWANI CORPORATE VP, CMO SHPS	50 0 0 0					X		544,729	0	114,756
(8) PATRIC THOMAS CORP VP, INFORMATION SVCS	50 0 0 0					X		574,979	0	95,435
(9) ARNOLD BRENT EASTMAN MD FORMER KEY EMPLOYEE	0 0 0 0						X	1,225,509	0	-51,891

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493224029746

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
Scripps Health	95-1684089

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		389,316
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		41,566
i	Other activities?	Yes		236,887
j	Total Add lines 1c through 1i			667,769
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
SCHEDULE C, PART II-B	PUBLIC AFFAIRS INFORMATION AND EDUCATION SCRIPPS HEALTH ON ITS OWN BEHALF AND AS A MEMBER OF SEVERAL HOSPITAL ASSOCIATIONS AND HEALTH CARE ORGANIZATIONS PARTICIPATES REGULARLY IN PUBLIC AFFAIRS AND ADVOCACY ACTIVITIES SOME ACTIVITY IS INDIVIDUALLY OR COLLECTIVELY CONDUCTED BY SCRIPPS HEALTH PERSONNEL DIRECTLY ON THE ORGANIZATION'S BEHALF OTHER ACTIVITY IS CONDUCTED MORE DIRECTLY BY THE ORGANIZATIONS IN WHICH SCRIPPS HEALTH PARTICIPATES AND IS SUPPORTED BY SCRIPPS HEALTH INVOLVEMENT THIS ACTIVITY INCLUDES BRIEFING OF LEGISLATORS AND LEGISLATIVE STAFF MEMBERS (FEDERAL, STATE AND LOCAL) ON MATTERS AFFECTING HEALTH CARE AND HEALTH CARE OPERATIONS MEETINGS OCCUR IN PUBLIC OFFICIAL OFFICES, AT SCRIPPS FACILITIES AND IN VARIOUS OTHER VENUES OF OPPORTUNITY ACTIVITY IS ON FEDERAL, STATE AND LOCAL LEVELS AND LOCATIONS SUCH MATTERS INCLUDE ACCOUNTABLE CARE ACT (HEALTH REFORM), BUDGET AND FISCAL POLICY IMPACTS, REIMBURSEMENT MATTERS, PROVIDER FEES AND OTHER ASSESSMENTS, DATA MANAGEMENT AND REPORTING, QUALITY AND PATIENT SAFETY MATTERS, HEALTH INFORMATION TECHNOLOGY AND THE IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS, EMERGENCY DEPARTMENT OPERATIONS AND IMPACTS, UNINSURED, COST SHIFT IMPACTS AND OTHER SAFETY NET ISSUES, COMMUNITY BENEFIT PROGRAMS, GRADUATE MEDICAL EDUCATION, SITE-NEUTRAL PRICING, VALUE-BASED PURCHASING, BUNDLED PAYMENTS, ACCOUNTABLE CARE ORGANIZATIONS, MEDICARE, MEDICAID THE ORGANIZATION STAFFS A GOVERNMENT RELATIONS DEPARTMENT THAT COORDINATES INFORMATION AND EDUCATION PROGRAMS ON PUBLIC POLICY AND ADVOCACY MATTERS ALL WORK IS FOCUSED ON ISSUES NO ACTIVITY ADDRESSES PARTISAN MATTERS, CANDIDATES OR POLITICAL ACTIVITIES NO CORPORATE ACTIVITY ADDRESSED PARTISAN CAMPAIGNS NATIONAL, STATE & LOCAL ORGANIZATIONS WITH WHICH SCRIPPS HEALTH PARTICIPATES IN PART IN LOBBY ACTIVITIES AMERICAN HOSPITAL ASSOCIATION CALIFORNIA HOSPITAL ASSOCIATION HOSPITAL ASSOCIATION OF SAN DIEGO & IMPERIAL COUNTIES HEALTH MANAGEMENT ACADEMY PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS ALLIANCE FOR CATHOLIC HEALTH CARE PROTON THERAPY CONSORTIUM SAN DIEGO REGIONAL CHAMBER OF COMMERCE SAN DIEGO TAXPAYERS ASSOCIATION SAN DIEGO ECONOMIC DEVELOPMENT CORPORATION COMMUNITY HEALTH IMPROVEMENT PARTNERS DIRECT ACTIVITY TO INFLUENCE LEGISLATION -- LEGISLATIVE MATTERS - FEDERAL H R, 1250/S 1012 - MEDICARE AUDIT IMPROVEMENT ACT OF 2013 (113TH CONGRESS) H R 2156 - MEDICARE AUDIT IMPROVEMENT ACT OF 2015 (114TH CONGRESS) H R 1920/S 1555 - DSH REDUCTION RELIEF ACT OF 2013 (113TH CONGRESS) H R 3288 -- STRENGTHENING DSH AND MEDICARE THROUGH SUBSIDY RECAPTURE AND PAYMENT REFORM ACT OF 2015 (114TH CONGRESS) H R 4188 -- ESTABLISHING BENEFICIARY EQUITY IN THE HOSPITAL READMISSION PROGRAM ACT (113TH CONGRESS) H R 1343/S 688 -- ESTABLISHING BENEFICIARY EQUITY IN THE HOSPITAL READMISSION PROGRAM ACT OF 2015 (114TH CONGRESS) H R 2 -- MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015 (114TH CONGRESS) - REPLACING PHYSICIAN "SUSTAINABLE GROWTH RATE" H R 6 - THE 21ST CENTURY CURES ACT (114TH CONGRESS) H R 2124/S 1148 -- RESIDENT PHYSICIAN SHORTAGE REDUCTION ACT OF 2015 (114TH CONGRESS) H R 2246 -- HELPING FAMILIES IN MENTAL HEALTH CRISIS ACT OF 2015 (114TH CONGRESS) CALIFORNIA SB 346 - HEALTH FACILITIES COMMUNITY BENEFITS AB 1046 - HOSPITALS COMMUNITY BENEFITS AB 366/SB 243 - MEDICAL REIMBURSEMENT PROVIDER RATES AB 579 - FREESTANDING EMERGENCY DEPARTMENTS SB 787 - FREESTANDING EMERGENCY DEPARTMENTS AB 658 - INMATE HEALTH CARE SERVICES RATES AB 1300 - MENTAL HEALTH INVOLUNTARY COMMITMENT (LPS ACT REFORM) SB 483 - GENERAL ACUTE CARE HOSPITALS OBSERVATION SERVICES SB 323 - NURSE PRACTITIONER SCOPE OF PRACTICE SB 277 - PUBLIC HEALTH VACCINATIONS SB 128/AB2X 15 - END OF LIFE OPTIONS SB 19 - POLST REGISTRY ACT SB 327 - MEAL PERIOD WAIVERS FOR HOSPITAL EMPLOYEES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a 2
b	Total acreage restricted by conservation easements	2b 16 00
c	Number of conservation easements on a certified historic structure included in (a)	2c 2
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ 1

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 ▶ 70 00

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ 1,742

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

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

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

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

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	117,167,000	112,290,000	103,819,000	94,354,000	87,057,000
b	Contributions	1,388,206	1,480,000	-1,051,000	745,000	2,316,000
c	Net investment earnings, gains, and losses	-3,512,026	9,068,000	14,066,000	12,924,000	657,000
d	Grants or scholarships	1,345,734	871,000	874,000	798,000	703,000
e	Other expenditures for facilities and programs	3,632,176	3,853,000	2,707,000	2,496,000	1,930,000
f	Administrative expenses	1,139,270	947,000	963,000	910,000	807,000
g	End of year balance	108,926,000	117,167,000	112,290,000	103,819,000	86,590,000

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- 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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	22,198,333	97,001,792		119,200,125
b Buildings		1,479,594,067	567,412,745	912,181,322
c Leasehold improvements		91,164,357	57,127,399	34,036,958
d Equipment		1,081,077,533	789,845,568	291,231,965
e Other		225,878,424		225,878,424
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,582,528,794

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Multi-Strategy Hedge Funds	395,400,000	F
(B) PRIVATE EQUITY FUNDS	25,891,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	421,291,000	

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Self Insured Worker's Compensation Liability	47,935,277
Deferred Retirement Liability	14,162,727
Self Insured Malpractice Liability	22,052,834
Asset Retirement Obligation	14,393,920
Annuity and Unitrusts	11,379,329
Deposits and Contingencies	120,244
Intercompany Liabilities	-11,832,509
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	98,211,822

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

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
SCHEDULE D, PART II, LINE 3	Changes to Conservation Easements There were no modified, transferred, released, extinguished, or terminated conservative easements in FY15
SCHEDULE D, PART II, LINE 9	Conservation Easement The historical structure that is considered to be a conservative easement is reported in the Mercy Hospital entity of the consolidated financial statements
SCHEDULE D, PART V, LINE 1A, COLUMN (D)	THE BEGINNING BALANCE DOES NOT ROLL FORWARD FROM THE ENDING BALANCE OF THE PREVIOUS YEAR DUE TO THE WHITTIER INSTITUTE (TWI), $7,764,000 EFFECTIVE FY12, TWI WAS CONSOLIDATED WITH SCRIPPS HEALTH AND NEEDS TO BE REFLECTED IN THIS SCHEDULE AS THE ROLLFORWARD DOES NOT CONTAIN AN APPROPRIATE LINE FOR THIS TRANSACTION, IT WAS DETERMINED THAT THE MOST APPROPRIATE PRESENTATION WAS TO REFLECT IT IN THE BEGINNING BALANCE
SCHEDULE D, PART V, LINE 4	INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS CONTRIBUTIONS RECEIVED FOR CAPITAL PROJECTS, INCLUDING BUILDING PROJECTS, MAJOR RENOVATIONS, AND EQUIPMENT PURCHASES $1,086,131 CONTRIBUTIONS RECEIVED TO FUND GRADUATE MEDICAL EDUCATION PROGRAMS, FELLOWS, AND LECTURE SERIES $18,080,421 CONTRIBUTIONS RECEIVED FOR USE IN SPECIFIC DEPARTMENTS OR DIVISIONS IN THE HOSPITALS AND/OR CLINICS $31,235,210 CONTRIBUTIONS RECEIVED TO COVER THE COST OF HEALTHCARE PROVIDED TO INDIVIDUALS WITHOUT INSURANCE OR THE MEANS FOR PAYING FOR THEIR CARE $13,415,279 CONTRIBUTIONS RECEIVED TO FUND RESEARCH PROJECTS IN SPECIFIC AREAS OR DIVISIONS $17,174,460
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS UNDER ASC 740 (AKA FIN 48) SCRIPPS HEALTH IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES HOWEVER, SCRIPPS HEALTH IS SUBJECT TO INCOME TAXES ON ANY INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN THE FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION THE ORGANIZATION ACCOUNTS FOR INCOME TAXES RELATED TO THE OPERATIONS OF ITS FOR-PROFIT SUBSIDIARIES (SCPO) UNDER THE PROVISIONS OF FASB ASC 740, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN UNDER FASB ASC 740, THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS MAY BE RECOGNIZED ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WITH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION THE ORGANIZATION RECORDS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRETE TAX ADJUSTMENTS IN THE FIRST INTERIM PERIOD THAT THE MORE LIKELY THAN NOT THRESHOLD IS MET THE ORGANIZATION RECOGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION CRITERIA NO SIGNIFICANT TAX LIABILITY FOR TAX BENEFITS, INTEREST OR PENALTIES WAS ACCRUED AT SEPTEMBER 30, 2015 OR 2014 SCRIPPS HEALTH CURRENTLY FILES FORM 990 (INFORMATIONAL RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAXES) AND Form 990T (BUSINESS INCOME TAX RETURN FOR AN EXEMPT ORGANIZATION) IN THE U S FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA SCRIPPS HEALTH IS NOT SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2007 IN MAJOR TAX JURISDICTIONS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) North America		106	Program Services	Recontructive Surgery	319,899
(2) East Asia and the Pacific		6	Program Services	Med Care & Training	15,966
(3) Central America and the Caribbean			Investments		228,847
(4) Central America and the Caribbean			Fundraising		25,000
(5) North America			Fundraising		19,093
3a Sub-total		112			608,805
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		112			608,805

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN F	Accounting Method The accrual method of accounting was used to determine the amounts in column F

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

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

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

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

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

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

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

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

		(a) Event #1 SPCI GALA (event type)	(b) Event #2 SPINOFF (event type)	(c) Other events 6 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,195,956	780,523	1,644,078	3,620,557
	2 Less Contributions	1,103,788	619,541	1,373,401	3,096,730
	3 Gross income (line 1 minus line 2)	92,168	160,982	270,677	523,827
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	662,530	62,269	229,163	953,962
	7 Food and beverages	10,913	4,225	20,183	35,321
	8 Entertainment	25,326	8,497	31,510	65,333
	9 Other direct expenses	231,851	47,424	168,232	447,507
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,502,123)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-978,296

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493224029746

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
Scripps Health

Employer identification number
95-1684089

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," 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			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
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			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	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)			36,894,588		36,894,588	1 430 %
b Medicaid (from Worksheet 3, column a)			229,625,152	177,342,712	52,282,440	2 030 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	
d **Total** Financial Assistance and Means-Tested Government Programs			266,519,740	177,342,712	89,177,028	3 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,300,797	3,159,077	2,141,720	0 080 %
f Health professions education (from Worksheet 5)			30,181,942	9,345,670	20,836,272	0 810 %
g Subsidized health services (from Worksheet 6)			21,352,828	14,862,685	6,490,143	0 250 %
h Research (from Worksheet 7)			14,816,955	9,469,027	5,347,928	0 210 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			929,440		929,440	0 040 %
j **Total.** Other Benefits			72,581,962	36,836,459	35,745,503	1 390 %
k **Total.** Add lines 7d and 7j			339,101,702	214,179,171	124,922,531	4 850 %

Part II Community 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
1	Physical improvements and housing			8,426		8,426	0 %
2	Economic development			105,166		105,166	0 %
3	Community support			342,232	34,620	307,612	0 010 %
4	Environmental improvements			0	0	0	0 %
5	Leadership development and training for community members			52,267	35,066	17,201	0 %
6	Coalition building			938,473	98,411	840,062	0 030 %
7	Community health improvement advocacy			500,535		500,535	0 020 %
8	Workforce development			20,147		20,147	0 %
9	Other			0	0	0	0 %
10	**Total**			1,967,246	168,097	1,799,149	0 060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	40,175,315		
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	376,244,976		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	440,049,237		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-63,804,261		
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 IV Management 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 %
1	SCRIPPS ENCINITAS	Ambulatory Surgery Center	55 500 %		25 000 %
2	SURGERY CENTER				
3	SCRIPPS MEMORIAL	Medical Office Building	15 300 %		77 200 %
4	XIMED MEDICAL				
5	SCRIPPS MERCY ASC	Ambulatory Surgery Center	73 500 %		26 500 %
6	SCRIPPSUSP SURGERY	Ambulatory Surgery Center	50 000 %		27 000 %
7	CENTERS				
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? **4**

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)

	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)

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 14

			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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2012			
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		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, SECTION C			
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)*

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☑ 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 ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ 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 ☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b ☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c ☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ 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 ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

A

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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in 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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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? **34**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
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
SCHEDULE H, PART I, LINE 3C	ALL STANDARD EVALUATIONS FOR CHARITY ELIGIBILITY ARE DETERMINED USING FEDERAL POVERTY LEVEL (FPL) (BELOW 200% = FULL CHARITY 201 - 400% = 70% DISCOUNT OFF CHARGES) STANDARD ELIGIBILITY EVALUATIONS ARE CONDUCTED WHEN WE HAVE FINANCIAL ASSISTANCE APPLICATIONS AND ANNUAL INCOME LEVEL VERIFICATION IF THE PATIENT EXCEEDS THE 400% FPL, WE MAY APPLY AB774 REGULATIONS WHICH LIMITS THE AMOUNT DUE FROM THE PATIENT TO 10% OF THEIR ANNUAL GROSS INCOME, SHOULD THE PATIENT HAVE A HIGH MEDICAL COST WHEN WE DO NOT HAVE THIS BACK-UP AND INFORMATION FROM THE PATIENT, THEN WE MAY VERIFY ELIGIBILITY THROUGH THE USE OF A CREDIT REPORT OR THROUGH AN AUTOMATED CHARITY CALCULATOR THAT USES PAYMENT HISTORY AND OUR POLICIES TO CREATE AN ALGORITHM THIS ALGORITHM IS APPLIED TO INDIVIDUAL PATIENTS AND PRODUCES A DOES OR DOES NOT QUALIFY FOR CHARITY SCORE

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	A COST-TO-CHARGE RATIO FROM THE COST ACCOUNTING SYSTEM WAS USED TO DETERMINE THE COST OF ALL PATIENT SEGMENTS REPORTED AS CHARITY CARE AND OTHER COMMUNITY BENEFITS AT COST

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES ARE CLINICAL PROGRAMS PROVIDED DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN EVEN AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT AND MEDI-CAL SHORTFALLS SCRIPPS PROVIDES SUCH SERVICES BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED AND, IF NO LONGER OFFERED, THEY WOULD EITHER BE UNAVAILABLE IN THE AREA OR FALL TO GOVERNMENT OR ANOTHER NOT-FOR-PROFIT ORGANIZATION TO PROVIDE SUBSIDIZED SERVICES DO NOT INCLUDE SUCH ANCILLARY SERVICES AS LAB WORK AND RADIOLOGY IF THESE SERVICES ARE PROVIDED TO LOW-INCOME PERSONS, THEY ARE REPORTED AS CHARITY CARE/FINANCIAL ASSISTANCE SCRIPPS' TOTAL NET COST FOR SUBSIDIZED HEALTH SERVICES FOR FY15 WAS $6,490,143 THIS INCLUDES SCRIPPS INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES AND MERCY CLINIC MERCY CLINIC OF SCRIPPS MERCY HOSPITAL SAN DIEGO - FACILITY A-1 FOUNDED IN 1930 AND ADOPTED BY THE SISTERS OF MERCY IN 1961, MERCY CLINIC OF SCRIPPS MERCY HOSPITAL IS A PRIMARY CARE CLINIC THAT TREATS MORE THAN 1,000 PATIENTS EACH MONTH TOTAL PATIENT VISITS FOR PRIMARY AND SUBSPECIALTY CARE AT THE CLINIC IN FY15 WERE 10,120 A FULL TIME CLINIC STAFF OF NURSES AND OTHER PERSONNEL WORK HAND-IN-HAND WITH PHYSICIANS FROM SCRIPPS MERCY HOSPITAL AS AN INTEGRAL PART OF TREATING ITS PATIENTS, MERCY CLINIC SERVES AS A TRAINING GROUND FOR MORE THAN 50 RESIDENTS EACH YEAR FROM THE SCRIPPS MERCY HOSPITAL GRADUATE MEDICAL EDUCATION PROGRAM ESTABLISHED WITH THE INTENT OF CARING FOR THE POOR, MERCY CLINIC HAS BECOME A CRITICAL SOURCE OF MEDICAL CARE FOR SAN DIEGO'S "WORKING AND DISABLED POOR" EACH YEAR, 90 PERCENT OF PATIENT VISITS ARE PAID THROUGH MEDI-CAL, MEDICARE OR SOME OTHER INSURANCE PLAN THE REMAINING 10 PERCENT PAY WHAT, AND IF, THEY CAN THOUSANDS OF PEOPLE IN THE REGION RELY ON MERCY CLINIC, MOST ARE LOW-INCOME, MEDICALLY UNDERSERVED ADULTS AND SENIORS WHO OTHERWISE WOULD HAVE NO ACCESS TO HEALTH CARE THE TOTAL SUBSIDIZED NET COST FOR MERCY CLINIC FOR FY15 WAS $2 0 MILLION (EXCLUDES MEDI-CAL, BAD DEBT AND CHARITY CARE)

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	FINANCIAL SUPPORT REFLECTS THE COST (LABOR, SUPPLIES, OVERHEAD, ETC) ASSOCIATED WITH THE PROGRAMS/SERVICE LESS DIRECT REVENUE THE FIGURE DOES NOT INCLUDE A CALCULATION FOR PHYSICIAN AND STAFF VOLUNTEER LABOR HOURS IN SOME INSTANCES, AN ENTIRE COMMUNITY BENEFIT PROGRAM COST CENTER HAS BEEN DIVIDED BETWEEN SEVERAL INITIATIVES SCRIPPS EMPLOYEES TRACK COMMUNITY BENEFIT PROGRAMS/ACTIVITIES VIA LYON SOFTWARE'S COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) THE CBISA WAS DEVELOPED IN COOPERATION WITH LYON SOFTWARE, THE CATHOLIC HEALTH ASSOCIATION (CHA) AND THE VETERANS HEALTH ADMINISTRATION THE SOFTWARE SUPPLEMENTED THE ORIGINAL SOCIAL ACCOUNTABILITY BUDGET A PROCESS FOR PLANNING AND REPORTING COMMUNITY SERVICE IN A TIME FOR FISCAL CONSTRAINT, PUBLISHED IN 1989, AND HAS BEEN REGULARLY UPGRADED AS COMMUNITY BENEFIT ACCOUNTING AND REPORTING METHODS HAVE EVOLVED AND AS COMMUNITY BENEFIT REPORTING HAS BECOME A FEDERAL REPORTING REQUIREMENT THE CBISA DATABASE HELPS COLLECT, TRACK AND REPORT COMMUNITY BENEFIT EFFORTS AND IS ALIGNED TO THE SCHEDULE H 990 CATEGORIES AND REPORTING CRITERIA THE DATABASE IS USED TO RECORD INFORMATION FOR EACH ACTIVITY (SERVICE OR PROGRAM) WHICH PROVIDES COMMUNITY BENEFIT THIS DATABASE IS USED TO RECORD ACTUAL EXPENSES AND FUNDING/OFFSETTING REVENUE FOR SINGLE OR MULTIPLE OCCURRENCES OF AN "ACTIVITY" FINANCE WORKS TO RECONCILE UNCOMPENSATED CARE NUMBERS ACCORDING TO THE SCHEDULE H METHODOLOGY FINANCIAL PLANNING EXCEL WORKSHEETS ARE USED TO RECONCILE COMMUNITY BENEFIT NUMBERS INCLUDING UNCOMPENSATED CARE NUMBERS WHERE COST ACCOUNTING IS USED, SCRIPPS HEALTH ADDRESSES ALL PATIENT SEGMENTS FOR HOSPITAL FACILITIES SCRIPPS UNCOMPENSATED CARE FY2015 METHODOLOGY SCRIPPS CONTINUES TO CONTRIBUTE RESOURCES TO PROVIDE LOW- AND NO-COST HEALTH CARE SERVICES TO POPULATIONS IN NEED CALCULATIONS FOR CHARITY CARE ARE ESTIMATED BY EXTRACTING THE GROSS WRITE-OFFS OF CHARITY CARE CHARGES AND APPLYING THE HOSPITAL RATIO OF COST TO CHARGES (RCC) TO ESTIMATE THE COST OF CARE CALCULATIONS FOR MEDI-CAL AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS AND MEDICARE SHORTFALL ARE DERIVED USING THE PAYOR-BASED COST ALLOCATION METHODOLOGY HOSPITAL FEE PROGRAM (REFLECTED IN PART I, LINE 7B & 7I) THIRTY-MONTH HOSPITAL FEE PROGRAM DURING THE YEAR ENDED SEPTEMBER 30, 2015, SCRIPPS HEALTH RECOGNIZED SUPPLEMENTAL PROVIDER FEE AMOUNTS OF $5,485,000 THIS AMOUNT WAS RECOGNIZED AS NET PATIENT REVENUE IN THE CONSOLIDATED STATEMENT OF OPERATIONS SCRIPPS HEALTH RECOGNIZED QUALITY ASSURANCE FEES OF $8,977,000 THIS AMOUNT WAS RECORDED AS PROVIDER FEE EXPENSES IN THE CONSOLIDATED STATEMENT OF OPERATIONS SCRIPPS HEALTH RECORDED $203,000 INCOME FOR CHARITABLE CONTRIBUTIONS TO CHFT AS AN OFFSET TO THE PROVIDER FEE EXPENSES IN THE STATEMENT OF OPERATIONS THE NET OPERATING LOSS RECOGNIZED BY SCRIPPS HEATH FROM PROVIDER FEE WAS $3,289,000 IN FISCAL YEAR 2015 CALENDAR YEAR 2014 - CALENDAR YEAR 2016 HOSPITAL FEE PROGRAM IN SEPTEMBER 2013, SB 239 WAS APPROVED AND CREATED A THREE-YEAR HOSPITAL FEE PROGRAM EFFECTIVE JANUARY 1, 2014 THROUGH DECEMBER 31, 2016 ON DECEMBER 10, 2014, CALIFORNIA HOSPITAL ASSOCIATION (CHA) ANNOUNCED THAT CMS APPROVED THE FEE-FOR-SERVICE PAYMENTS FOR THE PERIOD JANUARY 1, 2014 TO DECEMBER 31, 2016 ON JUNE 30, 2015, CMS APPROVED THE NON-EXPANSION MANAGED CARE RATES FOR THE FIRST SIX MONTHS OF THE THIRTY-SIX MONTH HOSPITAL FEE PROGRAM DURING THE YEAR ENDED SEPTEMBER 30, 2015, SCRIPPS HEALTH RECOGNIZED SUPPLEMENTAL PROVIDER FEE AMOUNTS OF $146,643,000 THIS AMOUNT WAS RECOGNIZED AS NET PATIENT REVENUE IN THE CONSOLIDATED STATEMENT OF OPERATIONS SCRIPPS HEALTH RECOGNIZED QUALITY ASSURANCE FEES OF $113,491,000 THIS AMOUNT WAS RECORDED AS PROVIDER FEE EXPENSES IN THE CONSOLIDATED STATEMENT OF OPERATIONS IN ADDITION, SCRIPPS HEALTH WAS ASSESSED AND ACCRUED CHARITABLE CONTRIBUTIONS TO CHFT OF $577,000 IN THE STATEMENT OF OPERATIONS THE NET OPERATING INCOME RECOGNIZED BY SCRIPPS HEATH FROM PROVIDER FEE WAS $32,575,000 IN FISCAL YEAR 2015

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES PHYSICAL IMPROVEMENTS AND HOUSING - THE COSTS ASSOCIATED WIT H THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 1 SCRIPPS MERCY HOSPIT AL LEADERSHIP RETREAT VOLUNTEER SERVICE DAY FOUR HOURS OF VOLUNTEER SERVICE THAT ENTAILED PAINTING, CLEANING AND ENHANCING NOT-FOR-PROFIT, HOMELESS SERVICE PROVIDER AGENCY BUILDING S SPECIALLY, PROJECTS OF CATHOLIC CHARITIES AND ST VINCENT DE PAUL AND JOAN KROC CENTER SAN DIEGO REGIONAL CONTINUUM OF CARE COLLABORATIVE GOVERNANCE BOARD THE MISSION OF THE RE GIONAL CONTINUUM OF CARE COUNCIL (RCCC) IS TO ENGAGE STAKEHOLDERS IN A COMMUNITY-BASED PRO CESS THAT WORKS TO 1) END HOMELESSNESS FOR ALL INDIVIDUALS AND FAMILIES THROUGHOUT THE RE GION 2) ADDRESS THE UNDERLYING CAUSES OF HOMELESSNESS 3) LESSEN THE NEGATIVE IMPACT OF H OMELESSNESS ON INDIVIDUALS, FAMILIES AND COMMUNITIES MEMBERS OF THE GOVERNANCE BOARD ARE BEING SELECTED BY A COMMUNITY PROCESS BOARD SEATS ARE IDENTIFIED BY THE TYPE OF ORGANIZAT ION OR REPRESENTATIVE THAT IS NEEDED SMH CHIEF EXECUTIVE WAS DESIGNATED TO PARTICIPATE RE PRESENTING THE HEALTH CARE SECTOR, THE DIRECTOR OF COMMUNITY PROGRAMS DEVELOPMENT ATTENDS ON THE CHIEF EXECUTIVES BEHALF ECONOMIC DEVELOPMENT - THE COSTS ASSOCIATED WITH THE FOLLO WING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 2 EXECUTIVE LEADERSHIP EXECUTIVE LEADERSHIP, SPONSORED BY THE OFFICE OF THE PRESIDENT, DONATES TIME ON NOT-FOR PROFIT BOARD S REPRESENTING SCRIPPS HEALTH, INCLUDING THE FOLLOWING ORGANIZATIONS AND BOARDS SAN DIEGO REGIONAL CHAMBER OF COMMERCE (CHAMBER BOARD, CHAMBER CEO ROUNDTABLE AND POLICY COMMITTEE ASSIGNMENTS), SAN DIEGO COUNTY TAXPAYERS ASSOCIATION (SDCTA BOARD, EXECUTIVE COMMITTEE AND HEALTH COMMITTEE WORK ASSIGNMENTS), SAN DIEGO REGIONAL ECONOMIC DEVELOPMENT CORPORATION (EDC BOARD AND POLICY COMMITTEE ASSIGNMENTS), AND THE DOWNTOWN SAN DIEGO PARTNERSHIP (DSDP BOARD AND WORKING COMMITTEE ASSIGNMENTS) SPONSORED BY THE OFFICE OF THE PRESIDENT COMMUN ITY SUPPORT - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 3 SCRIPPS IN-LIEU OF FUNDS SCRIPPS IN-LIEU OF FUNDS ARE USED FOR UNFUNDED OR UNDERFUNDED PATIENTS AND THEIR POST-DISCHARGE NEEDS INCLUDING BOARD AND CARE, SKILLED N URSING FACILITIES, LONG-TERM ACUTE CARE AND HOME HEALTH IN ADDITION, THE FUNDS MAY BE USE D FOR MEDICATIONS, EQUIPMENT AND TRANSPORTATION SERVICES AMERICAN HEART ASSOCIATION HEART WALK SPONSORSHIP GIVEN TO THE AMERICAN HEART ASSOCIATION, SCRIPPS ALLOCATED MORE THAN $30 ,000 IN OPERATIONAL FUNDS TO SUPPORT THE AMERICAN HEART ASSOCIATION'S EFFORTS TO FIGHT HEA RT DISEASE AND STROKE, IN ADDITION, SCRIPPS EMPLOYEE VOLUNTEERS COORDINATED WALKER PARTICI PATION AND FUNDRAISING EFFORTS IN 2015, MORE THAN 2,280 SCRIPPS HEART WALK PARTICIPANTS - EMPLOYEES, FAMILIES, AND FRIENDS - WALKED TO HELP RAISE MORE THAN $158,000 ADDITIONALLY, SCRIPPS REACHED OUT TO THE COMMUNITY AT THE EVENT BY PROVIDING HEALTH EDUCATION MATERIALS AND MORE SPONSORED BY SCRIPPS HEALTH COMMUNITY BENEFIT SERVICES SAN DIEGO POLICE FOUNDA TION - GOLD SHIELD GALA TO SUPPORT THE SAN DIEGO POLICE FOUNDATION TO ENSURE THAT THOSE WH O PROTECT AND SERVE HAVE WHAT THEY NEED TO DO THEIR JOBS SAFELY AND WITH EXCELLENCE HONOR ARY DEPUTY SHERIFF'S ASSOCIATION - EVENING UNDER THE STARS GALA FUNDRAISING EVENT TO SUPPO RT LOCAL LAW ENFORCEMENT OFFICIALS BY PROVIDING MUCH NEEDED FUNDS FOR EQUIPMENT AND TRAINI NG SUSAN G KOMEN RACE FOR THE CURE KOMEN SAN DIEGO CONTINUES TO BE THE COUNTY'S LARGEST PROVIDER OF FREE BREAST CANCER TREATMENTS, SERVICES AND SUPPORT IT'S AN ANNUAL FUNDRAISIN G EVENT FOR BREAST CANCER AWARENESS AND CURE SUSAN G KOMEN 3 DAY WALK FOR THE CURE KOMEN SAN DIEGO CONTINUES TO BE THE COUNTY'S LARGEST PROVIDER OF FREE BREAST CANCER TREATMENTS, SERVICES AND SUPPORT IT'S AN ANNUAL FUNDRAISING EVENT FOR BREAST CANCER AWARENESS AND CU RE DISASTER PREPAREDNESS - COMMUNITY OUTREACH AND EDUCATION HAVING THE ABILITY TO PROVIDE EMERGENCY SERVICES TO THOSE INJURED IN A LOCAL DISASTER WHILE CONTINUING TO CARE FOR HOSP ITALIZED PATIENTS IS A CRITICAL COMMUNITY NEED SCRIPPS PARTICIPATES IN SAN DIEGO COUNTY A ND STATE OF CALIFORNIA ADVISORY GROUPS TO PLAN, IMPLEMENT, AND EVALUATE KEY DISASTER PREPA REDNESS RESPONSE PLANS AND FUNDING EFFORTS IN ADDITION, SCRIPPS MAINTAINS ACTIVE READINESS FOR THE SCRIPPS HOSPITAL MEDICAL RESPONSE TEAM OR THE SCRIPPS HOSPITAL ADMINISTRATION UNI T BOTH ARE LEAD TEAMS FOR THE STATE OF CALIFORNIA MOBILE FIELD HOSPITAL DEPLOYMENT THESE EFFORTS ARE LED BY THE DISASTER PREPAREDNESS PROGRAM UNDER THE DIRECTION OF THE CHIEF MED ICAL OFFICER MASS RESCUE OPERATION EXERCISE FULL SCALE EXERCISE PLANNED FOR EIGHT HOURS, SPANNING ONE HALF MILE OFF OF OCEAN BEACH AND INTO MISSION BAY EXERCISE PLAY IS LIMITED T O THE RESCUE, TRANSPORT, AND TREATMENT OF A SIMULATED, SURVIVABLE AIRLINER CRASH ASSESSME NT OF THE EXERCISE WILL BE A COORDINATED RESPONSE FROM FEDERAL, STATE AND LOCAL AGENCIES, ALONG WITH US COAST GUARD, SAN DIEGO FIRE LIFE GUA

Form and Line Reference	Explanation
SCHEDULE H, PART II	RD SERVICES, SCRIPPS HEALTH, AND THE SAN DIEGO POLICE DEPARTMENT SAN DIEGO HUNGER COALITI ON - FOOD STAMP ASSISTANCE- CITY HEIGHTS WELLNESS CENTER - COMMUNITY SUPPORT THE CITY HEIG HTS WELLNESS CENTER (CHWC) HOSTS ELIGIBILITY WORKERS FROM THE SAN DIEGO HUNGER COALITION W HO ARE AVAILABLE TO COUNSEL PEOPLE AND HELP FILL OUT APPLICATIONS FOR FOOD STAMP ASSISTANC E CHWC NOT ONLY PROVIDES THE NEEDED SPACE FOR THIS ACTIVITY, BUT ALSO ACTIVELY PARTICIPAT ES BY DEVELOPING OUTREACH FLYERS, SCHEDULING COMMUNITY RESIDENTS, AND OVERALL COORDINATION FOR THE CLASS LATINOS Y LATINAS EN ACCION LATINOS Y LATINAS EN ACCION IS A GRASSROOTS LE ADERSHIP DEVELOPMENT PROJECT THAT SEEKS TO INCREASE THE CAPACITY OF THE LATINO COMMUNITY O F MID-CITY TO ADVOCATE FOR ISSUES IMPORTANT TO THEM MID-CITY CAN-SAY SAN DIEGO - CITY HEI GHTS WELLNESS CENTER - COMMUNITY SUPPORT CITY HEIGHTS WELLNESS CENTER HOSTS AND PARTICIPAT ES IN MONTHLY NETWORKING MEETINGS FOR MID-CITY CAN (COMMUNITY ADVOCACY NETWORK) THESE MEE TINGS PROVIDE AN OPPORTUNITY FOR COMMUNITY RESIDENTS AND REPRESENTATIVES FROM PRIVATE AND PUBLIC ORGANIZATIONS, FAITH COMMUNITIES, SCHOOLS, AND BUSINESSES TO COME TOGETHER FOR ACTI ON ON AREAS OF COMMON INTEREST IN ASSOCIATION WITH THESE MEETINGS, SELF-DIRECTED MOMENTUM TEAMS HAVE BEEN DEVELOPED TO PROVIDE DIRECTION AND LEADERSHIP AS NEEDS AND ISSUES ARISE W ITHIN THE COMMUNITY SAN DIEGO COMMUNITY ACTION NETWORK (SANDI-CAN) THE CITY HEIGHTS WELLN ESS CENTER HOSTS MONTHLY MEETINGS FOR SANDI-CAN, A COMMUNITY PARTNERSHIP OF 200 CONSUMERS, VOLUNTEERS, CAREGIVERS, AND SERVICE PROVIDERS DEDICATED TO WORKING TOGETHER ON PROJECTS T HAT ENHANCE THE LIVES OF OLDER ADULTS AND ADULTS WITH DISABILITIES LIVING IN THE CITY OF S AN DIEGO SANDI-CAN OFFERS HEALTH, WELLNESS AND COMMUNITY OPTIONS FOR SENIORS AND THEIR FA MILIES AND CAREGIVERS LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS - THE COS TS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 5 CIT Y HEIGHTS EAST AFRICAN ALLIANCE (CHEA) - HEALTH ADVOCACY PROJECT THE CITY HEIGHTS WELLNESS CENTER HEALTH ADVOCACY PROJECT IS SUPPORTED BY A GRANT FROM THE CALIFORNIA ENDOWMENT FOUN DATION AND IS DESIGNED TO STRENGTHEN THE CAPACITY TO DELIVER CULTURALLY AND RELIGIOUSLY CO MPETENT HEALTH PROMOTION SERVICES TO SOMALI AND EAST AFRICAN WOMEN AND THEIR FAMILIES THI S PROGRAM ADDRESSES UNMET NEEDS LIKE PRENATAL OUTREACH AND EDUCATION, CULTURALLY ADAPTED N UTRITION AND FITNESS EDUCATION, BREASTFEEDING EDUCATION, EARLY CHILDHOOD HEALTH, AND NUTRI TION AND SAFETY CLASSES THE PROJECT IS SPONSORED BY SCRIPPS MERCY HOSPITAL SAN DIEGO COMM UNITY BENEFIT SERVICES LEAD SAN DIEGO VISIONARY AWARDS THE LEAD VISIONARY AWARDS IS AN AN NUAL FUNDRAISING DINNER THAT HIGHLIGHTS THE PEOPLE WHO HAVE HELPED SHAPE THE SAN DIEGO REG ION IT ATTRACTS 1000 PEOPLE TO THIS AWARDS BANQUET THIS IS A GROUP OF VISIONARIES WHO HA VE HELPED SHAPE SAN DIEGO OVER THE DECADES COALITION BUILDING - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 6 CASTLE PARK ELEMENTAR Y WELLNESS COMMITTEE MEETING CASTLE PARK ELEMENTARY WELLNESS COMMITTEE PLANS AND FACILITAT ES WELLNESS VENTS, SCHOOL READINESS PRESENTATIONS, HEALTH RELATED CLASSES, AND ACTIVITIES FOR PARENTS, SCHOOL STAFF, AND STUDENTS TO INCREASE HEALTH AWARENESS AND HEALTHY LIFESTYLE S IN CASTLE PARK AREA SPONSORED BY SCRIPPS CHULA VISTA WELL-BEING CENTER CHULA VISTA COM MUNITY COLLABORATIVE - SCRIPPS MERCY HOSPITAL CHULA VISTA - COALITION - A COALITION OF AGE NCIES THAT COME TOGETHER TO SHARE PROGRESS, SERVICES, AND NETWORK THE CHULA VISTA COMMUNI TY COLLABORATIVE (CVCC) DRAWS TOGETHER ALL SECTORS OF THE LOCAL COMMUNITY TO DEVELOP COORD INATED STRATEGIES AND SYSTEMS THAT PROTECT THE HEALTH AND SAFETY OF RESIDENTS, DEVELOP ECO NOMIC RESOURCES, PROMOTE LOCAL LEADERSHIP, ENHANCE THE ENVIRONMENT, AND CONTRIBUTE TO THE CELEBRATION OF AND RESPECT FOR CULTURAL DIVERSITY THE CVCC CURRENTLY HAS OVER 150 MEMBER ORGANIZATIONS AND OVER 600 MEMBERS CVCC

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	METHODOLOGY FOR CALCULATING BAD DEBT UNCOMPENSATED COST IS ESTIMATED BY APPLYING RATIO-COST-TO-CHARGE (RCC) PERCENTAGES FOR THE HOSPITAL TO THE GROSS BAD-DEBT ADJUSTMENTS, LESS RECOVERIES THE FOLLOWING COSTS ARE EXCLUDED BAD DEBT ADJUSTMENTS AT COST FOR MEDI-CAL AND CMS PATIENTS, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND RESEARCH, AND EXPENSES EXCLUDED IN THE MEDICARE COST REPORT THE AMOUNT ON PART III, LINE 2 REPRESENTS PATIENT CARE CHARGES WRITTEN OFF TO BAD DEBT WHERE THE PATIENT HAD THE ABILITY TO PAY WHERE A PATIENT QUALIFIED FOR PARTIAL OR FULL CHARITY CARE, THE UNPAID AMOUNT IS NOT CONSIDERED BAD DEBT WE BELIEVE THAT BAD DEBT PERTAINING TO PATIENT CARE CHARGES SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THESE PATIENTS RECEIVE TREATMENT REGARDLESS OF WHETHER WE COLLECT PAYMENT FOR THE SERVICES PERFORMED

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	FOOTNOTE FOR BAD DEBT EXPENSE THE ORGANIZATION ADOPTED THE ACCOUNTING STANDARD ADDRESSING THE PRESENTATION OF THE PROVISION FOR BAD DEBTS AS OF THE CURRENT REPORTING PERIOD AND AS SUCH, NET PATIENT SERVICE REVENUES ARE REPORTED NET OF THE PROVISION FOR BAD DEBTS ON THE STATEMENTS OF OPERATIONS THE ORGANIZATION RECORDS ITS PROVISION FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL EXPERIENCE, AS WELL AS COLLECTION TRENDS FOR MAJOR PAYOR TYPES

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ORIGINATED FROM CALIFORNIA STATE WIDE LEGISLATION IN THE EARLY 1990S SB 697 TOOK EFFECT IN 1995, WHICH REQUIRED PRIVATE NO N-PROFIT HOSPITALS TO SUBMIT DETAILED INFORMATION TO THE OFFICE OF STATEWIDE HEALTH PLANNI NG AND DEVELOPMENT (OSHPD) ON THEIR COMMUNITY BENEFIT CONTRIBUTIONS ANNUAL HOSPITAL COMMU NITY BENEFIT REPORTS ARE SUMMARIZED BY OSHPD IN A REPORT TO THE LEGISLATURE, WHICH PROVIDE S VALUABLE INFORMATION FOR GOVERNMENT OFFICIALS TO ASSESS THE CARE AND SERVICES PROVIDED T O THEIR CONSTITUENTS AS PART OF THE COMMUNITY BENEFIT REPORTS FILED, NON-PROFIT HOSPITALS ARE REQUIRED TO CONDUCT A CHNA EVERY THREE YEARS THIS COMPREHENSIVE ACCOUNT OF HEALTH NE EDS IN THE COMMUNITY IS DESIGNED FOR HOSPITALS TO PLAN THEIR COMMUNITY BENEFIT PROGRAMS TO GETHER WITH OTHER LOCAL HEALTH CARE INSTITUTIONS, COMMUNITY BASED ORGANIZATIONS, AND CONSU MER GROUPS IN SAN DIEGO COUNTY, THE LONG HISTORY OF COLLABORATION AMONG HOSPITALS, HEALTH CARE SYSTEMS AND COMMUNITY PARTNERS HAS RESULTED IN SUCCESSFUL PARTNERSHIP ON PAST CHNAS WHILE PUBLIC INSTITUTIONS AND DISTRICT HOSPITALS DO NOT HAVE TO REPORT UNDER SB 697, THESE INSTITUTIONS HAVE BECOME AN INTEGRAL PART OF THE CHNA IN SAN DIEGO COUNTY INFORMATION IS GATHERED THROUGH THE CHNA FOR THE PURPOSES OF REPORTING COMMUNITY BENEFIT, DEVELOPING STR ATEGIC PLANS, CREATING ANNUAL REPORTS, PROVIDING INPUT ON LEGISLATIVE DECISIONS, AND INFOR MING THE GENERAL COMMUNITY OF HEALTH ISSUES AND TRENDS SCRIPPS STRIVES TO IMPROVE COMMUNI TY HEALTH THROUGH COLLABORATION WORKING WITH OTHER HEALTH SYSTEMS, COMMUNITY GROUPS, GOVE RNMENT AGENCIES, BUSINESSES AND GRASSROOTS MOVEMENTS, SCRIPPS IS BETTER ABLE TO BUILD UPON EXISTING ASSETS TO ACHIEVE BROAD COMMUNITY HEALTH GOALS GROUNDED IN A LONGSTANDING COMMI TMENT TO ADDRESS COMMUNITY HEALTH NEEDS IN SAN DIEGO, SEVEN HOSPITALS AND HEALTHCARE SYSTE MS CAME TOGETHER UNDER THE AUSPICES OF THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) TO CONDUCT A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT ID ENTIFIES AND PRIORITIZES THE MOST CRITICAL HEALTH-RELATED NEEDS OF SAN DIEGO COUNTY RESIDE NTS PARTICIPATING HOSPITALS WILL USE THE FINDINGS TO GUIDE THEIR COMMUNITY PROGRAMS AND T O MEET IRS REGULATORY REQUIREMENTS THAT NOT FOR PROFIT (TAX EXEMPT)HOSPITALS CONDUCT A HEA LTH NEEDS ASSESSMENT IN THE COMMUNITY ONCE EVERY THREE YEARS PER GUIDANCE FROM AN ADVISOR Y GROUP OF HOSPITAL REPRESENTATIVES, HASD&IC CONTRACTED WITH THE INSTITUTE OF PUBLIC HEALT H (IPH) AT SAN DIEGO STATE UNIVERSITY TO DESIGN AND IMPLEMENT THE CHNA THE IPH EMPLOYED A RIGOROUS METHODOLOGY USING BOTH COMMUNITY INPUT (PRIMARY DATA SOURCES) AND QUANTITATIVE A NALYSIS (SECONDARY DATA SOURCES) TO IDENTIFY AND PRIORITIZE THE TOP HEALTH CONDITIONS IN S AN DIEGO COUNTY SAN DIEGO COUNTY IS A SOCIALLY AND ETHNICALLY DIVERSE COMMUNITY WITH A PO PULATION OF 3 2 MILLION PEOPLE ALTHOUGH THE STUDY AREA FOR THIS CHNA IS THE ENTIRE COUNTY , EACH HOSPITAL HAS THE ABILITY TO USE THE COUNTY-WIDE FINDINGS OR ADAPT THE FINDINGS TO R EFLECT THE COMMUNITIES THEY SERVE, AS MUCH OF THE DATA IS AVAILABLE AT ZIP CODE LEVEL IN ORDER TO PRIORITIZE THE COMMUNITY HEALTH NEEDS, THE IPH DEVELOPED A METHODOLOGY THAT INCLU DED BOTH QUALITATIVE AND QUANTITATIVE DATA SOURCES QUANTITATIVE DATA INCLUDED HOSPITAL DI SCHARGE DATA, STATISTICS FROM THE SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY, THE U S CENSUS BUREAU, THE CENTERS FOR DISEASE CONTROL, AND OTHERS THE IPH ALSO SOUGHT DIRECT I NPUT FROM THE COMMUNITY THROUGH AN ELECTRONIC SURVEY TO HEALTH EXPERTS AND COMMUNITY LEADE RS, KEY INFORMANT INTERVIEWS, AND COMMUNITY FORUMS RECOGNIZING THAT HEALTH NEEDS DIFFER A CROSS THE REGION AND THAT SOCIOECONOMIC FACTORS IMPACT HEALTH OUTCOMES, THE IPH USED THE D IGNITY HEALTH COMMUNITY NEED INDEX (CNI) TO IDENTIFY COMMUNITIES WITH THE HIGHEST LEVEL OF HEALTH DISPARITIES AND NEEDS THESE HIGH NEED REGIONS WERE SELECTED AS LOCATIONS FOR THE COMMUNITY FORUMS SAN DIEGO COUNTY COMMUNITY HEALTH NEEDS WHEN THE IPH COMBINED THE RESUL TS OF ALL THE DATA AND INFORMATION GATHERED, FOUR CONDITIONS EMERGED CLEARLY AS THE TOP CO MMUNITY HEALTH NEEDS IN SAN DIEGO COUNTY (IN ALPHABETICAL ORDER) - CARDIOVASCULAR DISEASE - DIABETES (TYPE 2) - MENTAL/BEHAVIORAL HEALTH - OBESITY THE IPH THEN ASSIMILATED ALL THE COMMUNITY INPUT (SURVEY RESPONDENTS, KEY INTERVIEWEES, COMMUNITY FORUM PARTICIPANTS) INTO FIVE BROAD CATEGORIES OF RECOMMENDATIONS FOR HOSPITALS TO IMPROVE COMMUNITY HEALTH - ACC ESS TO CARE OR INSURANCE - CARE MANAGEMENT - EDUCATION SCREENING SERVICES - COLLABORATION THE INFORMATION ABOVE PROVIDES A HIGH-LEVEL SUMMARY OF THE HASD & IC 2013 CHNA METHODOLOGY AND FINDINGS UPON COMPLETION OF THE HASD&IC 2013 CHNA PROCESS, THE IPH CREATED A CHNA TO OLKIT WITH IN-DEPTH INFORMATION AND DATA THAT PARTICIPATING HOSPITALS AND HEALTHCARE SYSTE MS COULD USE TO EVALUATE THE HEALTH NEEDS OF THEIR PATIENTS AND DETERMINE, ADAPT, OR CREAT E PROGRAMS AT THEIR FACILITIES LINKS THROUGHOUT T

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	HIS DOCUMENT ALLOW INTERESTED PARTIES, INCLUDING PARTICIPATING HOSPITALS AND HEALTHCARE SY STEMS AND MEMBERS OF THE COMMUNITY, A MECHANISM TO ACCESS THE FULL SPECTRUM OF INFORMATION RELATIVE TO THE DEVELOPMENT OF THE HASD&IC 2013 CHNA THE HOSPITAL ASSOCIATION OF SAN DIE GO AND IMPERIAL COUNTIES 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (HASD&IC 2013 CHNA) USED A MULTI-LEVEL, HOSPITAL-FOCUSED ANALYSIS TO IDENTIFY THE PRIORITY COMMUNITY HEALTH NEEDS IN SAN DIEGO COUNTY AS PART OF THEIR ONGOING EFFORTS TO CREATE STRONGER PARTNERSHIPS WITHIN SAN DIEGO COMMUNITIES, THE PARTICIPATING HOSPITALS DESIGNED A COLLABORATIVE FOLLOW-UP PRO CESS (PHASE II) TO REVIEW METHODOLOGY AND GAIN A DEEPER UNDERSTANDING OF THE 2013 CHNA RES ULTS THE GOAL OF PHASE II WAS TO ENSURE THE RESULTS OF THE 2013 CHNA ACCURATELY REFLECTED THE HEALTH NEEDS OF THE COMMUNITY THE INSTITUTE FOR PUBLIC HEALTH (IPH) AT SAN DIEGO STA TE UNIVERSITY (SDSU) WAS CONTRACTED TO PROVIDE ASSISTANCE WITH THE IMPLEMENTATION AND INTE RPRETATION OF PHASE II THROUGH TWO MAIN ACTIVITIES 1 CONDUCT COMMUNITY DIALOGUES TO SHAR E THE RESULTS OF THE 2013 CHNA WITH THE COMMUNITY AND COLLECT COMMUNITY MEMBER FEEDBACK ON HOSPITAL PROGRAMS THAT WERE GUIDED AND INFORMED BY THE RESULTS OF THE 2013 CHNA 2 CREAT E AND ANALYZE AN ELECTRONIC SURVEY FOR COMMUNITY LEADERS AND HEALTH EXPERTS TO REVIEW THE METHODOLOGY AND FINDINGS FROM THE 2013 CHNA OVERALL THERE WAS POSITIVE FEEDBACK FROM ALL COMMUNITY DIALOGUES AND A HIGH DEGREE OF INTEREST IN PARTICIPATING IN HOSPITAL PROGRAMS H OWEVER, THE MAJORITY OF PARTICIPANTS HAD NOT HEARD OF THE HOSPITAL PROGRAMS THAT WERE DESC RIBED OTHER BARRIERS TO PARTICIPATION MOST OFTEN CITED DURING THE COMMUNITY DIALOGUES WER E LOCATION, LANGUAGE, TRANSPORTATION AND FEAR OF DOCUMENTATION REQUIREMENTS BASED ON FEED BACK FROM THE HEALTH EXPERT AND LEADER SURVEY, IT APPEARS THAT THE RESULTS OF THE 2013 CHN A ACCURATELY REFLECTED THE HEALTH NEEDS OF SAN DIEGO COUNTY AND PROVIDED USEFUL INFORMATIO N TO HELP RESPONDENTS DEVELOP PROGRAMMING IN THEIR ORGANIZATIONS HOWEVER, RESPONDENTS IDE NTIFIED SEVERAL AREAS THAT COULD BE IMPROVED IN FUTURE CHNAS, SUCH AS INCLUDING A LARGER S AMPLE SIZE, BROADENING THE NUMBER OF HEALTH NEEDS ADDRESSED, INCREASING DIVERSITY IN THE S AMPLE IN TERMS OF AGE, ETHNICITY, AND GEOGRAPHIC LOCATION, AND INCLUDING MORE SECTORS OF T HE COMMUNITY THE MAJORITY OF RESPONDENTS AGREED THAT A MORE FOCUSED EXAMINATION OF THE PR IORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2013 CHNA WOULD BE BENEFICIAL IN FUTURE CH NAS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 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 F OR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION' S FINANCIAL ASSISTANCE POLICY HOSPITAL CARE CAN BE EXPENSIVE AND IS OFTEN UNEXPECTED TO HELP MEET THE NEEDS OF LOW-INCOME UNINSURED AND UNDERINSURED PATIENTS WHO USE SCRIPPS HOSP ITALS, SCRIPPS HAS A PATIENT FINANCIAL ASSISTANCE POLICY CONSISTENT WITH CALIFORNIA AB774 "FAIR PRICING POLICY" LEGISLATION, CHAPTERED IN 2006 FOLLOWING PRINCIPLES AND GUIDELINES SET BY THE AMERICAN HOSPITAL ASSOCIATION AND THE CALIFORNIA HOSPITAL ASSOCIATION, THE POLI CY ESTABLISHES STANDARDS FOR CHARITY CARE, BILLING AND DEBT COLLECTION PRACTICES AND LOW-I NCOME PATIENT ASSISTANCE THROUGH DISCOUNTED HOSPITAL CHARGES SCRIPPS ACTIVELY SCREENS, MO NITORS AND IDENTIFIES PATIENT ACCOUNTS THAT MAY BENEFIT FROM FINANCIAL ASSISTANCE, PROVIDE S COUNSELING, INFORMATION AND LANGUAGE INTERPRETATION AND MAKES EVERY REASONABLE EFFORT TO ASSIST PATIENTS IN MEETING FINANCIAL OBLIGATIONS WHEN NECESSARY, SCRIPPS ALSO HELPS PATI ENTS UNDERSTAND AND PARTICIPATE IN FINANCIAL ASSISTANCE OPTIONS THIS INCLUDES BILLING STA TEMENTS THAT ALERT PATIENTS TO THE AVAILABILITY OF ASSISTANCE AS WELL AS LIMITS ON ACCOUNT COLLECTION ACTIVITIES (SCRIPPS DOES NOT, FOR EXAMPLE, APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESIDENCES AS A MEANS OF COLLECTING UNPAID HOSPITAL BILLS) ELIGIBILITY FOR FINAN CIAL ASSISTANCE IS BASED ON AN EVALUATION OF INCOME AND EXPENSE INFORMATION FOR LOW-INCOM E, UNINSURED PATIENTS EARNING LESS THAN 200 PERCENT OF THE FEDERAL POVERTY GUIDELINES (FPG), SCRIPPS FULLY FORGIVES THE ENTIRE BILL FOR INDIVIDUALS WHO EARN BETWEEN 201-400 PERCEN T OF THE FPG, FINANCIAL ASSISTANCE IS BASED ON A SCHEDULE WITH SHARE-OF-COST DISCOUNTS SC RIPPS POSTS A SUMMARY OF ITS CHARITY CARE POLICY ON THE SCRIPPS WEB SITE AND FINANCIAL ASS ISTANCE CONTACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF THE O RGANIZATION'S FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT THE FINANCIAL A SSISTANCE POLICY SETS FORTH SCRIPPS POLICIES REGARDING DISCOUNT PAYMENTS AND 100 PERCENT F INANCIAL ASSISTANCE FOR QUALIFIED PATIENTS AND IS IN WRITTEN FORM TO DIRECT AND GUIDE STAF F, AND EFFECTIVELY COMMUNICATE HOW OUR COMMITMENT WILL BE APPLIED CONSISTENTLY TO ALL PATI ENTS THE POLICY INITIALLY ESTABLISHED IN 2001 WAS REVISED TO BE CONSISTENT WITH STATE AND FEDERAL LEGISLATION THE PRACTICES ESTABLISHED IN THE POLICY REFLECT SCRIPPS' CONTINUING COMMITMENT TO ASSISTING LOW-INCOME UNINSURED PATIENTS WITH DISCOUNTED HOSPITAL CHARGES, CH ARITY CARE, BILLING AND DEBT COLLECTION PRACTICES POLICY HIGHLIGHTS INCLUDE - SCRIPPS HE ALTH WILL RESPECT THE DIGNITY OF EACH PATIENT, ACT ETHICALLY IN ALL PATIENT FINANCIAL MATT ERS AND COMMUNICATE EFFECTIVELY TO ASSIST PATIENTS IN RESOLVING THEIR FINANCIAL OBLIGATION S EVERY REASONABLE EFFORT IS MADE TO ASSIST PATIENTS IN MEETING THEIR FINANCIAL OBLIGATIO N TO PAY FOR HOSPITAL SERVICES SCRIPPS FINANCIAL ASSISTANCE IS DESIGNED TO SUPPORT PATIEN TS WITH DEMONSTRATED FINANCIAL NEED AND IS NOT INTENDED TO SUPPLEMENT OR CIRCUMVENT THIRD PARTY COVERAGE INCLUDING MEDICARE - COMMUNITY OUTREACH AND COMMUNICATION REGARDING SCRIPP S FINANCIAL ASSISTANCE IS ACHIEVED THROUGH THE FOLLOWING MEASURES, TO INCLUDE BUT NOT LIMI TED TO 1 POSTERS IN CONSPICUOUS REGISTRATION AREAS (I E EMERGENCY DEPARTMENT, BILLING O FFICE, MAIN ADMISSION AREAS AND ANCILLARY SERVICE LOCATIONS) 2 PAPER COPIES OF OUR FINAN CIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS, AND A PLAIN LANGUAGE SUMMARY OF THE POLICY ARE MADE AVAILABLE UPON REQUEST AND WITHOUT CHARGE AT ALL SCRIPPS PATIENT REGI STRATION AREAS AND BY MAIL 3 THE FINANCIAL ASSISTANCE POLICY, A PLAIN LANGUAGE SUMMARY, AND FINANCIAL ASSISTANCE APPLICATIONS ARE CONSPICUOUSLY POSTED ON SCRIPPS WEBSITE TO VIEW, DOWNLOAD AND PRINT FREE OF CHARGE THE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY WILL CO NTAIN THE WEBSITE ADDRESS WHERE THESE DOCUMENTS ARE POSTED 4 FINANCIAL ASSISTANCE INFORM ATION IS INCLUDED ON ALL PATIENT STATEMENTS 5 A SUMMARY OF THE FINANCIAL ASSISTANCE POLI CY WILL BE AVAILABLE AT COMMUNITY EVENTS AND WILL BE PROVIDED TO LOCAL AGENCIES THAT PROVI DE CONSUMER ASSISTANCE - TO THE EXTENT REQUIRED BY LAW, SCRIPPS WILL PROVIDE A COPY OF TH E POLICY AND RELATED INFORMATION TO THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMEN T IN ADDITION, SCRIPPS' POLICY WILL BE AVAILABLE TO INDIVIDUALS OF THE PUBLIC FOR REVIEW UPON REQUEST MADE THROUGH PATIENT FINANCIAL SERVICES CUSTOMER SERVICE REVIEW WILL BE FACI LITATED THROUGH THE USE OF INTERPRETERS (LANGUAGE, VISION, AND HEARING) OR WRITTEN MATERIA LS AS REQUESTED BY THE INDIVIDUAL - SELF-PAY PATIENTS ARE PROVIDED WITH COUNSELING AND WR ITTEN INFORMATION REGARDING FINANCIAL ASSISTANCE THE PATIENT FINANCIAL ASSESSMENT STATEME NT IS AVAILABLE AND WILL BE PROVIDED TO PATIENTS W

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	HO EXPRESS AN INTEREST IN, OR WHO HAVE BEEN IDENTIFIED AS, NEEDING FINANCIAL ASSISTANCE WH EN POSSIBLE WRITTEN MATERIALS WILL BE AVAILABLE IN ENGLISH AND SPANISH LANGUAGE INTERPRE TIVE SERVICES ARE PROVIDED WHENEVER NECESSARY TO FACILITATE THE PATIENT'S UNDERSTANDING AN D PARTICIPATION IN OPTIONS FOR FINANCIAL ASSISTANCE - PATIENT ACCOUNTS THAT MAY BENEFIT F ROM FINANCIAL ASSISTANCE ARE ACTIVELY SCREENED, MONITORED AND IDENTIFIED AS SOON AS POSSIB LE PATIENTS ARE SCREENED FOR THE ABILITY TO PAY AND/OR TO DETERMINE ELIGIBILITY FOR PAYME NT PROGRAMS INCLUDING THOSE OFFERED DIRECTLY THROUGH SCRIPPS HEALTH OUR PERSONNEL WILL MA KE ALL REASONABLE EFFORTS TO OBTAIN INFORMATION FROM PATIENTS ABOUT WHETHER PRIVATE OR PUB LIC HEALTH INSURANCE MAY FULLY OR PARTIALLY COVER THE CHARGES FOR CARE SCRIPPS WILL PROVI DE ASSISTANCE IN ASSESSING THE PATIENT'S ELIGIBILITY FOR MEDI-CAL, COUNTY MEDICAL SERVICES (CMS) OR ANY OTHER-THIRD PARTY COVERAGE AS PART OF THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE EVALUATION FOR FINANCIAL ASSISTANCE ELIGIBILITY IS BASED ON THE EVALUATION OF INCOME AND EXPENSE INFORMATION PROVIDED BY THE PATIENT - SCRIPPS HEALTH WILL WORK TO ASSI ST ANY PATIENT UNABLE TO PAY FOR SERVICES, WHO COOPERATIVELY PROVIDES INFORMATION ABOUT HI S/HER ABILITY TO PAY FAILURE BY THE PATIENT TO COOPERATE MAY RESULT IN THE INABILITY OF T HE HOSPITAL TO PROVIDE FINANCIAL ASSISTANCE DETERMINATION - FINANCIAL ASSISTANCE APPLIES TO INDIVIDUALS WHOSE FAMILY INCOME LEVEL IS 400 PERCENT OF THE FEDERAL POVERTY GUIDELINES OR BELOW DETERMINATION IS MADE ON AN ALL OR PARTIAL BASIS USING THE APPROVED DISCOUNT SCH EDULE IF THE HOSPITAL IS UNABLE TO OBTAIN ADEQUATE INFORMATION AFTER DILIGENT EFFORTS REG ARDING ABILITY TO PAY FOR ANY PATIENT TREATED IN THE EMERGENCY DEPARTMENT, THE PATIENT MAY BE GRANTED 100 PERCENT FINANCIAL ASSISTANCE ONLY AFTER APPROPRIATE BILLING AND/OR OTHER A TTEMPTS TO COLLECT INFORMATION HAVE BEEN MADE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION MEETING THE CHALLENGES OF A DIVERSE BORDER COMMUNITY SAN DIEGO COUNT Y (SDC) IS AN INTERNATIONAL BORDER COMMUNITY COMPRISED OF 3 2 MILLION PEOPLE GEOGRAPHICAL LY DISPERSED OVER 4,200 SQUARE MILES, THE POPULATION REPRESENTS MULTIPLE ETHNIC GROUPS TH E SAN DIEGO ASSOCIATION OF GOVERNMENT'S (SANDAG) POPULATION GROWTH PROJECTIONS ARE JUST OV ER 1 PERCENT PER YEAR, EXTENDING OUT 25 YEARS TO THE YEAR 2030 THE SANDAG 2050 SUB-REGION AL GROWTH FORECAST PROJECTS POPULATION GROWTH TO 4 4 MILLION BY 2050 THIS IS A 40 0% INCR EASE IN POPULATION GROWTH DEMOGRAPHIC PROFILE OF SAN DIEGO COUNTY CURRENT POPULATION DEMO GRAPHICS AND CHANGES IN DEMOGRAPHIC COMPOSITION OVER TIME PLAY A DETERMINING ROLE IN THE T YPES OF HEALTH AND SOCIAL SERVICES NEEDED BY COMMUNITIES POPULATION SIZE, CHANGE IN POPUL ATION, RACE AND ETHNICITY, AND AGE OF A POPULATION ARE ALL IMPORTANT IN UNDERSTANDING COMM UNITIES AND ITS RESIDENTS POPULATION OVER 3 MILLION PEOPLE (3,138,265) LIVE IN THE 4,205 SQUARE MILE AREA OF SDC ACCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUNITY SURVEY 200 9-13, 5-YEAR ESTIMATES THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 746 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF APPROXIMATELY 88 PERSONS PER SQUARE MILE APPROXIMATELY 96 7% OF THE POPULATION LIVES IN AN URBAN AREA COMP ARED TO JUST 3 3% LIVING IN RURAL AREAS POPULATION CHANGE ACCORDING TO THE U S CENSUS B UREAU DECENNIAL CENSUS, BETWEEN 2000 AND 2010 THE POPULATION IN SDC GREW BY 281,480 PERSON S, A CHANGE OF 10 0% THIS IS SIMILAR TO THE PERCENTAGE POPULATION CHANGE SEEN DURING THE SAME TIME PERIOD IN CALIFORNIA (10 0%) AND THE UNITED STATES (9 7%) A SIGNIFICANT SHIFT I N TOTAL POPULATION OVER TIME IMPACTS THE DEMAND FOR HEALTH CARE PROVIDERS AND THE UTILIZAT ION OF COMMUNITY RESOURCES RACE/ETHNICITY IN THE AMERICAN COMMUNITY SURVEY, DATA FOR RAC E AND ETHNICITY ARE COLLECTED SEPARATELY OF THOSE WHO IDENTIFIED AS NON-HISPANIC (67 7%) IN SDC, THE MAJORITY IDENTIFIED THEIR RACE AS WHITE (70 9%), FOLLOWED BY ASIAN (16 1%), BL ACK (7 1%), MULTIPLE RACES (4 5%), NATIVE HAWAIIAN/PACIFIC ISLANDER (0 6%), AND AMERICAN I NDIAN/ALASKAN NATIVE (0 5%) OF THOSE WHO IDENTIFIED AS HISPANIC OR LATINO (32 4%) IN SDC, THE MAJORITY ALSO IDENTIFIED THEIR RACE AS WHITE (72 4%), FOLLOWED BY OTHER (19 9%), MULT IPLE RACES (5 1%), AMERICAN INDIAN/ALASKAN NATIVE (1 1%), BLACK (0 8%), ASIAN (0 6%), AND NATIVE HAWAIIAN/PACIFIC ISLANDER (0 1%) PLEASE SEE THE FIGURES BELOW FOR MORE DETAILS DE MOGRAPHIC ESTIMATES AND PROJECTIONS ARE BASED ON SANDAG 2010 ESTIMATES AND ARE AVAILABLE A T THE ZIP CODE LEVEL AT HTTP //DATAWAREHOUSE SANDAG ORG A BREAKDOWN OF THE REGIONAL DEMOG RAPHICS CAN BE FOUND IN THE REGIONAL FORUM SECTIONS OF THE CHARTING THE COURSE VI HEALTH NEEDS ASSESSMENT FOR SAN DIEGO COUNTY (APPENDIX SECTION) AT HTTP //WWW SDCHIP ORG SCRIPPS SERVES A QUARTER OF THE TOTAL COUNTY POPULATION, CONCENTRATING SERVICES IN THE NORTH COAS TAL, NORTH CENTRAL, CENTRAL AND SOUTH REGIONS OF SAN DIEGO COUNTY WHERE SCRIPPS FACILITIES ARE LOCATED PER CALENDAR YEAR 2014 OSHPD ANNUAL FINANCIAL DATA THERE ARE 21 OTHER HOSPIT AL FACILITIES SERVING THE SAN DIEGO COMMUNITY SCRIPPS MERCY HOSPITAL (INCLUDING SAN DIEGO AND CHULA VISTA CAMPUSES) PROVIDES 59 PERCENT OF THE CHARITY CARE WITHIN THE SCRIPPS SYST EM SCRIPPS MERCY'S SERVICE AREA HAS A MORE ECONOMICALLY DISADVANTAGED POPULATION COMPARED TO THE COUNTY AS A WHOLE, WITH THE LOWEST NUMBERS OF INSURED ADULTS IN THE COUNTY AND A M UCH HIGHER PERCENTAGE OF ETHNIC MINORITIES, PRIMARILY HISPANIC AND ASIAN AS A DISPROPORTI ONATE-SHARE HOSPITAL, SCRIPPS MERCY SAN DIEGO AND CHULA VISTA CAMPUSES PLAY IMPORTANT HEAL TH CARE SERVICE ROLES IN THE CENTRAL/SOUTHERN SAN DIEGO COUNTY SERVICE AREA (RANGING FROM INTERSTATE 8 TO THE UNITED STATES-MEXICO BORDER) MORE THAN HALF OF SCRIPPS MERCY SAN DIEG O AND CHULA VISTA PATIENTS ARE GOVERNMENT INSURED-MEDICARE AND MEDI-CAL SCRIPPS HOSPITALS HOUSE 25 3 PERCENT OF THE COUNTY'S GENERAL ACUTE-CARE LICENSED BEDS SCRIPPS PROVIDES SIG NIFICANT AND GROWING VOLUMES OF EMERGENCY, OUTPATIENT AND PRIMARY CARE IN FY15, SCRIPPS P ROVIDED 2,380,674 OUTPATIENT VISITS NEARLY HALF (42 0%) OF SAN DIEGO COUNTY'S 76,204 SAFE TY NET DISCHARGES ARE FROM CENTRAL AND SOUTH SUBURBAN REGIONS SAFETY NET DISCHARGES INCLU DE COUNTY INDIGENT PROGRAMS, MEDI-CAL AND SELF PAY OSHPD 2014 DATA (MOST RECENT YEAR AVAI LABLE) SCRIPPS HAS A TOTAL OF 1,333 ACUTE CARE LICENSED BEDS SAN DIEGO HAS A TOTAL OF 5,2 66 GENERAL ACUTE CARE LICENSED BEDS % OF SCRIPPS BEDS IS 1,333/5,266 =25 31% COUNTY SAFET Y NET DISCHARGES CY14 SAFETY NET DISCHARGES INCLUDE PAYER CATEGORIES COUNTY INDIGENT PRO GRAMS, MEDI-CAL AND SELF PAY - CENTRAL DISCHARGES - 17,810 - SOUTH SUBURBAN DISCHARGES - 14,197 SCRIPPS OSHPD SAFETY NET DISCHARGES CY14 - SCRIPPS CENTRAL DISCHARGES - 6,008 - SC RIPPS SOUTH SUBURBAN DISCHARGES - 4,557 THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HIGHLY DEPENDENT UPON HOSPITALS AND COMMUNITY HEAL

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	TH CLINICS TO CARE FOR UNINSURED AND MEDICALLY UNDERSERVED COMMUNITIES FINDING MORE EFFEC TIVE WAYS TO COORDINATE AND ENHANCE THE SAFETY NET IS A CRITICAL POLICY CHALLENGE WHILE P UBLIC SUBSIDIES (E G , COUNTY MEDICAL SERVICES) HELP FINANCE SERVICES FOR SAN DIEGO COUNTY 'S UNINSURED POPULATIONS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE COMBINED WIT H MEDI-CAL AND MEDICARE FUNDING SHORTFALLS, SCRIPPS AND OTHER LOCAL HOSPITALS ARE LEFT TO ABSORB THE COST INVOLVED IN CARING FOR UNINSURED PATIENTS INTO THEIR OPERATING BUDGETS TH E FINANCIAL BURDEN PLACED ON HOSPITALS AND PHYSICIANS CARING FOR UNINSURED PATIENTS IS SIG NIFICANT SAN DIEGO MEDI-CAL REIMBURSEMENT IS AMONG THE LOWEST IN CALIFORNIA, ALREADY THE STATE WITH THE NATION'S LOWEST MEDICAID REIMBURSEMENT RATE SAN DIEGO'S UNINSURED THE LACK OF HEALTH INSURANCE IS CONSIDERED A KEY DRIVER OF HEALTH STATUS BETWEEN 2010 AND 2013 UN INSURED RATE WAS RELATIVELY STABLE IN THE UNITED STATES, CALIFORNIA AND IN SAN DIEGO COUNT Y IN 2014, THE UNINSURED RATE SHARPLY DECREASED TO 12 3%, WHICH WAS THE LARGEST CHANGE IN THE UNINSURED RATE THROUGHOUT THIS PERIOD THIS DECREASE CAN BE ATTRIBUTED IN LARGE PART TO THE AFFORDABLE CARE ACT (ACA) SOURCE U S CENSUS BUREAU, 2010 TO 2014 1-YEAR AMERICAN COMMUNITY SURVEYS ACS UNINSURED RATE IS BASED ON WHETHER AN INDIVIDUAL HAD INSURANCE AT THE TIME OF THE SURVEY NOTE THE AMERICAN COMMUNITY SURVEY, ESTIMATES ARE FOR THE CIVILIA N NONINSTITUTIONALIZED POPULATION THERE ARE THREE INDICATORS DETERMINED TO BE THE MOST PO WERFUL PREDICTORS OF POPULATION HEALTH POVERTY RATE, PERCENT OF POPULATION UNINSURED, AND EDUCATIONAL ATTAINMENT LOW-INCOME, UNINSURED, AND UNDEREDUCATED INDIVIDUALS HAVE BEEN FO UND TO BE MOST AT RISK FOR POOR HEALTH STATUS FIVE-YEAR ESTIMATES FROM THE 2009-2013 AMER ICAN COMMUNITY SURVEY (ACS) SHOW HOW THESE INDICATORS IMPACT THE SAN DIEGO COMMUNITY EVAL UATING THESE RISK FACTORS IS IMPORTANT FOR IDENTIFYING COMMUNITIES WITH THE MOST SIGNIFICA NT HEALTH NEEDS AND HEALTH DISPARITIES POVERTY WITHIN SDC, 14 5% OR 441,648 INDIVIDUALS ARE LIVING IN HOUSEHOLDS WITH INCOME BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) FOR CH ILDREN 0-17, THE PERCENTAGE LIVING 100% BELOW THE FPL INCREASES TO 18 8% FOR A HOUSEHOLD SIZE OF 3 THE 100% POVERTY LEVEL IS $20,090 PER YEAR POVERTY CREATES BARRIERS TO ACCESSIN G SERVICES THAT PROMOTE WELL-BEING INCLUDING HEALTH SERVICES, HEALTHY FOOD, AND OTHER NECE SSITIES THAT CONTRIBUTE TO IMPROVED HEALTH STATUS UNINSURED BETWEEN 2010 AND 2013 UNINSU RED RATE WAS RELATIVELY STABLE IN THE UNITED STATES, CALIFORNIA AND IN SDC IN 2014, THE U NINSURED RATE SHARPLY DECREASED, WHICH WAS THE LARGEST CHANGE IN THE UNINSURED RATE THROUG HOUT THIS PERIOD THIS DECREASE CAN BE ATTRIBUTED IN LARGE PART TO THE AFFORDABLE CARE ACT (ACA) LACK OF INSURANCE IS A PRIMARY BARRIER TO HEALTH CARE ACCESS INCLUDING REGULAR PRI MARY CARE, SPECIALTY CARE, AND OTHER HEALTH SERVICES THAT CONTRIBUTES TO POOR HEALTH STATU S EDUCATIONAL ATTAINMENT EDUCATIONAL ATTAINMENT IS LINKED TO POSITIVE HEALTH OUTCOMES (F REUDENBERG & RUGLIS, 2007) WITHIN THE COUNTY OF SAN DIEGO, ALMOST 15% OF THE TOTAL POPULA TION AGED 25 AND OLDER (297,188) HAVE NO HIGH SCHOOL DIPLOMA (OR EQUIVALENCY) OR HIGHER O F CHILDREN AGED 3-4, THE 2009-2013 ACS FOUND THAT 48 9% WERE ENROLLED IN SCHOOL AS A PRIM ARY SOCIAL DETERMINANT OF HEALTH, INCREASING EDUCATIONAL OPPORTUNITIES FOR YOUNG CHILDREN IS IMPORTANT IN ORDER TO IMPROVE FUTURE EDUCATIONAL ATTAINMENT AND INCREASE ECONOMIC OPPOR TUNITY

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SC RIPPS HEALTH IS A $2 8 BILLION, PRIVATE, NOT-FOR-PROFIT COMMUNITY HEALTH SYSTEM IN SAN DIE GO, CALIFORNIA SCRIPPS TREATS A HALF-MILLION PATIENTS ANNUALLY THROUGH THE DEDICATION OF MORE THAN 2,900 AFFILIATED PHYSICIANS AND 14,600 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPI TAL CAMPUSES, HOME HEALTH CARE, AND AN AMBULATORY CARE NETWORK OF CLINICS, PHYSICIAN OFFIC ES AND OUTPATIENT CENTERS THROUGHOUT THE SAN DIEGO REGION SCRIPPS IS A RECOGNIZED LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE AND IS AT THE FOREFRONT OF CLINICAL RESEARCH AND GRADUATE MEDICAL EDUCATION AS A TAX EXEMPT HEALTH CARE SYSTEM, SCRIPPS TAKES PRIDE IN ITS SERVICE TO THE COMMUNITY THE SCRIPPS SYSTEM IS GOVERNED BY A 14-MEMBER VOLU NTEER BOARD OF TRUSTEES THIS SINGLE POINT OF AUTHORITY FOR ORGANIZATIONAL POLICY ENSURES A UNIFIED APPROACH TO SERVING PATIENTS ACROSS THE REGION THE BOARD IS RESPONSIBLE FOR PRO MOTING CORPORATE PURSUIT OF ITS MISSION, APPROVAL OF THE BUDGET AND ASSURING THROUGH OVERS IGHT THE EFFECTIVE FUNCTIONING OF THE CORPORATION ITS PURPOSE IS TO ESTABLISH AND MAINTAI N A NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES, WHOSE ACTIVITIES ARE CONDUCTED IN SUCH A MANNER THAT NO PART OF ITS NET EARNINGS WILL BENEFIT OF ANY TRUSTEE, OFFICER OR OTHER INDIVIDUAL THESE VOLUNTEER S GIVE COUNTLESS HOURS OF SERVICE TO THE HOSPITAL SYSTEM IN THEIR OVERSIGHT ROLE, PARTICIP ATION IN VARIOUS BOARD COMMITTEES AND GENERAL STEWARDSHIP ALL FIVE ACUTE-CARE HOSPITAL CA MPUSES HAVE AN OPEN MEDICAL STAFF FOR ALL QUALIFIED PHYSICIANS THE BOARD OF TRUSTEES HAS AUTHORITY TO APPROVE BYLAWS, RULES AND REGULATIONS FOR THE MEDICAL STAFF OF EACH HOSPITAL, SURGERY CENTER OR SIMILAR FACILITY, AND TO APPOINT, SUSPEND OR REMOVE ANY PHYSICIAN FROM THE MEDICAL STAFF ALL FIVE ACUTE-CARE HOSPITAL CAMPUSES PARTICIPATE IN MEDI-CAL AND MEDIC ARE CONTRACTS SCRIPPS SURPLUS FUNDS ARE REINVESTED BACK INTO THE SAN DIEGO COMMUNITY SUR PLUS FUNDS ARE UTILIZED FOR NEW FACILITIES, EQUIPMENT, SEISMIC RETROFITTING, PROFESSIONAL EDUCATION AND HEALTH RESEARCH, ACCESS TO PATIENT CARE AND COMMUNITY BENEFIT PROGRAMS EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVICES THROUGH CLINICAL RESEAR CH AND MEDICAL EDUCATION PROGRAMS DURING FY15 (OCTOBER 2014 TO SEPTEMBER 2015), SCRIPPS I NVESTED $26,184,190 IN PROFESSIONAL TRAINING PROGRAMS AND HEALTH RESEARCH TO ENHANCE SERVI CE DELIVERY AND TREATMENT PRACTICES FOR SAN DIEGO COUNTY QUALITY HEALTH CARE DEPENDS ON H EALTH EDUCATION SYSTEMS AND MEDICAL RESEARCH PROGRAMS WITHOUT THE ABILITY TO TRAIN AND IN SPIRE A NEW GENERATION OF HEALTH CARE PROVIDERS OR TO OFFER CONTINUING EDUCATION TO EXISTI NG HEALTH CARE PROFESSIONALS, THE QUALITY OF HEALTH CARE WOULD BE GREATLY DIMINISHED MEDI CAL RESEARCH ALSO PLAYS AN IMPORTANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH THRO UGH THE DEVELOPMENT OF NEW AND INNOVATIVE TREATMENT OPTIONS PROFESSIONAL EDUCATION AND HE ALTH RESEARCH REFLECTS CLINICAL RESEARCH, AS WELL AS PROFESSIONAL EDUCATION FOR NON-SCRIPP S EMPLOYEES INCLUDING GRADUATE MEDICAL EDUCATION, NURSING RESOURCE DEVELOPMENT AND OTHER H EALTH CARE PROFESSIONAL EDUCATION RESEARCH TAKES PLACE PRIMARILY AT SCRIPPS CLINICAL RESE ARCH SERVICES, SCRIPPS WHITTIER DIABETES INSTITUTE, SCRIPPS GENOMIC MEDICINE AND SCRIPPS T RANSLATIONAL SCIENCE INSTITUTE CALCULATIONS ARE BASED ON TOTAL PROGRAM EXPENSES LESS APPL ICABLE DIRECT-OFFSETTING REVENUE, WHICH INCLUDES ANY REVENUE GENERATED BY THE ACTIVITY OR PROGRAM, SUCH AS PAYMENT OR REIMBURSEMENT FOR SERVICES PROVIDED TO PROGRAM PATIENTS ACCOR DING TO THE 2014 SCHEDULE H 990 IRS GUIDELINES, "DIRECT OFFSETTING REVENUE" ALSO INCLUDES RESTRICTED GRANTS OR CONTRIBUTIONS THAT THE ORGANIZATION USES TO PROVIDE A COMMUNITY BENEF IT BECAUSE OF THIS NEW PROVISION, SCRIPPS SAW A SUBSTANTIAL DECREASE IN RESEARCH FOR FY15 A LACK OF HEALTH INSURANCE AND ACCESS TO SPECIALTY AND PRIMARY CARE PROVIDERS ARE TWO OF THE PRIMARY BARRIERS TO HEALTH CARE ON BOTH A LOCAL AND NATIONAL LEVEL WITHOUT ACCESS TO BASIC HEALTH CARE SERVICES, INDIVIDUALS SUFFER FROM MORE ACUTE EPISODES OF ILLNESS, INJUR Y AND MORTALITY LACK OF INSURANCE ALSO INCREASES THE BURDEN ON HOSPITALS AND HEALTH PROVI DERS IN AN EFFORT TO PROVIDE FOR POPULATIONS IN NEED, SCRIPPS ASSISTED IN FY15 WITH THE F OLLOWING HEALTH CARE PROGRAMS AND PROJECTS MERCY OUTREACH SURGICAL TEAM (MOST) REACHING O UT TO THOSE WHO HAVE LIMITED ACCESS TO HEALTH CARE, THE MERCY OUTREACH SURGICAL TEAM (MOST) PROVIDES MEDICAL AND SURGICAL CARE TO UNDERPRIVILEGED CHILDREN AND ADULTS FROM OTHER COU NTRIES THE VOLUNTEER GROUP OF PHYSICIANS, NURSES, TECHNICIANS AND OTHERS PERFORM LIFE-CHA NGING SURGERIES TO CORRECT CLEFT LIPS, CLEFT PALATES, BURN SCARS, CROSSED EYES, HERNIAS AN D A VARIETY OF OTHER CONDITIONS DURING FY15, THE MOST TEAM SERVED IN TWO OUTREACH TRIPS THE MOST TEAM VOLUNTEERED 2,568 HOURS TO PROVIDE R

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	ECONSTRUCTIVE SURGERIES FOR MORE THAN 400 CHILDREN GRADUATE MEDICAL EDUCATION STAFF SUPPO RT TO ST VINCENT DE PAUL VILLAGE MEDICAL CENTER AND ST LEO'S MISSION COMMUNITY CLINIC T HE GRADUATE MEDICAL EDUCATION (GME) PROGRAM AT SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC F OCUSES ON PHYSICIAN TRAINING AND CLINICAL RESEARCH, WITH 36 RESIDENTS AND 38 FELLOWS THE PROGRAM ALSO GIVES BACK TO THE COMMUNITY BY STAFFING EVENING CLINICS AT ST VINCENT DE PAU L VILLAGE AND ST LEO'S MISSION COMMUNITY CLINIC SCRIPPS RESIDENTS AND STAFF PROVIDED MED ICAL CARE TO APPROXIMATELY 800 OF OUR COUNTY'S MOST VULNERABLE RESIDENTS DURING FY15 SCRI PPS RECUPERATIVE CARE PROGRAM (RCU) THE SCRIPPS RESCUE MISSION PROJECT PROVIDES A SAFE DIS CHARGE FOR CHRONICALLY HOMELESS PATIENTS WITH ONGOING MEDICAL NEEDS ALL PATIENTS ARE UNFU NDED OR UNDERFUNDED MOST HAVE SUBSTANCE ABUSE AND/OR MENTAL HEALTH ISSUES THE LACK OF FU NDING, AND MENTAL ILLNESS, ALONG WITH ALCOHOL AND/OR SUBSTANCE ABUSE, MAKE POST-ACUTE PLAC EMENT OF THESE HOMELESS PATIENTS DIFFICULT RN CASE MANAGEMENT OVERSIGHT IS PROVIDED BY SC RIPPS WITH PHYSICIAN BACKUP TO ENSURE COMPLETION OF THEIR MEDICAL RECOVERY GOALS SCRIPPS PAYS THE RESCUE MISSION A DAILY RATE FOR HOUSING AND SERVICES PROVIDED TO THE PATIENT THE Y PROVIDE A SAFE, SECURE ENVIRONMENT WITH 24 HOUR SUPERVISION, MEDICATION OVERSIGHT, MEALS , CLOTHING, COUNSELING, ASSISTANCE WITH COUNTY MEDICAL SERVICES, MEDI-CAL AND DISABILITY A PPLICATIONS, PLUS HELP FIND PERMANENT OR TRANSITIONAL HOUSING PATIENT TRANSPORTATION NEED S ARE COORDINATED AND PROVIDED BY BOTH THE RESCUE MISSION AND SCRIPPS TO MAINTAIN THE PAT IENT'S MEDICAL STABILITY, MEDICATIONS, DME AND OTHER SERVICES ARE PROVIDED BY SCRIPPS UNTI L INSURANCE FUNDING HAS BEEN ESTABLISHED PATIENTS WITH PSYCHIATRIC DISORDERS ARE ESTABLIS HED WITH A PSYCHIATRIST IN THE COMMUNITY AND ALL PATIENTS ARE CONNECTED WITH A MEDICAL HOM E IN THE COMMUNITY FOR FY15, TOTAL COST SAVINGS FOR SCRIPPS HAS BEEN OVER $1 9 MILLION I N 2015, 42 PATIENTS HAD A CUMULATIVE 751 HOSPITAL DAYS OF STAY BEFORE GOING TO THE RCU TH E RCU TAKES MEDICALLY COMPLEX PATIENTS INCLUDING PATIENTS WITH TRACH, TUBE FEEDS, IV ANTIB IOTICS, WOUND VACS, MULTIPLE FRACTURES, SPINAL EPIDURAL ABCESS, PARAPLEGIA, ESRD ON DIALYS IS, END STAGE LIVER DISEASE, HEART VALVE REPLACEMENT, DIABETES, TRAUMATIC BRAIN INJURY, OS TOMIES, CRANIECTOMY, COMPLEX TRAUMA, CANCER AND HIV ONE HUNDRED PERCENT OF PATIENTS WERE CONNECTED TO A PRIMARY CARE PROVIDER AT ONE OF THE COMMUNITY CLINICS WITH AN APPOINTMENT M ADE FIFTEEN PERCENT OF THESE HAD VERY SHORT STAYS AT THE RCU AND MAY NOT HAVE FOLLOWED UP WITH THE APPOINTMENTS ON THEIR OWN 76% OF THE RCU DISCHARGED PATIENTS DID NOT RETURN TO THE STREETS THEY WENT EITHER TO A RECOVERY PROGRAM OR TRANSITIONAL HOUSING (14%), SRO OR APARTMENT (10%), BACK TO MEXICO (10%), TO FAMILY OR FRIEND (7%), BOARD AND CARE (2%), HEAL THCARE, HOSPICE OR A LOWER LEVEL OF CARE (2%) ONE CLIENT IS DECEASED THIS YEAR 24 % OF C LIENTS DID RETURN TO THE STREETS 21% OF THIS YEAR'S CLIENTS ARE STILL ACTIVE PARTICIPANTS AT THE RCU OF NOTE, 15% WERE HOSPITALIZED, USUALLY VERY BRIEFLY, AT SOME POINT AND RETUR NED TO THE RCU (SPONSORED BY SCRIPPS MERCY HOSPITAL, SAN DIEGO) SCRIPPS HEALTH COMMUNITY BENEFIT GRANTING IN FY2015, SCRIPPS AWARDED A TOTAL OF $215,000 IN COMMUNITY GRANTS TO PR OGRAMS BASED THROUGHOUT SAN DIEGO, RANGING FROM $10,000 TO $120,000 EACH THE PROJECTS THA T RECEIVED FUNDING ADDRESS SOME OF SAN DIEGO COUNTY'S HIGH-PRIORITY HEALTH NEEDS WITH THE GOAL OF IMPROVING ACCESS TO VITAL HEALTH CARE SERVICES FOR A VARIETY OF AT-RISK POPULATION S, INCLUDING PEOPLE WHO ARE HOMELESS, ECONOMICALLY DISADVANTAGED, AND MENTALLY ILL SINCE THE COMMUNITY BENEFIT FUND BEGAN, SCRIPPS HAS AWARDED $3 1 MILLION DOLLARS PROGRAMS FUNDE D DURING FISCAL YEAR 2015 INCLUDE - CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY (CC HEA) FUNDING PROVIDES LOW-INCOME, UNINSURED MERCY CLINIC AND BEHAVIORAL HEALTH PATIENTS HE LP OBTAINING HEALTH CARE BENEFITS, SSI A

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM SCRIPPS HEALTH IS AN INTEGRATED HEALTH SYSTEM, OPERATING FIVE ACUTE CARE HOSPITALS AND TWENTY-SEVEN PRIMARY AND SPECIALTY CARE OUTPATIENT CENTERS IN 2013, SCRIPPS HOSPICE PROGRAM WAS ESTABLISHED AND PROVIDES END OF LIFE CARE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	CALIFORNIA SCRIPPS HEALTH COMMUNITY BENEFIT REPORT CAN BE FOUND AT HTTPS //WWW SCRIPPS ORG/ABOUT-US__SCRIPPS-IN-THE-COMMUNITY

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
SCHEDULE H, PART V, LINE 5	REPORTING GROUP A HEALTH EXPERT, COMMUNITY LEADER AND RESIDENT FEEDBACK THE INSTITUTE OF P UBLIC HEALTH (IPH) AND CHNA ADVISORY WORKGROUP SOUGHT FEEDBACK FROM COMMUNITY LEADERS, HEA LTH EXPERTS AND RESIDENTS OF VULNERABLE COMMUNITIES THIS WAS DONE THROUGH THREE METHODS AN ELECTRONIC SURVEY FOR COMMUNITY LEADERS AND HEALTH EXPERTS, KEY INFORMANT INTERVIEWS, A ND COMMUNITY FORUMS FOR RESIDENTS IN VULNERABLE COMMUNITIES THROUGHOUT SAN DIEGO COUNTY - ONLINE SURVEY OF HEALTH EXPERTS AND LEADERS INITIAL EMAIL SAMPLE (N=120) TOTAL SURVEYS C OMPLETED (N=89) - COMMUNITY FORUMS (106 COMMUNITY RESIDENTS)EL CAJON, OCEANSIDE, ESCONDID O, LOGAN HEIGHTS, AND SAN YSIDRO CONDUCTED IN NEIGHBORHOODS WITH HIGH COMMUNITY NEED INDEX SCORES - FIVE KEY INFORMANT INTERVIEWS LEADERS CHOSEN BASED ON DISCIPLINE EXPERTISE AND KNOWLEDGE OF HEALTH ISSUES AFFECTING COMMUNITIES HEALTH EXPERT AND COMMUNITY LEADER ELECT RONIC SURVEY IN ORDER TO PRIORITIZE THE HEALTH CONDITIONS AND HEALTH DRIVERS IDENTIFIED, T HE IPH AND THE CHNA ADVISORY WORKGROUP DEVELOPED A LIST OF OVER 100 POSSIBLE COMMUNITY HEA LTH EXPERTS AND LEADERS A HEALTH EXPERT OR LEADER WAS DEFINED AS A PERSON WITH SPECIAL KN OWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH THE LIST WAS COMPILED TO ENSURE REPRESENTATION O F EXPERTS IN BOTH THE 15 HEALTH CONDITIONS AND 26 HEALTH DRIVERS THAT HAD BEEN IDENTIFIED HEALTH EXPERTS AND LEADERS WERE IDENTIFIED FROM HOSPITAL SETTINGS, COMMUNITY-BASED ORGANI ZATIONS, GOVERNMENT POLICY, LEGAL, AND HEALTH ADVOCACY ORGANIZATIONS CONTACT INFORMATION WAS VERIFIED AND INITIAL EMAILS WERE SENT TO THE LIST OF HEALTH EXPERTS AND LEADERS IN SAN DIEGO IN ORDER TO GAUGE POTENTIAL INTEREST IN PARTICIPATING IN THE CHNA HEALTH PRIORITIZA TION SURVEY AT THE TIME OF THIS INITIAL E-MAIL, INTERESTED RESPONDENTS WERE ASKED WHICH C ONDITIONS THEY HAD EXPERTISE IN, WHAT POPULATIONS THEY SERVED AND WHAT REGIONS THEY WORKED IN THIS INITIAL FEEDBACK GAVE THE IPH AND THE CHNA ADVISORY WORKGROUP AN IDEA OF THE COV ERAGE OF DATA THAT WOULD ULTIMATELY BE GATHERED ON HEALTH CONDITIONS, REGIONS AND POPULATI ONS SERVED TARGETED OUTREACH TO ADDITIONAL HEALTH EXPERTS AND LEADERS WAS THEN INITIATED TO FILL GAPS OF UNDER-REPRESENTED CONDITIONS, REGIONS, OR VULNERABLE POPULATIONS THE CHNA SURVEY WAS EMAILED TO OVER 120 HEALTH EXPERTS AND LEADERS, WITH 89 PEOPLE COMPLETING THE SURVEY WHEN DESIGNING THE SURVEY IT WAS TAKEN INTO ACCOUNT THE DIVERSITY OF THE KNOWLEDGE OF THE RESPONDENTS SOME RESPONDENTS HAD KNOWLEDGE OF SPECIFIC DISEASES OR CONDITIONS AND THE HEALTH DRIVERS AFFECTING THOSE DISEASES OTHERS HAD A MUCH MORE GENERAL KNOWLEDGE OF HEALTH DRIVERS AND HOW THEY MIGHT AFFECT MULTIPLE HEALTH OUTCOMES TO ACCOMMODATE THESE DI FFERENT PERSPECTIVES, THE SURVEY WAS CREATED SO THAT THE RESPONDENTS COULD ANSWER THE SURV EY FROM ONE OF THE TWO PERSPECTIVES BOTH PERSPECTIVES ALLOWED RESPONDENTS TO COMMENT ON P OOR HEALTH CONDITIONS AND HEALTH DRIVERS AS THEY COMPLETED THE SURVEY AS PART OF THE SURV EY, PARTICIPANTS WERE PROVIDED WITH ELECTRONIC LINKS TO THE 15 CONDITION BRIEFS AND THE OP PORTUNITY TO REVIEW THOSE BRIEFS, COMPARING DATA ACROSS THE CONDITIONS PRIOR TO ANSWERING THE SURVEY USING THE LIST OF 15 HEALTH CONDITIONS AND 26 HEALTH DRIVERS, THE IPH AND CHNA ADVISORY WORKGROUP DEVELOPED AN ELECTRONIC SURVEY THAT ASKED COMMUNITY LEADERS AND HEALTH EXPERTS TO HELP PRIORITIZE HEALTH CONDITIONS THAT MET THE FOLLOWING REQUIREMENTS - HAVE A SIGNIFICANT PREVALENCE IN THE COMMUNITY, - CONTRIBUTE SIGNIFICANTLY TO THE MORBIDITY AND MORTALITY IN SAN DIEGO COUNTY, - DISPROPORTIONATELY IMPACT VULNERABLE COMMUNITIES, - REFL ECT A NEED THAT EXISTS THROUGHOUT SAN DIEGO COUNTY, AND - CAN BE ADDRESSED THROUGH EVIDENC E-BASED PRACTICES BY HOSPITALS AND HEALTHCARE SYSTEMS KEY INFORMANT INTERVIEWS THE IPH CO MPLETED FIVE KEY INFORMANT INTERVIEWS KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH DR WI LMA WOOTEN, DR JAMES DUNFORD, DR CHRISTINE WOOD, DR PHILIP HANGER, AND GREG KNOLL, ESQ EACH INTERVIEW LASTED NO LONGER THAN ONE HOUR THESE LEADERS WERE CHOSEN BASED ON THEIR D ISCIPLINE AND KNOWLEDGE OF HEALTH ISSUES AFFECTING SAN DIEGO KEY INFORMANTS WERE ALSO SEL ECTED BASED ON THEIR ABILITY TO UNDERSTAND HEALTH POLICY, AND THEIR KNOWLEDGE OF ISSUES TH ROUGHOUT SAN DIEGO COUNTY THE 15 HEALTH CONDITIONS WERE SHARED WITH THE PARTICIPANTS DURI NG THE INTERVIEWS THE PURPOSE OF THE KEY INFORMANT INTERVIEWS WAS TO - GATHER MORE IN-DE PTH UNDERSTANDING OF THE HEALTH CONDITIONS MOST AFFECTING SAN DIEGO, - AID IN THE PROCESS OF PRIORITIZING HEALTH CONDITIONS, - MAKE CONNECTIONS BETWEEN THE HEALTH CONDITIONS AND AS SOCIATED HEALTH DRIVERS, - GAIN INFORMATION ABOUT THE SYSTEM OR POLICY CHANGES THAT COULD POTENTIALLY IMPACT HEALTH CONDITIONS, AND - GET HEALTH CONDITIONS SPECIFIC RECOMMENDATIONS AS WELL AS OVERALL RECOMMENDATIONS COMMUNITY FORUMS THE PURPOSE OF THE COMMUNITY FORUMS WAS TO GAIN RESIDENTS' PERSPECTIVE ON THE HEALTH NEEDS OF THEIR COMMUNITIES, IDENTIFY HEAL TH CONDITIONS MOST AFFECTING THEIR COMMUNITIES, AN

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
SCHEDULE H, PART V, LINE 5	D IDENTIFY COMMUNITY RECOMMENDATIONS ON HOW HOSPITALS COULD HELP TO MEET THEIR HEALTH NEED S IN ORDER TO ENSURE UNBIASED COMMUNITY FEEDBACK, NEITHER HEALTHCARE ASSOCIATION OF SAN D IEGO AND IMPERIAL COUNTIES (HASD&IC) NOR THE PARTICIPATING HOSPITALS ATTENDED COMMUNITIES OF HIGH HEALTH NEED, BASED ON THEIR COMMUNITY NEED INDEX (CNI) SCORE, WERE SELECTED FOR C ONDUCTING FOCUS GROUPS WITH COMMUNITY MEMBERS THE IPH PARTNERED WITH NEIGHBORHOOD COMMUNI TY COLLABORATIVE AGENCIES OR ORGANIZATIONS WITHIN EACH NEIGHBORHOOD TO RECRUIT COMMUNITY M EMBERS TO PARTICIPATE IN THE FOCUS GROUPS RECRUITMENT INCLUDED THE STIPULATION THAT FOCUS GROUP PARTICIPANTS WERE LIVING IN THE NEIGHBORHOOD AND WERE NOT AFFILIATED WITH LOCAL HOS PITALS AND HEALTH CENTERS FOCUS GROUPS WERE CONDUCTED IN EL CAJON, OCEANSIDE, ESCONDIDO, LOGAN HEIGHTS, AND SAN YSIDRO DURING THE FOCUS GROUPS, GEOGRAPHICAL INFORMATIONAL SYSTEMS (GIS) MAPS DISPLAYING CNI SCORES BY ZIP CODE IN SAN DIEGO COUNTY AS WELL AS THE HEALTH AN D HUMAN SERVICES AGENCY REGION OF THE NEIGHBORHOOD WERE DISPLAYED AND HAND-OUTS IN BOTH EN GLISH AND SPANISH EXPLAINING THE CNI SCORE WERE DISTRIBUTED TO EACH PARTICIPANT INFORMATI ON WAS ALSO PROVIDED TO COMMUNITY MEMBERS OF THE HEALTH RESOURCES AVAILABLE TO THEM IN THE IR NEIGHBORHOODS

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
SCHEDULE H, PART V, LINE 6A	REPORTING GROUP A SCRIPPS CONDUCTED ONE CHNA FOR THE SYSTEM BEGINNING IN SEPTEMBER 2012 WITH COMPLETION IN APRIL 2013, THE IPH MANAGED THE DESIGN, IMPLEMENTATION AND INTERPRETATION OF THE CHNA PROCESS PARTICIPATING HOSPITALS AND HEALTHCARE SYSTEMS WERE ALL REPRESENTED IN THE CHNA ADVISORY WORKGROUP - KAISER FOUNDATION HOSPITAL - SAN DIEGO - PALOMAR HEALTH - RADY CHILDREN'S HOSPITAL - SAN DIEGO - SCRIPPS HEALTH - SHARP HEALTHCARE - TRI-CITY MEDICAL CENTER - UNIVERSITY OF CALIFORNIA SAN DIEGO HEALTH SYSTEM

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
SCHEDULE H, PART V, LINE 7A	REPORTING GROUP A THE COMMUNITY HEALTH NEEDS ASSESSMENT IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL https //www scripps org/ABOUT-US__SCRIPPS-IN-THE-COMMUNITY__ASSESSING-COMM UNITY-NEEDS

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
SCHEDULE H, PART V, LINE 10A	REPORTING GROUP A THE IMPLEMENTATION STRATEGY IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL HTTPS //WWW SCRIPPS ORG/ABOUT-US__SCRIPPS-IN-THE-COMMUNITY__ASSESSING-COMM UNITY-NEEDS

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
SCHEDULE H, PART V, LINE 11	REPORTING GROUP A THE PURPOSE OF THIS CHNA WAS TO IDENTIFY AND PRIORITIZE HEALTH ISSUES AND NEEDS IN SAN DIEGO COUNTY USING MULTIPLE SOURCES OF INFORMATION THE ANALYSIS OF SECONDARY DATA INCORPORATED THE FOLLOWING CRITERIA FOR INCLUSION AS AN IDENTIFIED COMMUNITY HEALTH NEEDS 1 FREQUENCY OF DIAGNOSIS, FROM OSHPD HOSPITAL DISCHARGE DATA 2 HIGH MORTALITY RATE IN SAN DIEGO 3 COMMUNITY CONCERN FIFTEEN CONDITIONS WERE THEN USED AS A STARTING POINT TO SOLICIT INPUT FROM THE HEALTH EXPERTS AND LEADERS, KEY INFORMANTS, AND COMMUNITY MEMBERS BY COMBINING THE RESULTS OF ALL OF THE METHODS EMPLOYED, I E SECONDARY DATA SOURCES, ELECTRONIC HEALTH EXPERT AND LEADER SURVEYS, KEY INFORMANT INTERVIEWS, AND COMMUNITY FOCUS GROUPS, THE TOP 4 HEALTH CONDITIONS THAT WERE PRIORITIZED BY THIS COMMUNITY HEALTH NEEDS ASSESSMENT WERE 1 DIABETES (TYPE 2) 2 OBESITY 3 CARDIOVASCULAR DISEASE 4 MENTAL/BEHAVIORAL HEALTH FIVE BROAD CATEGORIES OF RECOMMENDATIONS FOR HOSPITALS TO IMPROVE COMMUNITY HEALTH INCLUDED 1 ACCESS TO CARE OR INSURANCE 2 CARE MANAGEMENT 3 COLLABORATION 4 EDUCATION 5 SCREENING SERVICES THE OTHER ELEVEN CONDITIONS (ACUTE RESPIRATORY INFECTIONS, ASTHMA, BACK PAIN, BREAST CANCER, COLORECTAL CANCER, DEMENTIA/ALZHEIMER'S, HIGH RISK PREGNANCY, LUNG CANCER, PROSTATE CANCER, SKIN CANCER AND UNINTENTIONAL INJURY) WERE NOT ADDRESSED IN DETAIL IN THE SCRIPPS CHNA DUE TO LIMITED FINANCIAL AND STAFFING ISSUES AND BECAUSE SOME OF THESE HEALTH CONDITIONS ARE BEING ADDRESSED BY OTHER PROVIDERS IN THE COMMUNITY

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
SCHEDULE H, PART V, LINE 13B	REPORTING GROUP A INCOME LEVEL OTHER THAN FPG CRITERIA IF IT IS DETERMINED THAT THE FAMILY INCOME IS ABOVE 400 PERCENT OF THE FPL, SCRIPPS MAY STILL CONSIDER THE PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON EXTENUATING CIRCUMSTANCES ALL SUCH CASES REQUIRE SPECIFIC MANAGEMENT APPROVAL AND THE FOLLOWING ADDITIONAL INFORMATION MAY BE REQUIRED - INDIVIDUAL OR FAMILY NET WORTH INCLUDING ASSETS, BOTH LIQUID AND NON-LIQUID, LIABILITIES, AND CLAIMS AGAINST ASSETS - EMPLOYMENT STATUS, WHICH WILL BE CONSIDERED, BASED ON THE LIKELIHOOD THAT FUTURE EARNINGS WILL BE SUFFICIENT TO MEET THE COST OF PAYING FOR HEALTHCARE SERVICES WITHIN A REASONABLE PERIOD OF TIME - UNUSUAL EXPENSES OR LIABILITIES - ADDITIONAL INFORMATION AS REQUIRED FOR SPECIAL CIRCUMSTANCES OR REQUIRED BY MANAGEMENT PATIENTS DETERMINED TO BE "HOMELESS" AND NOT PARTICIPATING IN ANOTHER FINANCIAL ASSISTANCE PROGRAM WILL BE GRANTED 100 PERCENT FINANCIAL ASSISTANCE IF THE HOSPITAL IS UNABLE TO OBTAIN ADEQUATE INFORMATION AFTER ATTEMPTS TO ESTABLISH ABILITY TO PAY, THE PATIENT MAY BE GRANTED FINANCIAL ASSISTANCE ONLY AFTER BILLING AND/OR OTHER ATTEMPTS TO COLLECT INFORMATION HAVE BEEN MADE

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
SCHEDULE H, PART V, LINE 13H	REPORTING GROUP A OTHER CRITERIA TO DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY IF IT IS DETERMINED THAT THE FAMILY INCOME IS ABOVE 400 PERCENT OF THE FPL, SCRIPPS MAY STILL CONSIDER THE PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON EXTENUATING CIRCUMSTANCES SUCH AS CATASTROPHIC MEDICAL EVENTS OR OTHER SPECIAL SITUATIONS NET WORTH INFORMATION INCLUDED ON THE PATIENT FINANCIAL ASSESSMENT STATEMENT WILL BE USED TO EVALUATE THESE SPECIAL SITUATIONS THE PRESENCE OF AN APPLICABLE RECENT BANKRUPTCY OF THE PATIENT OR THIRD PARTY PROVIDING COVERAGE FOR THE PATIENT ALL SUCH CASES REQUIRE SPECIFIC MANAGEMENT APPROVAL AND THE FOLLOWING ADDITIONAL INFORMATION MAY BE REQUIRED - INDIVIDUAL OR FAMILY NET WORTH INCLUDING ASSETS, BOTH LIQUID AND NON-LIQUID, LIABILITIES, AND CLAIMS AGAINST ASSETS - EMPLOYMENT STATUS, WHICH WILL BE CONSIDERED, BASED ON THE LIKELIHOOD THAT FUTURE EARNINGS WILL BE SUFFICIENT TO MEET THE COST OF PAYING FOR HEALTHCARE SERVICES WITHIN A REASONABLE PERIOD OF TIME - UNUSUAL EXPENSES OR LIABILITIES - ADDITIONAL INFORMATION AS REQUIRED FOR SPECIAL CIRCUMSTANCES OR REQUIRED BY MANAGEMENT

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
SCHEDULE H, PART V, LINES 16A, 16B, & 16C	REPORTING GROUP A THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY IS WIDELY AVAILABLE ON THE SCRIPPS HEALTH WEBSITE AT HTTPS //WWW SCRIPPS ORG/PATIENTS-AND-VISITORS__FINANCIAL-ASSISTANCE

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
SCHEDULE H, PART V, LINE 16I	REPORTING GROUP A THE AVAILABILITY OF THE FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE UPON REQUEST PAPER COPIES OF OUR FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS, AND A PLAIN LANGUAGE SUMMARY OF THE POLICY IS MADE AVAILABLE UPON REQUEST AND WITHOUT CHARGE AT ALL SCRIPPS PATIENT REGISTRATION AREAS AND BY MAIL IN ADDITION, THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED AT ALL POINTS OF REGISTRATION AREAS (I E EMERGENCY DEPARTMENT, BILLING OFFICE, MAIN ADMISSION AREAS AND ANCILLARY SERVICE LOCATIONS) PLAIN LANGUAGE SUMMARIES ARE STOCKED AS A PATIENT HANDOUT IN BOTH ENGLISH AND SPANISH FOR INPATIENTS, THE INFORMATION IS INCLUDED IN THE ESSENTIAL HANDBOOK, A COMPREHENSIVE BROCHURE COVERING MANY ASPECTS OF HOSPITALIZATION UNFUNDED PATIENTS ARE NOT ALWAYS REFERRED TO FINANCIAL COUNSELORS SOME SITES DO NOT USE FINANCIAL COUNSELORS, BUT THE STAFF MEMBER WHO REGISTERS THE PATIENT CAN DISCUSS FINANCIAL ASSISTANCE AND THE PLAIN LANGUAGE SUMMARY PROVIDES PATIENTS WITH CONTACT INFORMATION FOR FINANCIAL COUNSELORS SCRIPPS MAKES EVERY REASONABLE EFFORT TO ASSIST PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION TO PAY FOR HOSPITAL SERVICES, INCLUDING EMERGENCY AND OTHER MEDICALLY NECESSARY HOSPITAL CARE SCRIPPS FINANCIAL ASSISTANCE IS DESIGNED TO SUPPORT PATIENTS WITH DEMONSTRATED FINANCIAL NEED AND IS NOT INTENDED TO SUPPLEMENT OR CIRCUMVENT THIRD-PARTY COVERAGE INCLUDING MEDICARE COMMUNITY OUTREACH AND COMMUNICATION REGARDING SCRIPPS FINANCIAL ASSISTANCE IS ACHIEVED THROUGH THE FOLLOWING MEASURES, TO INCLUDE BUT NOT LIMITED TO, - POSTERS IN CONSPICUOUS REGISTRATION AREAS I E EMERGENCY DEPARTMENT, BILLING OFFICE, MAIN ADMISSION AREAS AND ANCILLARY SERVICE LOCATIONS - PAPER COPIES OF SCRIPPS FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS, AND A SUMMARY OF THE POLICY ARE AVAILABLE UPON REQUEST AND WITHOUT CHARGE AT ALL SCRIPPS PATIENT REGISTRATION AREAS AND BY MAIL - THE FINANCIAL ASSISTANCE POLICY, A PLAIN LANGUAGE SUMMARY, AND FINANCIAL ASSISTANCE APPLICATIONS ARE CONSPICUOUSLY POSTED ON SCRIPPS WEB SITE TO VIEW, DOWNLOAD AND PRINT FREE OF CHARGE THE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY CONTAINS THE WEB SITE ADDRESS WHERE THESE DOCUMENTS ARE POSTED - FINANCIAL ASSISTANCE INFORMATION IS INCLUDED ON ALL PATIENT STATEMENTS - A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE AT COMMUNITY EVENTS AND IS PROVIDED TO LOCAL AGENCIES THAT PROVIDE CONSUMER ASSISTANCE TO THE EXTENT REQUIRED BY LAW, SCRIPPS PROVIDES A COPY OF ITS POLICY AND RELATED INFORMATION TO THE CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT IN ADDITION, SCRIPPS POLICY IS AVAILABLE TO THE PUBLIC FOR REVIEW UPON REQUEST MADE THROUGH PATIENT FINANCIAL SERVICES CUSTOMER SERVICE REVIEW IS FACILITATED THROUGH THE USE OF INTERPRETERS (LANGUAGE, VISION, HEARING) OR WRITTEN MATERIALS AS REQUESTED BY THE INDIVIDUAL

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

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? _____

Name and address	Type of Facility (describe)
Scripps Clinic - Torrey Pines 10666 N Torrey Pines Rd La Jolla, CA 92037	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Rancho Bernardo 15004 Innovation Dr San Diego, CA 92128	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Carmel Valley 3811 Valley Centre Dr San Diego, CA 92130	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Medical Lab 9535 Waples St 150 San Diego, CA 92121	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
SCMC Cedar 130 Cedar Rd Vista, CA 92083	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Encinitas 310 Santa Fe Dr Encinitas, CA 92024	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Imaging Healthcare Specialists LLC 150 West Washington St San Diego, CA 92103	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Home Health Services 9619 Chespeake Dr 300 San Diego, CA 92123	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
SCMC - Carlsbad 2176 Salk Ave Carlsbad, CA 92008	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic -La Jolla Memorial CampuS 9850 Genessee Ave Ximed Bldg 600 San Diego, CA 92121	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Mission Valley 7565 Mission Valley Rd San Diego, CA 92108	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Rancho San Diego 10862 Calle Verde La Mesa, CA 91941	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
SCMC - Hillcrest 501 Washington St 525 600 San Diego, CA 92103	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Encinitas Surgery Center LLC 320 Santa Fe Dr LL1-2 Encinitas, CA 92024	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
SCMC - Oceanside 4318 Mission Ave Oceanside, CA 92057	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT

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

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?
_____

Name and address	Type of Facility (describe)
Mercy ASC 550 Washington St 1St Floor San Diego, CA 92103	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Del Mar 12395 El Camino Real 317 112 120 Del Mar, CA 92130	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Cardio & Thoracic Surgery Center 9850 Genessee Ave 560 La Jolla, CA 92037	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
SCMC - Encinitas 477 N El Camino Real A208 B305 Encinitas, CA 92024	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
SCMC - Eastlake 971 Lane Ave Chula Vista, CA 91914	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Hospital Medical Services 4275 Campus Point Court San Diego, CA 92121	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps CL Radiation Therapy Ctr-VISTA 916 Sycamore Ave Ste 100 Vista, CA 92082	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
SCMC - Vista Way OBGYN 3998 Vista Way 202C Vista, CA 92056	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
SCMC - Encinitas OBGYN 332 Santa Fe Dr 115 Encinitas, CA 92024	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
SCMC - Solana Beach 380 Stevens Ave 100 Del Mar, CA 92075	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Santee 278 Town Center Pkwy 105 Santee, CA 92071	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - La Jolla OBGYN 9850 Genessee Ave 170 San Diego, CA 92121	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
SCMC - Escondido 488 E Valley Pkwy 411 Escondido, CA 92025	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
SCMC - Alvarado 6386 Alvarado Ct 130 San Diego, CA 92120	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - San Diego OBGYN 2918 Fifth Ave Ste 100 San Diego, CA 92103	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT

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

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?
_____

Name and address	Type of Facility (describe)
Scripps CL Radiation Thrpy Ctr-ENCINITAS 477 North El Camino Real Ste D100 Encinitas, CA 92024	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Mercy Campus 4020 Fifth Ave 401 San Diego, CA 92103	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Coronado 1317 A Ynes Plc Coronado, CA 92118	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT
Scripps Clinic - Mental Health 15004 Innovation Dr San Diego, CA 92128	Primary care and specialty care services IN AN AMBULATORY ENVIRONMENT

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 14

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

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
SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS GRANTEE SHALL SUBMIT TO SCRIPPS HEALTH, ATTENTION MANAGER OF COMMUNITY BENEFIT SERVICES AT 4275 CAMPUS POINT COURT, CP113, SAN DIEGO, CA 92121, THE FOLLOWING A A SEMI-ANNUAL SUMMARY PROGRESS REPORT AND A LINE ITEM FINANCIAL ACCOUNTING OF THE GRANT DISBURSEMENT IS REQUIRED REPORTS SHALL INCLUDE, BUT NOT BE LIMITED TO, PROGRESS MADE TOWARD MEETING OBJECTIVES OUTLINED IN THE GRANT APPLICATION B WITHIN THIRTY (30) DAYS FOLLOWING THE EXPIRATION DATE OF THE GRANT A FINAL PROGRESS REPORT SHALL BE SUBMITTED TO SCRIPPS HEALTH IN ADDITION TO THE PROGRESS MADE TOWARD MEETING THE OBJECTIVES OUTLINED IN THE GRANT APPLICATION, THE FINAL REPORT SHOULD INCLUDE QUANTITATIVE AND QUALITATIVE RESULTS OF THE PROGRAM AGAINST ITS STATED GOALS AND OBJECTIVES A LINE ITEM FINANCIAL ACCOUNTING OF THE GRANT DISBURSEMENT AGAINST THE BUDGET MUST BE INCLUDED AS PART OF THIS FINAL REPORT C THE GRANTEE SHALL PROVIDE SCRIPPS HEALTH WITH ANY ADDITIONAL INFORMATION OR PROGRESS UPDATES, RELATIVE TO GRANT PROJECT, AS REASONABLY REQUESTED D SCRIPPS HEALTH RESERVES THE RIGHT TO AUDIT EXPENDITURES AND SUPPORTING DOCUMENTATION

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
California Health Foundation & Trust (CHFT)1215 K Street Ste 800 Sacramento,CA 95814	94-1498697	501(c)(3)	577,000				CA HOSP FEE PROGRAM
Consumer CNTR of Legal Aid Society of SD1764 San Diego Ave Ste 200 San Diego,CA 92110	98-1869806	501(c)(3)	120,000				PROGRAM SUPPORT
Catholic Charities349 Cedar Street San Diego,CA 92101	23-7334012	501(c)(3)	70,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AHA In-Kind Donation9404 Genesee Ave Ste 240 La Jolla,CA 92037	13-5613797	501(c)(3)		28,648	FMV	SUPPLIES	PROGRAM SUPPORT
Alzhiemer's Association 6632 Convoy Court San Diego,CA 92111	13-3039601	501(c)(3)	25,000				PROGRAM SUPPORT
211 San Diego - HealthCare Navigation5251 Viewridge Court Ste 30 San Diego,CA 92123	33-1029843	501(c)(3)	15,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Eric Paredes Save a Life FoundationPMB79 2514 Jamacha Rd Ste 502 El Cajon,CA 92019	80-0636157	501(c)(3)	15,000				PROGRAM SUPPORT
CMTY HLTH IMPRVMT PTNRS Crew Rendevous 9370 Chesapeake Dr Ste 220 San Diego,CA 92123	33-0496092	501(c)(3)	12,100				PROGRAM SUPPORT
AHA - Sponsorship9404 Genesee Ave Ste 240 La Jolla,CA 92037	13-5613797	501(c)(3)	10,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AHA - Go Red For Women Luncheon9404 Genesee Ave Ste 240 La Jolla,CA 92037	13-5613797	501(c)(3)	10,000				PROGRAM SUPPORT
LEAD San Diego Visionary Awards110 WA Street 960 San Diego,CA 92101	95-3699122	501(c)(3)	10,000				PROGRAM SUPPORT
SAN DIEGO Police FDN - Gold Shield Gala444 W Beech St 250 San Diego,CA 92101	33-0785173	501(c)(3)	10,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AHA - Teaching Garden 9404 Genesee Ave Ste 240 La Jolla, CA 92037	13-5613797	501(c)(3)	8,333				PROGRAM SUPPORT
ACS Making Strides Against Breast Cancer2655 Camino del Rio N Ste 100 San Diego, CA 92108	13-1788491	501(c)(3)	5,000	2,500	FMV	EVENT SUPPLIES	PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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
SCHEDULE J, PART I, LINE 1A	SUPPLEMENTAL COMPENSATION INFORMATION SCRIPPS HEALTH INCURS THE COST OF A MEMBERSHIP FOR A BUSINESS NETWORKING CLUB IN SAN DIEGO FOR THE CHIEF EXECUTIVE OFFICER THIS MEMBERSHIP IS USED 100% FOR BUSINESS PURPOSES AND ACCORDINGLY, NO PART OF THIS BENEFIT IS INCLUDED WITHIN THE CHIEF EXECUTIVE OFFICER'S TAXABLE COMPENSATION THE MEMBERSHIP FEE IS $129 PER MONTH CERTAIN EXECUTIVES REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II RECEIVE AN AUTOMOBILE ALLOWANCE THE ALLOWANCE IS INCLUDED IN TAXABLE WAGES AND REPORTED ON THEIR W-2S
SCHEDULE J, PART I, LINE 4A	RECEIVE A SEVERANCE PAYMENT OR CHANGE-OF-CONTROL PAYMENT THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAY IN CALENDAR YEAR 2014 ARNOLD BRENT EASTMAN $100,000
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN (SERP) PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO CERTAIN KEY EMPLOYEES IT HAS BEEN CLOSED TO NEW PARTICIPANTS SINCE 2001 THE PLAN PROVIDES A BENEFIT DETERMINED BY A FORMULA DRIVEN BY THE EXECUTIVE'S AVERAGE OF THE FIVE HIGHEST YEARS OF PAY AND TAKES INTO CONSIDERATION TENURE AT SCRIPPS HEALTH, AGE AND LIFE EXPECTANCY AND ASSUMES MAXIMUM PARTICIPATION IN OTHER RETIREMENT PROGRAMS SCRIPPS HEALTH EXECUTIVE BENEFITS PROGRAM PROVIDES A 457F PLAN WITH A FLEXIBLE BENEFIT ALLOWANCE THAT CAN BE USED TO PURCHASE ADDITIONAL INSURANCE COVERAGE FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES ANY REMAINING BENEFIT ALLOWANCE CAN BE DEPOSITED INTO THE SUPPLEMENTAL ACCUMULATION RETIREMENT ACCOUNT (SARA) WITH A FUTURE VESTING DATE THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SARA PLAN IN CALENDAR YEAR 2014 RICHARD ROTHBERGER $661,502 RICHARD SHERIDAN $34,082 VICTOR V BUZACHERO $147,270 THOMAS GAMMIERE $195,260 JUNE KOMAR $104,600 BARBARA PRICE $68,635 JAMES LABELLE, MD $138,578 CARL ETTER $57,963 ROBIN BROWN $22,947 MARC A REYNOLDS $60,924 JOHN ENGLE $39,724 SHIRAZ FAGAN $55,546 PATRIC THOMAS $35,533 MARY ELLEN DOYLE $41,460 ROBERT HOFF $67,613 EFFECTIVE JANUARY 1, 2014, SCRIPPS HEALTH FROZE ALL BENEFITS UNDER THE EXISTING SERP PLAN FOR FOUR PLAN PARTICIPANTS RESULTING IN A DECREASE IN THE NPV OF THE BENEFIT PROVIDED BY SUCH PLAN THIS DECREASE IS REFLECTED IN FORM 990, PART VII, COLUMN F AND SCHEDULE J, PART II, COLUMN C FOR THE IMPACTED INDIVIDUALS EFFECTIVE APRIL 1, 2014, SCRIPPS HEALTH PROVIDED DEFERRED COMPENSATION ARRANGEMENTS TO THOSE FOUR EXECUTIVES IN THE FORM OF LOANS TO PURCHASE LIFE INSURANCE PRODUCTS TO FUND POST-RETIREMENT INCOME
SCHEDULE J, PART II	AS NOTED ABOVE, SCRIPPS HEALTH FROZE ITS SERP FOR THE FOLLOWING EXECUTIVES WHICH RESULTED IN THE ACTUARIAL VALUE OF THE SERP PROJECTED BENEFIT TO DECREASE ONE-TIME BY THE FOLLOWING AMOUNTS - CHRISTOPHER VAN GORDER $3,056,821 - RICHARD SHERIDAN $1,524,411 - ROBIN BROWN $665,928 - JUNE KOMAR $410,780 THE ABOVE DECREASES WERE PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN MULTIPLE PRIOR YEARS IN THE CURRENT YEAR, THE DECREASES RESULTED IN THE COMPENSATION FOR CHRISTOPHER VAN GORDER AND RICHARD SHERIDAN BEING BELOW THE SCHEDULE J, PART II REPORTING THRESHOLD, THEREFORE, THEY ARE ONLY REPORTED ON FORM 990, PART VII IF THE INDIVIDUALS DID MEET THE REPORTING THRESHOLD, THEIR COMPENSATION WOULD HAVE BEEN REPORTED ON SCHEDULE J, PART II AS FOLLOWS CHRISTOPHER VAN GORDER COLUMN B(I) - BASE COMPENSATION $1,170,765 COLUMN B(II) - BONUS & INCENTIVE COMPENSATION $659,752 COLUMN B(III) - OTHER REPORTABLE COMPENSATION $40,407 COLUMN C - RETIREMENT AND OTHER DEFERRED COMPENSATION ($2,181,077) COLUMN D - NONTAXABLE BENEFITS $40,611 COLUMN E - TOTAL OF COLUMNS ($269,543) COLUMN F - COMPENSATION IN COLUMN (B) REPORTED AS DEFERRED IN PRIOR FORM 990 $0 RICHARD SHERIDAN COLUMN B(I) - BASE COMPENSATION $480,644 COLUMN B(II) - BONUS & INCENTIVE COMPENSATION $182,501 COLUMN B(III) - OTHER REPORTABLE COMPENSATION $45,845 COLUMN C - RETIREMENT AND OTHER DEFERRED COMPENSATION ($1,307,131) COLUMN D - NONTAXABLE BENEFITS $26,214 COLUMN E - TOTAL OF COLUMNS ($571,927) COLUMN F - COMPENSATION IN COLUMN (B) REPORTED AS DEFERRED IN PRIOR FORM 990 $34,082

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

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

(A) Name 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				
ROBIN BROWN, CHIEF EXECUTIVE, SR VP	(I)	469,129	178,255	53,874	-392,379	27,406	336,285	22,947
	(II)	0	0	0	0	0	0	0
VICTOR V BUZACHERO, CORP SR VP INNOVAT/HR/PERF MGT	(I)	550,221	242,044	174,825	175,975	52,131	1,195,196	147,270
	(II)	0	0	0	0	0	0	0
SUSAN CAMPBELL, EXEC DIR, EXTERNAL AFFAIRS	(I)	388,940	105,831	32,455	56,010	40,633	623,869	0
	(II)	0	0	0	0	0	0	0
MARY ELLEN DOYLE, CORP VP, NURSING OPS	(I)	343,469	100,901	56,025	53,056	29,765	583,216	41,460
	(II)	0	0	0	0	0	0	0
ARNOLD BRENT EASTMAN MD, FORMER KEY EMPLOYEE	(I)	1,139,908	20,464	65,137	-51,891	0	1,173,618	0
	(II)	0	0	0	0	0	0	0
JOHN ENGLE, CORP SR VP, CHIEF DEVELOPMENT	(I)	345,888	132,054	67,788	60,059	44,487	650,276	39,724
	(II)	0	0	0	0	0	0	0
CARL ETTER, CHIEF EXECUTIVE, SR VP	(I)	441,372	160,163	94,055	76,079	46,963	818,632	57,963
	(II)	0	0	0	0	0	0	0
SHIRAZ FAGAN, CHIEF EXECUTIVE, SR VP	(I)	507,708	177,862	67,497	101,633	46,839	901,539	55,546
	(II)	0	0	0	0	0	0	0
GARY FYBEL, CHIEF EXECUTIVE, SR VP	(I)	525,990	203,367	44,722	96,912	46,581	917,572	0
	(II)	0	0	0	0	0	0	0
THOMAS GAMMIERE, CHIEF EXECUTIVE, SR VP	(I)	542,509	207,250	215,123	107,633	62,939	1,135,454	195,260
	(II)	0	0	0	0	0	0	0
ROBERT T HOFF, CORP VP, CLINICAL ANC OPS	(I)	328,756	99,507	93,215	51,971	36,613	610,062	67,613
	(II)	0	0	0	0	0	0	0
ANIL KESWANI, CORPORATE VP, CMO SHPS	(I)	400,659	109,221	34,849	71,287	43,469	659,485	0
	(II)	0	0	0	0	0	0	0
JUNE KOMAR, CORP EXEC VP, STRATEGY & ADMIN	(I)	539,871	252,783	139,553	-289,934	16,146	658,419	104,600
	(II)	0	0	0	0	0	0	0
JAMES LABELLE MD, CORP SR VP, CHIEF MED OFFICER	(I)	583,570	190,179	166,206	121,833	38,334	1,100,122	138,578
	(II)	0	0	0	0	0	0	0
BARBARA PRICE, CORP SRVP BUS & SERV LINE DEV	(I)	433,938	165,617	78,915	86,506	44,603	809,579	68,635
	(II)	0	0	0	0	0	0	0
MARC A REYNOLDS, CORP SR VP, PAYER RELATIONS	(I)	350,146	132,880	78,095	80,976	34,204	676,301	60,924
	(II)	0	0	0	0	0	0	0
RICHARD ROTHBERGER, TREASURER/EXECUTIVE VP/CFO	(I)	697,346	321,625	697,696	245,458	68,784	2,030,909	661,502
	(II)	0	0	0	0	0	0	0
PATRIC THOMAS, CORP VP, INFORMATION SVCS	(I)	407,736	113,503	53,740	75,504	19,931	670,414	35,533
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	California Statewide Communities Development Auth	68-0164610	1309116Y1	03-02-2007	49,995,000	SEE PART VI		X		X	X	
B	California Health Facilities Financing Authority	52-1643828	13033F5A4	08-14-2008	99,830,304	SEE PART VI		X		X		X
C	California Health Facilities Financing Authority	52-1643828	13033F5L0	08-14-2008	221,230,000	SEE PART VI		X		X		X
D	California Health Facilities Financing Authority	52-1643828	13033FWK2	06-02-2005	40,975,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	6,090,000	52,735,000	21,350,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	49,995,000	99,830,304	221,230,000	40,975,000
4	Gross proceeds in reserve funds	0	9,909,993	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	146,070	0	0	280,659
8	Credit enhancement from proceeds	0	0	5,544	918,283
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	0	0
11	Other spent proceeds	49,848,930	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2005	2008	2008	2008
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	X /	X /	X /	/ X
15	Were the bonds issued as part of an advance refunding issue?	/ X	/ X	/ X	X /
16	Has the final allocation of proceeds been made?	X /	X /	X /	X /
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X /	X /	X /	X /

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X				X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X				X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X				X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X				X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X				X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %		0 %		0 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X				X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X				X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?				X		X		X
b	Exception to rebate?				X		X		X
c	No rebate due?			X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X		X	
b	Name of provider	0		0		Wells Fargo UBOC			
c	Term of hedge						26		14
d	Was the hedge superintegrated?						X		X
e	Was the hedge terminated?						X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?	X			X		X	X	
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (C) - CUSIP NUMBER	BOND ISSUE D (2005A/2008G) The Series 2005A Bonds, CUSIP 13033FWK2, were exchanged for the California Health Facilities Finance Authority Variable Rate Revenue Bonds, Series 2008G, CUSIP 13033F5M8 (Scripps Health), on August 14, 2008 SCHEDULE K, PART I, COLUMN (E) - ISSUE PRICE BOND ISSUE A (2007A) The stated par of $49,995,000 differs from the $149,875,000 reported on the 8038 tax form as the $49,995,000 amount represents only Scripps Health's portion in a pool bond loan program BOND ISSUE B (2008A) The stated par of $99,020,000 differs from the $99,830,304 listed in form 8038 Part III line 21 (b) because of an $810,304 original issue premium SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE BOND ISSUE A (2007A) POOL BOND PROCEEDS WERE USED TO REFUND COMMERCIAL PAPER REVENUE NOTES, SERIES 2005A, WHICH WERE USED TO PURCHASE EQUIPMENT BOND ISSUE B (2008A) REFUNDING OF PRIOR ISSUES 07/07/2005 BOND ISSUE C (2008B-F) The $221,230,000 (2008B - F) refunded the 2005B - F bonds The issue date for the 2005 B - F was 6/17/2005 BOND ISSUE D (2005A/2008G) The $40,975,000 (2008G) exchanged the 2005A bond The issue date for the 2005A was 6/2/2005 The proceeds of the California Health Facilities Finance Authority Variable Rate Revenue Bonds, Series 2005A (Scripps Health), were issued for the purpose, together with other available funds, of advance refunding the Organizations Series 1998C Bonds The Series 2005A Bonds, were exchanged for the California Health Facilities Finance Authority Variable Rate Revenue Bonds, Series 2008G (Scripps Health), on August 14, 2008 Based on the advice of bond counsel, the Organization is treating the Series 2008G Bonds as the same issue as the Series 2005A Bonds for federal income tax purposes Further information regarding the Series 2008G Bonds - Issuer Name California Health Facilities Financing Authority, - Issuer EIN 52-1643828, - CUSIP # 13033F5M8, - Date Exchanged 8/14/2008, - Issue Price N/A, - Description of Purpose Exchange for Series 2005A Bonds (same issue) BOND ISSUE 2-A (2010A) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS,RENOVATION AND EQUIPMENT BOND ISSUE 2-B (2010B & C) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS,RENOVATION AND EQUIPMENT BOND ISSUE 2-C (2012A-C) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS,RENOVATION AND EQUIPMENT SCHEDULE K, PART II, LINE 3 BOND ISSUE 2-C (2012A-C) The amount shown in Part II, Line 3 consists of the issue price of the bonds $288,143,095 plus investment earnings of $17,234 SCHEDULE K, PART III - PRIVATE BUSINESS USE BOND ISSUE B (2008A) The Series 2008A bonds refunded prior bonds originally issued before 2003 Accordingly, Part III reporting is not required BOND ISSUE D (2005A/2008G) The Series 2005A Bonds refunded prior bonds originally issued before 2003 Accordingly, Part III reporting is not required SCHEDULE K, PART III, LINE 3B THE OBLIGOR'S LEGAL DEPARTMENT REVIEWS CONTRACTS AND AGREEMENTS TO ENSURE COMPLIANCE WITH PRIVATE BUSINESS USE REGULATIONS, ENGAGING OUTSIDE LEGAL COUNSEL, AS NECESSARY SCHEDULE K, PART IV, LINE 2C BOND ISSUE B (2008A) The 2008A rebate computation was recently performed on August 14, 2015 No rebate amount has accrued as of the end of the computation period BOND ISSUE C (2008B-F) The 2008B-F rebate computation was recently performed on August 14, 2015 No rebate amount has accrued as of the end of the computation period BOND ISSUE D (2005A/2008G) The 2005A/2008G rebate computation was recently performed on June 2, 2015 No rebate amount has accrued as of the end of the computation period BOND ISSUE 2-A (2010A) The 2010A rebate computation was recently performed on February 4, 2015 No rebate amount has accrued as of the end of the computation period BOND ISSUE 2-B (2010B/C) The 2010B/C rebate computation was recently performed on February 4, 2015 No rebate amount has accrued as of the end of the computation period BOND ISSUE 2-C (2012A-C) The 2012A-C rebate computation was recently performed on February 1, 2015 No rebate amount has accrued as of the end of the computation period SCHEDULE K, PART IV, LINE 3 BOND ISSUE 2-C (2012A-C) THE 2012A ISSUE TOTALING $188,143,094 65 IS A FIXED RATE ISSUE WHEREAS THE 2010B&C TOTALING $100,000,000 IS A VARIABLE RATE ISSUE BOND ISSUE C (2008B-F) ON SEPTEMBER 18, 2012 THE ORGANIZATION ENTERED INTO INTEREST RATE SWAP NOVATIONS WITH WELLS FARGO BANK, N A AND UNION BANK, N A , AS COUNTERPARTY, REPLACING THEN-EXISTING INTEREST RATE SWAPS WITH CITIBANK, N A BOND ISSUE D (2005A/2008G) ON SEPTEMBER 18, 2012 THE ORGANIZATION ENTERED INTO INTEREST RATE SWAP NOVATIONS WITH WELLS FARGO BANK, N A , AS COUNTERPARTY, REPLACING THEN-EXISTING INTEREST RATE SWAPS WITH CITIBANK, N A SCHEDULE K, PART IV, LINE 6 BOND ISSUE A (2007A) AN AMOUNT IN THE COSTS OF ISSUANCE FUND NOT EXCEEDING $100,000 WAS NOT DISBURSED UNTIL MAY 2008 BOND ISSUE D (2005A/2008G) THE ISSUE DATE FOR THE 2005A WAS 6/17/2005 THE COST OF ISSUANCE WAS NOT EXPENDED UNTIL 1/4/2006 PER THE TAX CERTIFICATE IT WAS EXPECTED TO BE EXPENDED WITHIN 180 DAYS SCHEDULE K, PART V PROCEDURES TO UNDERTAKE CORRECTIVE ACTION THE ORGANIZATION HAS ADOPTED TAX-EXEMPT BOND COMPLIANCE PROCEDURES, INCLUDING PROCEDURES TO MONITOR PRIVATE BUSINESS USE OF FINANCED PROPERTY AND TAKING REMEDIAL ACTIONS, IF NECESSARY THE ORGANIZATION IS AWARE OF THE SERVICE'S VOLUNTARY CLOSING AGREEMENT PROGRAM FOR TAX-EXEMPT BONDS, AND HAS DISCUSSED THAT PROGRAM WITH COUNSEL THE ORGANIZATION IS SUPPLEMENTING ITS WRITTEN PROCEDURES TO SPECIFICALLY MAKE REFERENCE TO THE SERVICE'S VOLUNTARY CLOSING AGREEMENT PROGRAM FOR TAX-EXEMPT BONDS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	California Health Facilities Financing Authority	52-1643828	13033LFH5	02-04-2010	119,458,924	SEE PART VI		X		X		X
B	California Health Facilities Financing Authority	52-1643828	13033LFL6	02-04-2010	100,000,000	SEE PART VI		X		X		X
C	California Health Facilities Financing Authority	52-1643828	13033LVZ7	02-01-2012	288,143,095	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,425,000	0	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	119,581,432	100,005,060	288,160,329	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	0	0	0	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	119,458,924	100,002,530	288,160,329	
11	Other spent proceeds	0	0	0	
12	Other unspent proceeds	122,508	2,530	17,234	
13	Year of substantial completion	2011	2011	2013	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %		0 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X	X			X		
c	No rebate due?	X			X	X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
0	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

▶ **Information about Schedule L (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
Scripps Health

Employer identification number
95-1684089

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? Yes	No

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) Christopher Van GORDER	OFFICER	Deferred Compensatio		X	10,023,866	10,526,352		No	Yes		Yes	
(2) June Komar	EXECUTIVE	Deferred Compensatio		X	2,769,010	2,907,818		No	Yes		Yes	
(3) Richard Sheridan	EXECUTIVE	Deferred Compensatio		X	4,063,606	4,267,310		No	Yes		Yes	
(4) Robin Brown	EXECUTIVE	Deferred Compensatio		X	2,668,899	2,802,688		No	Yes		Yes	
Total	▶ $					20,504,168						

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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II	Loans to and from Interested Persons Effective January 1, 2014, Scripps Health froze all benefits under the existing SERP plan for four plan participants Effective April 1, 2014, Scripps Health provided deferred compensation aggrangements to those four executives in the form of loans to purchase life insurance products to fund post-retirement income
SCHEDULE L, PART IV	MATTHEW BALOGH, SON-IN-LAW OF BOARD MEMBER GORDON R CLARK, IS EMPLOYED BY SCRIPPS HEALTH

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) SCHEDULE B DONOR 135	SUBSTANTIAL CONTRIBUTOR	74,600,257	CONSTRUCTION SERVICES		No
(2) SCHEDULE B DONOR 138	SUBSTANTIAL CONTRIBUTOR	71,050,271	MEDICAL SERVICES		No
(3) SCHEDULE B DONOR 374	SUBSTANTIAL CONTRIBUTOR	9,106,450	MEDICAL SERVICES		No
(4) SCHEDULE B DONOR 69	SUBSTANTIAL CONTRIBUTOR	7,134,120	MEDICAL SERVICES		No
(5) SCHEDULE B DONOR 389	SUBSTANTIAL CONTRIBUTOR	4,015,888	MEDICAL SERVICES		No
(6) SCHEDULE B DONOR 100	SUBSTANTIAL CONTRIBUTOR	2,533,757	LEGAL SERVICES		No
(7) SCHEDULE B DONOR 10	SUBSTANTIAL CONTRIBUTOR	2,146,980	MEDICAL SERVICES		No
(8) SCHEDULE B DONOR 409	SUBSTANTIAL CONTRIBUTOR	1,626,244	INSURANCE SERVICES		No
(9) SCHEDULE B DONOR 440	SUBSTANTIAL CONTRIBUTOR	1,460,013	LEGAL SERVICES		No
(10) SCHEDULE B DONOR 98	SUBSTANTIAL CONTRIBUTOR	1,030,537	LEGAL SERVICES		No
(11) SCHEDULE B DONOR 19	SUBSTANTIAL CONTRIBUTOR	802,239	CONSTRUCTION SERVICES		No
(12) SCHEDULE B DONOR 36	SUBSTANTIAL CONTRIBUTOR	637,365	CONSTRUCTION SERVICES		No
(13) SCHEDULE B DONOR 276	SUBSTANTIAL CONTRIBUTOR	426,086	PAYROLL		No
(14) SCHEDULE B DONOR 361	SUBSTANTIAL CONTRIBUTOR	402,001	MEDICAL SERVICES		No
(15) SCHEDULE B DONOR 364	SUBSTANTIAL CONTRIBUTOR	393,886	MEDICAL SERVICES		No
(16) SCHEDULE B DONOR 337	SUBSTANTIAL CONTRIBUTOR	342,269	PAYROLL		No
(17) SCHEDULE B DONOR 64	SUBSTANTIAL CONTRIBUTOR	255,750	PHYSICIAN SERVICES		No
(18) SCHEDULE B DONOR 61	SUBSTANTIAL CONTRIBUTOR	236,771	PAYROLL		No
(19) SCHEDULE B DONOR 301	SUBSTANTIAL CONTRIBUTOR	208,527	PAYROLL		No
(20) SCHEDULE B DONOR 433	SUBSTANTIAL CONTRIBUTOR	198,267	RECRUITING SERVICES		No
(21) SCHEDULE B DONOR 254	SUBSTANTIAL CONTRIBUTOR	147,627	PAYROLL		No
(22) SCHEDULE B DONOR 357	SUBSTANTIAL CONTRIBUTOR	123,675	PAYROLL		No
(23) SCHEDULE B DONOR 338	SUBSTANTIAL CONTRIBUTOR	120,724	PAYROLL		No
(24) MATTHEW BALOGH	SEE PART V	81,944	SEE PART V		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	3	55,980	Opinion of experts
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	X	30	5,374,363	Cost/selling price
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	1	262,647	Opinion of Experts
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 ▶ (_____)				
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 3

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

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	CONTRIBUTIONS REPORTED THE NUMBER OF TRANSACTIONS, WHICH MOST CLOSELY APPROXIMATES THE NUMBER OF ITEMS CONTRIBUTED, IS BEING REPORTED IN COLUMN B
SCHEDULE M, PART I, LINE 32B	THIRD PARTIES ENGAGED TO SOLICIT, PROCESS, AND SELL NON-CASH CONTRIBUTIONS GIFTS GIFTS OF REAL ESTATE ARE LIQUIDATED THROUGH LICENSED REAL ESTATE BROKERS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Scripps Health	95-1684089

Return Reference	Explanation
FORM 990, PART I AND PART III, LINE 1	MISSION STATEMENT FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 9 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA SCRIPPS TREATS OVER HALF A MILLION PATIENTS ANNUALLY THROUGH THE DEDICATION OF 2,600 AFFILIATED PHYSICIANS AND 13,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH CARE, AND AN AMBULATORY CARE NETWORK OF CLINICS, PHYSICIANS' OFFICES AND OUTPATIENT CENTERS THROUGHOUT THE SAN DIEGO REGION RECOGNIZED AS A LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE, SCRIPPS IS ALSO AT THE FOREFRONT OF CLINICAL RESEARCH, GENOMIC MEDICINE, WIRELESS HEALTH AND GRADUATE MEDICAL EDUCATION WITH THREE HIGHLY RESPECTED GRADUATE MEDICAL EDUCATION PROGRAMS, SCRIPPS IS A LONG STANDING MEMBER OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES MORE INFORMATION CAN BE FOUND AT WWW SCRIPPS ORG TODAY, THE HEALTH SYSTEM EXTENDS FROM CHULA VISTA TO OCEANSIDE, WITH 26 PRIMARY AND SPECIALTY CARE OUTPATIENT CENTERS A LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE, SCRIPPS HAS BEEN RANKED FOUR TIMES AS ONE OF THE NATION'S BEST HEALTH CARE SYSTEMS BY TRUVEN HEALTH ANALYTICS ON THE FOREFRONT OF GENOMIC MEDICINE AND WIRELESS HEALTH TECHNOLOGY, THE ORGANIZATION IS DEDICATED TO IMPROVING COMMUNITY HEALTH WHILE ADVANCING MEDICINE THROUGH CLINICAL RESEARCH AND GRADUATE MEDICAL EDUCATION SCRIPPS HAS ALSO EARNED A NATIONAL REPUTATION AS A PREMIER EMPLOYER, NAMED BY FORTUNE MAGAZINE AS ONE OF AMERICA'S "100 BEST COMPANIES TO WORK FOR" EVERY YEAR SINCE 2008 SCRIPPS HEALTH'S MISSION STATEMENT IS AS FOLLOWS SCRIPPS STRIVES TO PROVIDE SUPERIOR HEALTH SERVICES IN A CARING ENVIRONMENT AND TO MAKE A POSITIVE MEASURABLE DIFFERENCE IN THE HEALTH OF INDIVIDUALS IN THE COMMUNITIES WE SERVE WE DEVOTE OUR RESOURCES TO DELIVERING QUALITY, SAFE, COST-EFFECTIVE, AND SOCIALLY RESPONSIBLE HEALTH CARE SERVICES WE ADVANCE CLINICAL RESEARCH, HEALTH EDUCATION, EDUCATION OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, AND SPONSOR GRADUATE MEDICAL EDUCATION WE COLLABORATE WITH OTHERS TO DELIVER THE CONTINUUM OF CARE THAT IMPROVES THE HEALTH OF OUR COMMUNITY

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS FULFILLING THE SCRIPPS MISSION DURING THIS FISCAL YEAR, SC RIPPS DEVOTED $353,578,378 TO COMMUNITY BENEFIT PROGRAMS AND SERVICES IN THE AREAS OF UNCO MPENSATED CARE, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND HEALTH RESEARCH OUR PROGRAMS EMPHASIZE COMMUNITY-BASED PREVENTION EFFORTS AND USE INNOVATIVE APPROACHES TO RE ACH RESIDENTS AT GREATEST RISK FOR HEALTH PROBLEMS WE MAKE COMMITMENTS TO IMPROVE THE HEA LTH OF OUR PATIENTS AND OUR SAN DIEGO COMMUNITIES AS A LONG-STANDING MEMBER OF THESE COMM UNITIES, AND AS A NOT-FOR-PROFIT COMMUNITY RESOURCE, OUR GOAL AND RESPONSIBILITY ARE TO PR OVIDE HELP AND ASSISTANCE FOR ALL WHO COME TO US FOR CARE, AND TO REACH OUT ESPECIALLY TO THOSE WHO FIND THEMSELVES VULNERABLE AND WITHOUT SUPPORT THIS RESPONSIBILITY IS AN INTRIN SIC PART OF OUR MISSION THROUGH OUR CONTINUED ACTIONS AND COMMUNITY PARTNERSHIPS, WE STRI VE TO RAISE THE QUALITY OF LIFE IN THE COMMUNITY AS A WHOLE ASSESSING COMMUNITY NEED CALI FORNIA SENATE BILL 697 REQUIRES THE UPDATING OF A COMMUNITY HEALTH NEEDS ASSESSMENT AT LEA ST EVERY THREE YEARS IDENTIFYING SAN DIEGO COUNTY'S HEALTH PRIORITIES IS A COMPLEX PROCES S OUTLINED IN THE FOLLOWING PAGES SCRIPPS STRIVES TO IMPROVE COMMUNITY HEALTH THROUGH COL LABORATION WORKING WITH OTHER HEALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BUSI NESSES AND GRASSROOTS MOVEMENTS, WE ARE BETTER ABLE TO BUILD UPON EXISTING ASSETS TO ACHIE VE BROAD COMMUNITY HEALTH GOALS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ORIGINATED FROM CALIFORNIA STATEWIDE LEGISLATION IN THE EARLY 1990S SB 697 TOOK EFFECT IN 1995, WHICH REQ UIRED PRIVATE NON-PROFIT HOSPITALS TO SUBMIT DETAILED INFORMATION TO THE OFFICE OF STATEWI DE HEALTH PLANNING AND DEVELOPMENT (OSHPD) ON THEIR COMMUNITY BENEFIT CONTRIBUTIONS ANNUA L HOSPITAL COMMUNITY BENEFIT REPORTS ARE SUMMARIZED BY OSHPD IN A REPORT TO THE LEGISLATUR E, WHICH PROVIDES VALUABLE INFORMATION FOR GOVERNMENT OFFICIALS TO ASSESS THE CARE AND SER VICES PROVIDED TO THEIR CONSTITUENTS AS PART OF THE COMMUNITY BENEFIT REPORTS FILED, NON- PROFIT HOSPITALS ARE REQUIRED TO CONDUCT A CHNA EVERY THREE YEARS THIS COMPREHENSIVE ACCO UNT OF HEALTH NEEDS IN THE COMMUNITY IS DESIGNED FOR HOSPITALS TO PLAN THEIR COMMUNITY BEN EFIT PROGRAMS TOGETHER WITH OTHER LOCAL HEALTH CARE INSTITUTIONS, COMMUNITY BASED ORGANIZA TIONS, AND CONSUMER GROUPS IN SAN DIEGO COUNTY, THE LONG HISTORY OF COLLABORATION AMONG H OSPITALS, HEALTHCARE SYSTEMS AND COMMUNITY PARTNERS HAS RESULTED IN SUCCESSFUL PARTNERSHIP ON PAST CHNAS WHILE PUBLIC INSTITUTIONS AND DISTRICT HOSPITALS DO NOT HAVE TO REPORT UND ER SB 697, THESE INSTITUTIONS HAVE BECOME AN INTEGRAL PART OF THE CHNA IN SAN DIEGO COUNTY INFORMATION IS GATHERED THROUGH THE CHNA FOR THE PURPOSES OF REPORTING COMMUNITY BENEFIT , DEVELOPING STRATEGIC PLANS, CREATING ANNUAL REPORTS, PROVIDING INPUT ON LEGISLATIVE DECI SIONS, AND INFORMING THE GENERAL COMMUNITY OF HEALTH ISSUES AND TRENDS SCRIPPS STRIVES TO IMPROVE COMMUNITY HEALTH THROUGH COLLABORATION WORKING WITH OTHER HEALTH SYSTEMS, COMMUN ITY GROUPS, GOVERNMENT AGENCIES, BUSINESSES AND GRASSROOTS MOVEMENTS, SCRIPPS IS BETTER AB LE TO BUILD UPON EXISTING ASSETS TO ACHIEVE BROAD COMMUNITY HEALTH GOALS VIEW THE FULL SU MMARY OF THE SCRIPPS HEALTH FY2013 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AT HTTPS //WWW SCRIPPS ORG/ABOUT-US__SCRIPPS-IN-THE-COMMUNITY__ASSESSING-COMM UNITY-NEEDS THIS DOCUMENT ALLOWS INTERESTED PARTIES AND MEMBERS OF THE COMMUNITY, A MECHANISM TO ACCESS THE FULL SP ECTRUM OF INFORMATION RELATIVE TO THE DEVELOPMENT OF THE SCRIPPS HEALTH FY2013 COMMUNITY H EALTH NEEDS ASSESSMENT REPORT BACKGROUND/REQUIRED COMPONENTS OF THE ASSESSMENT SCRIPPS HE ALTH HAS A LONG HISTORY OF RESPONDING TO THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES, EX TENDING BEYOND TRADITIONAL HOSPITAL CARE TO ADDRESS THE HEALTH CARE NEEDS OF THE REGION'S MOST VULNERABLE POPULATIONS SINCE 1994, THESE PROGRAMS HAVE BEEN CREATED BASED ON AN ASSE SSMENT OF NEEDS IDENTIFIED THROUGH HOSPITAL DATA, COMMUNITY INPUT, AND MAJOR TRENDS PREVI OUS COLLABORATIONS AMONG NON-PROFIT HOSPITALS, HEALTHCARE SYSTEMS, AND OTHER COMMUNITY PAR TNERS HAVE RESULTED IN NUMEROUS WELL-REGARDED COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) RE PORTS THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (''AFFORDABLE CARE ACT'' OR ''ACA'') OF 2010 IS BRINGING ABOUT SIGNIFICANT REGULATORY CHANGES IN THE HEALTHCARE INDUSTRY SCRIPPS HEALTH WAS GIVEN THE TASK OF CONDUCTING AN EXPANDED COMMUNITY HEALTH NEEDS ASSESSMENT (CHN A) THAT MET THE NEW FEDERAL REQUIREMENTS ADDITIONAL INFORMATION ON THE ACA REQUIREMENTS F OR NONPROFIT HOSPITALS CAN BE FOUND AT WWW IRS GOV, KEYWORD ''CHARITABLE ORGANIZATIONS'' A S A NONPROFIT HOSPITAL, SCRIPPS HEALTH HAS FULFILLED THIS REQUIREMENT THROUGH THE DEVELOPM ENT AND DISTRIBUTION OF THIS ASSESSMENT WHILE THIS IS A FEDERALLY MANDATED EXERCISE, SCRI PPS HEALTH HOPES TO LEVERAGE THE INFORMATION COLLECTED FOR THIS REPORT TO BENEFIT THE COMM UNITY AT-LARGE IN OTHER FUTURE PLANNING INITIATIVE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	S THE IRS ALSO REQUIRED HOSPITAL ORGANIZATIONS THAT CONDUCT A CHNA TO MAKE THE REPORT WID ELY AVAILABLE BY POSTING IT ON A PUBLICLY ACCESSIBLE WEBSITE VIEW THE FULL SUMMARY OF THE Scripps Health FY2013 Community Health Needs Assessment Report AT HTTPS //WWW SCRIPPS ORG /ABOUT-US__SCRIPPS-IN-THE-COMMUNITY__ASSESSING-COMM UNITY-NEEDS REQUIRED COMPONENTS OF TH E ASSESSMENT PER IRS REQUIREMENTS THERE ARE FIVE COMPONENTS THE CHNA MUST INCLUDE - A DES CRIPTION OF THE COMMUNITY SERVED BY THE HEALTH SYSTEM AND HOW IT WAS DETERMINED - A DESCR IPTION OF THE PROCESSES AND METHODS USED TO CONDUCT THE ASSESSMENT - A DESCRIPTION OF HOW THE HOSPITAL ORGANIZATION TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD IN TERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY - A PRIORITIZED DESCRIPTION OF A LL OF THE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA, AS WELL AS A DESCRIPTION OF THE PROCESS AND CRITERIA USED IN PRIORITIZING SUCH HEALTH NEEDS - A DESCRIPTION OF THE EX ISTING HEALTH CARE FACILITIES AND OTHER RESOURCES WITHIN THE COMMUNITY AVAILABLE TO MEET T HE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA EXECUTIVE SUMMARY GROUNDED IN A LON GSTANDING COMMITMENT TO ADDRESS COMMUNITY HEALTH NEEDS IN SAN DIEGO, SEVEN HOSPITALS AND H EALTHCARE SYSTEMS CAME TOGETHER UNDER THE AUSPICES OF THE HOSPITAL ASSOCIATION OF SAN DIEG O AND IMPERIAL COUNTIES (HASD&IC) TO CONDUCT A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT IDENTIFIES AND PRIORITIZES THE MOST CRITICAL HEALTH-RELATED NEEDS OF SAN DIEG O COUNTY RESIDENTS PARTICIPATING HOSPITALS WILL USE THE FINDINGS TO GUIDE THEIR COMMUNITY PROGRAMS AND TO MEET IRS REGULATORY REQUIREMENTS THAT NOT FOR PROFIT (TAX EXEMPT) HOSPITA LS CONDUCT A HEALTH NEEDS ASSESSMENT IN THE COMMUNITY ONCE EVERY THREE YEARS PER GUIDANCE FROM AN ADVISORY GROUP OF HOSPITAL REPRESENTATIVES, HASD&IC CONTRACTED WITH THE INSTITUTE OF PUBLIC HEALTH (IPH) AT SAN DIEGO STATE UNIVERSITY TO DESIGN AND IMPLEMENT THE CHNA TH E IPH EMPLOYED A RIGOROUS METHODOLOGY USING BOTH COMMUNITY INPUT (PRIMARY DATA SOURCES) AN D QUANTITATIVE ANALYSIS (SECONDARY DATA SOURCES) TO IDENTIFY AND PRIORITIZE THE TOP HEALTH CONDITIONS IN SAN DIEGO COUNTY SAN DIEGO COUNTY IS A SOCIALLY AND ETHNICALLY DIVERSE COM MUNITY WITH A POPULATION OF 3 2 MILLION PEOPLE ALTHOUGH THE STUDY AREA FOR THIS CHNA IS T HE ENTIRE COUNTY, EACH HOSPITAL HAS THE ABILITY TO USE THE COUNTY-WIDE FINDINGS OR ADAPT T HE FINDINGS TO REFLECT THE COMMUNITIES THEY SERVE, AS MUCH OF THE DATA IS AVAILABLE AT ZIP CODE LEVEL IN ORDER TO PRIORITIZE THE COMMUNITY HEALTH NEEDS, THE IPH DEVELOPED A METHOD OLOGY THAT INCLUDED BOTH QUALITATIVE AND QUANTITATIVE DATA SOURCES QUANTITATIVE DATA INCL UDED HOSPITAL DISCHARGE DATA, STATISTICS FROM THE SAN DIEGO COUNTY HEALTH AND HUMAN SERVIC ES AGENCY, THE US CENSUS BUREAU, THE CENTERS FOR DISEASE CONTROL, AND OTHERS THE IPH ALSO SOUGHT DIRECT INPUT FROM THE COMMUNITY THROUGH AN ELECTRONIC SURVEY TO HEALTH EXPERTS AND COMMUNITY LEADERS, KEY INFORMANT INTERVIEWS, AND COMMUNITY FORUMS HEALTH EXPERT, COMMUNI TY LEADER AND RESIDENT FEEDBACK THE IPH AND CHNA ADVISORY WORKGROUP SOUGHT FEEDBACK FROM C OMMUNITY LEADERS, HEALTH EXPERTS AND RESIDENTS OF VULNERABLE COMMUNITIES THIS WAS DONE TH ROUGH THREE METHODS AN ELECTRONIC SURVEY FOR COMMUNITY LEADERS AND HEALTH EXPERTS, KEY IN FORMANT INTERVIEWS, AND COMMUNITY FORUMS FOR RESIDENTS IN VULNERABLE COMMUNITIES THROUGHOU T SAN DIEGO COUNTY - ONLINE SURVEY OF HEALTH EXPERTS AND LEADERS INITIAL EMAIL SAMPLE (N= 120) TOTAL SURVEYS COMPLETED (N=89) - COMMUNITY FORUMS (106 COMMUNITY RESIDENTS) EL CAJON , OCEANSIDE, ESCONDIDO, LOGAN HEIGHTS, AND SAN YSIDRO CONDUCTED IN NEIGHBORHOODS WITH HIGH COMMUNITY NEED INDEX SCORES - FIVE KEY INFORMANT INTERVIEWS LEADERS CHOSEN BASED ON DISCI PLINE EXPERTISE AND KNOWLEDGE OF HEALTH ISSUES AFFECTING COMMUNITIES

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A (CONTINUED)	PRIORITIZED HEALTH CONDITIONS PRIORITIZED SAN DIEGO COUNTY COMMUNITY HEALTH NEEDS THE HEA LTH NEEDS WERE PRIORITIZED BASED ON THE FOLLOWING CRITERIA - HAVE A SIGNIFICANT PREVALENC E 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, AND - CAN BE ADDRESSED THROUGH EVIDENCE-BASED PRACTICES BY HO SPITALS AND HEALTH CARE SYSTEMS REPORT FINDINGS SAN DIEGO COUNTY COMMUNITY HEALTH NEEDS W HEN THE IPH COMBINED THE RESULTS OF ALL THE DATA AND INFORMATION GATHERED, FOUR CONDITIONS EMERGED CLEARLY AS THE TOP COMMUNITY HEALTH NEEDS IN SAN DIEGO COUNTY (IN ALPHABETICAL OR DER) - CARDIOVASCULAR DISEASE - MENTAL/BEHAVIORAL HEALTH - DIABETES (TYPE 2) - OBESITY HE ALTH THEMES IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ONCE ALL THE COMMUNITY INP UT WAS INTEGRATED (SURVEY RESPONDENTS, KEY INTERVIEWEES, AND COMMUNITY FORUM PARTICIPANTS) THE FOLLOWING FIVE BROAD CATEGORIES EMERGED AS RECOMMENDATIONS FOR HOSPITALS TO ORGANIZE COMMUNITY HEALTH PROGRAMS - ACCESS TO CARE OR INSURANCE - CARE MANAGEMENT - EDUCATION - S CREENING SERVICES - COLLABORATION SCRIPPS HEALTH IMPLEMENTATION PLAN SCRIPPS HEALTH HAS A LONG HISTORY (SINCE OCTOBER 1994) OF RESPONDING TO THE HEALTH NEEDS OF THE COMMUNITIES THE Y SERVE, EXTENDING BEY OND TRADITIONAL HOSPITAL CARE TO PROVIDE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THE HEALTH CARE NEEDS OF THE REGION'S MOST VULNERABLE POPULATIONS WITH THE C HNA COMPLETE AND HEALTH PRIORITY AREAS IDENTIFIED, SCRIPPS HEALTH DEVELOPED A SYSTEM-WIDE CORRESPONDING IMPLEMENTATION PLAN THE IMPLEMENTATION PLAN TRANSLATES THE RESEARCH AND ANA LYSIS PRESENTED IN THE ASSESSMENT INTO ACTUAL, MEASURABLE STRATEGIES AND OBJECTIVES THAT C AN BE CARRIED OUT TO IMPROVE COMMUNITY HEALTH OUTCOMES IN FY2013, SCRIPPS HEALTH CONVENED AN INTERNAL WORKGROUP COMPRISED OF SCRIPPS EXECUTIVES, COMMUNITY BENEFIT REPRESENTATIVES AND CLINICAL CARE LINE LEADERS TO LEAD THE DEVELOPMENT OF THE SCRIPPS HEALTH IMPLEMENTATIO N PLAN WHILE SCRIPPS HEALTH CANNOT REALISTICALLY ADDRESS EVERY ISSUE, SCRIPPS HEALTH WILL ENDEAVOR TO RESOLVE THOSE THAT MOST HEAVILY AFFECT OUR PATIENT POPULATIONS, SERVICE AREA AND ARE CONSISTENT WITH OUR STRATEGY AND RESOURCE AVAILABILITY IN ADDITION TO THE CHNA AN D IMPLEMENTATION PLAN, SCRIPPS HEALTH WILL CONTINUE TO MEET COMMUNITY NEEDS BY PROVIDING C HARITY CARE AND UNCOMPENSATED CARE, PROFESSIONAL EDUCATION AND COMMUNITY BENEFIT PROGRAMS SCRIPPS OFFERS COMMUNITY BENEFIT SERVICES THROUGH OUR FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH SERVICES, WELLNESS CENTERS AND CLINICS SCRIPPS HEALTH ANTICIPATES THE IMPLEME NTATION STRATEGIES MAY EVOLVE DUE TO THE FAST PACE AT WHICH THE COMMUNITY AND HEALTH CARE INDUSTRY CHANGES THEREFORE, A FLEXIBLE APPROACH IS BEST SUITED FOR THE DEVELOPMENT OF ITS RESPONSE TO THE SCRIPPS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ON AN ANNUAL BAS IS SCRIPPS HEALTH EVALUATES THE IMPLEMENTATION STRATEGY AND ITS RESOURCES AND INTERVENTION S, AND MAKES ADJUSTMENTS AS NEEDED TO ACHIEVE ITS STATED GOALS AND OUTCOME MEASURES AS WEL L AS TO ADAPT TO THE CHANGES AND RESOURCES AVAILABLE SCRIPPS DESCRIBES ANY CHALLENGES ENC OUNTERED TO ACHIEVE THE OUTCOMES DESCRIBED AND MAKES MODIFICATIONS AS NEEDED IN SUPPORT O F THE FY2013 COMMUNITY HEALTH NEEDS ASSESSMENT, AND ONGOING COMMUNITY BENEFIT INITIATIVES, A DETAILED DESCRIPTION OF SCRIPPS STRATEGIES AND CORRESPONDING MEASURES/METRICS FOR THE F OUR HEALTH ISSUES CAN BE FOUND AT SCRIPPS ORG/COMMUNITYBENEFIT LISTED BELOW ARE THE PROGR AMS SCRIPPS HEALTH IS ADDRESSING FOR THE HEALTH PRIORITY AREAS IDENTIFIED IN THE CHNA (MET RICS ARE AS CURRENT AS FY15) CARDIOVASCULAR DISEASE HEART DISEASE IS THE LEADING CAUSE OF DEATH FOR PEOPLE OF MOST RACIAL/ETHNIC GROUPS IN THE UNITED STATES, INCLUDING AFRICAN AME RICANS, HISPANICS AND CAUCASIANS BETWEEN 70 PERCENT AND 89 PERCENT OF SUDDEN CARDIAC EVEN TS OCCUR IN MEN ABOUT TWO-THIRDS (64 PERCENT) OF WOMEN WHO DIE SUDDENLY OF CORONARY HEART DISEASE HAVE NO PREVIOUS SY MPTOMS AS A SPONSOR OF THE ERIC PAREDES SAVE A LIFE FOUNDATIO N, SCRIPPS HAS HELD MORE THAN 10,000 FREE CARDIAC SCREENINGS FOR LOCAL TEENS, INCLUDING TH E HOMELESS AND THE UNDERINSURED SCRIPPS PROVIDES FINANCIAL CONTRIBUTION ANNUALLY TO HELP PAY FOR THE SCREENINGS IN 2014, SCRIPPS SUPPORTED SCREENING EVENTS AT HIGH SCHOOLS THROUG HOUT THE COUNTY AND SCREENED MORE THAN 4,188 TEENS, IDENTIFY ING 85 WITH ABNORMALITIES AND 38 WHO WERE AT RISK THE GOAL OF THE ERIC PAREDES SAVE A LIFE FOUNDATION SCREENINGS IS TO PREVENT SUDDEN CARDIAC ARREST AND DEATH IN MIDDLE AND HIGH SCHOOL AGED CHILDREN, INCLUDING UNDERSERVED AREAS IN SAN DIEGO COUNTY, THROUGH AWARENESS, EDUCATION AND ACTION EACH Y EAR 7,000 TEENS IN THE UNITED STATES LOSE THEIR LIVES DUE TO SUDDEN CARDIAC ARREST (SCA) SCA IS NOT A HEART ATTACK - IT IS CAUSED BY AN ABNORMALITY IN THE HEART'S ELECTRICAL SYSTEM T HAT CAN BE EASILY DETECTED WITH A SIMPLE EKG UNFO

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	FORM 990, PART III, LINE 4A (CONTINUED)	RTUNATELY, HEART SCREENINGS ARE NOT PART OF A REGULAR, WELL CHILD EXAM OR PRE-PARTICIPATIO N SPORTS PHYSICAL THE FIRST SYMPTOM OF SCA COULD BE DEATH SAN DIEGO ALONE ANNUALLY LOSES THREE TO FIVE TEENS FROM SCA SCREENINGS ARE NON-INVASIVE AND INCLUDE A HEALTH HISTORY AN D EKG SINCE 2010, NEARLY 18,500 YOUTH HAVE BEEN SCREENED OF THOSE, ABOUT 375 HAD HEART A BNORMALITIES, AND 158 WERE FOUND TO BE AT RISK FOR SUDDEN CARDIAC ARREST IN ADDITION, HALF OF SCREENED YOUTH REPRESENT DIVERSE ETHNICITIES AND 40% OF YOUTH ARE FROM MODERATE TO EXT REMELY LOW-INCOME HOUSEHOLDS HUNDREDS ARE WITHOUT REGULAR DOCTORS AND DOZENS WITHOUT HEAL TH INSURANCE THIRTY-SIX PERCENT OF THE SCHOOLS REPRESENTED ARE TITLE I SCHOOLS, IN WHICH THE MAJORITY OF THE STUDENTS AT THE SCHOOLS MEET POVERTY GUIDELINES THE SCHOOLS QUALIFY F OR FEDERAL GOVERNMENT ASSISTANCE FUNDING SUCH AS FREE OR REDUCED FEE LUNCH PROGRAMS WHEN FINDINGS ARE POSITIVE, SCRIPPS TAKES THE FOLLOWING STEPS - CHECKS FOR AN ABNORMAL HEARTBE AT THAT COULD SIGNAL AN UNDERLYING HEART CONDITION USING AN ECHOCARDIOGRAM - NOTIFIES PAR ENTS OF THE RESULTS FOR FOLLOW UP WITH THEIR FAMILY PHYSICIANS IN FY 15, 4,138 ADOLESCENT S WERE SCREENED AND 61 HAD POSITIVE FINDINGS OF HEART ABNORMALITIES TWENTY SIX ADOLESCENT S WERE IDENTIFIED AS HIGH RISK POLICY IMPLICATIONS A SUDDEN CARDIAC ARREST PREVENTION LE GISLATION HAS RECENTLY BEEN APPROVED BY A STATE ASSEMBLY COMMITTEE IF THIS PROPOSED LEGIS LATION BECOMES LAW, IT COULD BROADEN THE MESSAGE OF AWARENESS TO REACH KIDS THROUGHOUT CAL IFORNIA THE BILL WHICH WAS SPONSORED BY ASSEMBLYMAN BRIAN MAIENSCHEIN, WOULD REQUIRE A CO ACH OR SOMEONE IN A SIMILAR POSITION TO REMOVE A STUDENT WHO PASSES OUT OR FAINTS DURING A THLETIC ACTIVITY THE STUDENTS WOULD NEED TO BE CLEARED BY A MEDICAL PROFESSIONAL BEFORE G ETTING BACK ON THE FIELD ADDITIONALLY, COACHES WOULD HAVE TO COMPLETE SUDDEN CARDIAC ARRE ST PREVENTION TRAINING ONCE A YEAR AS WRITTEN, THE PROPOSED LAW WOULD APPLY TO KINDERGART ENERS THROUGH 12TH-GRADERS AT PRIVATE, PUBLIC AND CHARTER SCHOOLS IF IT PASSES, CALIFORNI A WILL JOIN NINE STATES THAT HAVE IMPLEMENTED PREVENTION REQUIREMENTS PROPOSALS ARE PENDI NG IN SIX MORE STATES DIABETES THERE ARE 29 MILLION PEOPLE WITH DIABETES IN THE UNITED ST ATES AND 382 MILLION WORLDWIDE, AND THE RATES ARE HIGHEST IN DIVERSE RACIAL AND ETHNIC COM MUNITIES AND LOW-INCOME POPULATIONS TYPE 2 DIABETES HAS REACHED EPIDEMIC PROPORTIONS, AND PEOPLE OF HISPANIC ORIGIN HAVE DRAMATICALLY HIGHER RATES OF THE DISEASE AND THE COMPLICAT IONS THAT GO ALONG WITH ITS POOR MANAGEMENT, INCLUDING CARDIOVASCULAR DISEASE, EYE DISEASE AND LIMB AMPUTATION IN FACT, IT IS ESTIMATED THAT ONE OUT OF EVERY TWO HISPANIC CHILDREN BORN IN 2000 WILL DEVELOP DIABETES IN ADULTHOOD THIS IS ESPECIALLY TRUE IN THE SOUTH BAY COMMUNITIES IN SAN DIEGO SPECIFICALLY, THE CITY OF CHULA VISTA IS HOME TO 26,000 LATINOS WITH DIAGNOSED DIABETES AND TENS OF THOUSANDS MORE WHO ARE UNDIAGNOSED, HAVE PRE-DIABETES AND AT HIGH RISK OF DEVELOPING DIABETES 1 DIABETES COMMUNITY HEALTH EDUCATION AND OUTRE ACH PROGRAM THE SCRIPPS WHITTIER DIABETES INSTITUTE COLLABORATES WITH COMMUNITY CLINICS AN D ORGANIZATIONS TO PROVIDE MUCH NEEDED SERVICES AND SOLUTIONS THE DIABETES COMMUNITY HEAL TH EDUCATION AND OUTREACH PROGRAM IMPLEMENTS OUTREACH AND EDUCATIONAL PROGRAMS THAT INCREA SE KNOWLEDGE ABOUT DIABETES AND PROVIDE ACCESS FOR THE COMMUNITY AND UNDERSERVED POPULATIO NS FOR THOSE THAT HAVE POSITIVE SCREENINGS AT OUTREACH EVENTS, A MEMBER OF THE SCRIPPS WH ITTIER DIABETES TEAM FOLLOWS-UP WITH INDIVIDUALS WITHIN ONE WEEK OR SOONER IF THE FINDINGS ARE DANGEROUSLY OUT OF RANGE THE FOLLOW-UP ENSURES THAT THE INDIVIDUALS ARE CONNECTED TO A PROVIDER IF THEY DO NOT HAVE ONE AT THE TIME, AND THAT THEY SCHEDULE AN APPOINTMENT WIT H THEIR EXISTING PROVIDER (IF THEY HAVE ONE) OR REGISTERED TO ATTEND A PROJECT DULCE CLASS AT SELECTED FEDERAL QUALIFIED HEALTH CENTERS (FQHC'S) WHITTIER STAFF HAVE DIRECT ACCESS TO SCHEDULING AN APPOINTMENT IN REAL-TIM

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	FORM 990, PART III, LINE 4A (CONTINUED)	OBESITY DULCE MOTHERS BETWEEN 2007-2010, ONE OUT OF THREE AMERICAN ADULTS WAS CONSIDERED O BESE. OBESE INDIVIDUALS HAVE A 50 PERCENT TO 100 PERCENT INCREASED RISK OF PREMATURE DEATH FROM ALL CAUSES COMPARED TO INDIVIDUALS AT A HEALTHY WEIGHT. OBESITY-RELATED CONDITIONS I NCLUDE HEART DISEASE, STROKE, TYPE 2 DIABETES AND CERTAIN TYPES OF CANCER, WHICH ARE SOME OF THE LEADING CAUSES OF PREVENTABLE DEATH. SCRIPPS BEGAN A PILOT PROGRAM, DULCE MOTHERS, WITH THE GOAL OF DECREASING THE INCIDENCE OF TYPE 2 DIABETES BY MANAGING A MAJOR RISK FACT OR - OBESITY - IN UNDERSERVED, ETHNICALLY DIVERSE POPULATIONS THROUGH TESTING THE EFFECTIV ENESS OF A WEIGHT MANAGEMENT CURRICULUM DESIGNED FOR LATINO WOMEN WITH GESTATIONAL DIABETE S (GDM). WOMEN WITH A HISTORY OF GDM AND WHO MEET THE CRITERIA FOR BEING OVERWEIGHT (BMI A BOVE 25) ARE REFERRED TO THE DULCE MOTHERS PROGRAM. DULCE MOTHERS BEGAN AS A PILOT PROGRAM WITH THE GOAL OF DECREASING THE INCIDENCE OF TYPE 2 DIABETES BY MANAGING A MAJOR RISK FAC TOR - OBESITY - IN UNDERSERVED, ETHNICALLY DIVERSE POPULATIONS BY TESTING THE EFFECTIVENES S OF A WEIGHT MANAGEMENT CURRICULUM DESIGNED FOR LATINO WOMEN WITH GESTATIONAL DIABETES (G DM). WOMEN WITH A HISTORY OF GDM AND WHO MEET THE CRITERIA FOR BEING OVERWEIGHT (BMI ABOVE 25) ARE REFERRED TO SCRIPPS DULCE MOTHERS. CHALLENGES. THERE WAS NO DATA CAPTURED IN FY14 , AS DULCE MOTHERS HAD SOME CHALLENGES IN INITIATING THE PILOT PROGRAM. THESE INCLUDED. SE CURING COMMUNITY CLINIC PARTNERSHIPS THAT WOULD GENERATE PARTICIPANTS FOR THE PROGRAM IN A TIMELY MANNER. AS A RESULT, DULCE MOTHERS ADDED A SECOND ARM OF THE STUDY- PROGRAM NUESTRA VIDA, GEARED TOWARD 40 MIDDLE AGED WOMEN WHO ARE AT HIGH-RISK FOR CARDIO METABOLIC CONDIT IONS. THIS PART OF THE PROGRAM IS BEING ADMINISTERED IN CHULA VISTA. SEE THE IDENTIFIED CO MMUNITY NEED OBESITY CHART BREAKDOWN IN DETAILED IMPLEMENTATION PLAN UNDER NUESTRA VIDA FO R RESULTS. DULCE MOTHER'S WAS ADMINISTERED IN NORTH COUNTY (ESCONDIDO) AND BECAME AN ACTIV E OUTREACH PROGRAM IN FY15. IN FY15, THE DULCE MOTHERS PROGRAM CONTINUED TO BE AN INNOVATI VE OPPORTUNITY FOR HIGH-RISK LATINA WOMEN WITH A HISTORY GESTATIONAL DIABETES. THE OBJECTI VE OF THE PROGRAM IS TO PROVIDE THESE MOTHERS WITH TOOLS TO EMPOWER THEM TO TAKE OWNERSHIP OF THEIR WELL-BEING BY ULTIMATELY PREVENTING THE DEVELOPMENT OF TYPE 2 DIABETES FOR THEM AND THEIR CHILDREN, BOTH MOTHER AND BABY ARE AT GREAT RISK OF DEVELOPING THIS CHRONIC COND ITION IN THEIR LIFETIME. SOME OF THE LESSONS LEARNED FROM THIS PROGRAM IS THAT THIS POPULA TION IS DIFFICULT TO RECRUIT FOR THE FOLLOWING REASONS - MANY OF THESE WOMEN DO NOT HAVE TRANSPORTATION - THEIR HEALTHCARE COVERAGE STOPS AFTER THEIR BABY IS BORN MAKING IT DIFFIC ULT FOR THEM TO OBTAIN FOLLOW-UP CARE OR REACH THEM - MOST DO NOT SHOW UP FOR CARE UNTIL T HEY ARE PREGNANT AGAIN AND AT THAT POINT DO NOT MEET THE INCLUSION CRITERIA TO PARTICIPATE IN THE PROGRAM. THE SCRIPPS WHITTIER TEAM WAS ABLE TO RECRUIT 27 WOMEN WHO STARTED LATE IN QUARTER 4 OF FY15. THE PROGRAM IS A 6 MONTH INTERVENTION. THEREFORE MOST OF THESE WOMEN CO MPLETED THE PROGRAM LATE IN 2015 AND EARLY 2016. THE POST OUTCOMES OF THE PROGRAM WILL BE AVAILABLE IN THE FY2016'S Q2 REPORT. IN ADDITION TO THE CHNA AND IMPLEMENTATION PLAN, SCRI PPS HEALTH WILL CONTINUE TO MEET COMMUNITY NEEDS BY PROVIDING CHARITY CARE AND UNCOMPENSAT ED CARE, PROFESSIONAL EDUCATION AND COMMUNITY BENEFIT PROGRAMS. SCRIPPS OFFERS COMMUNITY B ENEFIT SERVICES THROUGH OUR FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH SERVICES, WELLN ESS CENTERS AND CLINICS. SCRIPPS SERVES A QUARTER OF THE TOTAL COUNTY POPULATION, CONCENTR ATING SERVICES IN THE NORTH COASTAL, NORTH CENTRAL, CENTRAL AND SOUTH REGIONS OF SAN DIEGO COUNTY WHERE SCRIPPS FACILITIES ARE LOCATED. UNCOMPENSATED HEALTH CARE. SCRIPPS CONTRIBUTE S SIGNIFICANT RESOURCES TO PROVIDE LOW AND NO-COST HEALTH CARE FOR OUR PATIENTS IN NEED. D URING FISCAL YEAR 2015, SCRIPPS CONTRIBUTED $316,033,736 IN UNCOMPENSATED HEALTH CARE, INC LUDING $36,894,588 IN CHARITY CARE, $269,492,715 IN MEDI-CAL AND OTHER MEANS-TESTED GOVERN MENT PROGRAMS AND MEDICARE SHORTFALL, AND $9,646,432 IN BAD DEBT. SCRIPPS PROVIDES HOSPITA L SERVICES FOR ONE-QUARTER OF THE COUNTY'S UNINSURED PATIENTS. SCRIPPS MERCY HOSPITAL, SAN DIEGO AND SCRIPPS MERCY HOSPITAL, CHULA VISTA PROVIDE 59 PERCENT OF SCRIPPS' CHARITY CARE. THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY (SDC) IS HIGHLY DEPENDENT UPON HOSPITALS AND COMMUNITY HEALTH CLINICS TO CARE FOR UNINSURED AND MEDICALLY UNDERSERVED COMMUNITIES. FINDING MORE EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE SAFETY NET IS A CRITICAL POLICY CHALLENGE. WHILE PUBLIC SUBSIDIES (E.G , COUNTY MEDICAL SERVICES) HELP FINANCE SERVICES FO R SAN DIEGO COUNTY'S UNINSURED POPULATIONS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE. COMBINED WITH MEDI-CAL AND MEDICARE FUNDING SHORTFALLS, SCRIPPS AND OTHER LOCAL HOSP ITALS ABSORB THE COST OF CARING FOR UNINSURED PATIENTS IN THEIR OPERATING BUDGETS. THIS PL ACES A SIGNIFICANT FINANCIAL BURDEN ON HOSPITALS A

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	FORM 990, PART III, LINE 4A (CONTINUED)	ND PHYSICIANS DEMOGRAPHIC PROFILE OF SAN DIEGO COUNTY CURRENT POPULATION DEMOGRAPHICS AND CHANGES IN DEMOGRAPHIC COMPOSITION OVER TIME PLAY A DETERMINING ROLE IN THE TYPES OF HEAL TH AND SOCIAL SERVICES NEEDED BY COMMUNITIES POPULATION SIZE, CHANGE IN POPULATION, RACE AND ETHNICITY, AND AGE OF A POPULATION ARE ALL IMPORTANT IN UNDERSTANDING COMMUNITIES AND ITS RESIDENTS POPULATION OVER THREE MILLION PEOPLE (3,138,265) LIVE IN THE 4,205 SQUARE MILE AREA OF SDC ACCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUNITY SURVEY 2009-13, 5- YEAR ESTIMATES THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 746 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF APPROXIMATELY 88 PERSONS PER SQUARE MILE APPROXIMATELY 96 7% OF THE POPULATION LIVES IN AN URBAN AREA COMPARED TO JUST 3 3% LIVING IN RURAL AREAS POPULATION CHANGE ACCORDING TO THE U S CENSUS BUREAU DE CENNIAL CENSUS, BETWEEN 2000 AND 2010 THE POPULATION IN SDC GREW BY 281,480 PERSONS, A CHA NGE OF 10 0% THIS IS SIMILAR TO THE PERCENTAGE POPULATION CHANGE SEEN DURING THE SAME TIME PERIOD IN CALIFORNIA (10 0%) AND THE UNITED STATES (9 7%) A SIGNIFICANT SHIFT IN TOTAL P OPULATION OVER TIME IMPACTS THE DEMAND FOR HEALTH CARE PROVIDERS AND THE UTILIZATION OF CO MMUNITY RESOURCES RACE/ETHNICITY IN THE AMERICAN COMMUNITY SURVEY, DATA FOR RACE AND ETH NICITY ARE COLLECTED SEPARATELY OF THOSE WHO IDENTIFIED AS NON-HISPANIC (67 7%) IN SDC, T HE MAJORITY IDENTIFIED THEIR RACE AS WHITE (70 9%), FOLLOWED BY ASIAN (16 1%), BLACK (7 1%), MULTIPLE RACES (4 5%), NATIVE HAWAIIAN/PACIFIC ISLANDER (0 6%), AND AMERICAN INDIAN/ALA SKAN NATIVE (0 5%) OF THOSE WHO IDENTIFIED AS HISPANIC OR LATINO (32 4%) IN SDC, THE MAJO RITY ALSO IDENTIFIED THEIR RACE AS WHITE (72 4%), FOLLOWED BY OTHER (19 9%), MULTIPLE RACE S (5 1%), AMERICAN INDIAN/ALASKAN NATIVE (1 1%), BLACK (0 8%), ASIAN (0 6%), AND NATIVE HA WAIIAN/PACIFIC ISLANDER (0 1%) PLEASE SEE THE FIGURES BELOW FOR MORE DETAILS SAN DIEGO'S UNINSURED THE LACK OF HEALTH INSURANCE IS CONSIDERED A KEY DRIVER OF HEALTH STATUS BETWE EN 2010 AND 2013 UNINSURED RATE WAS RELATIVELY STABLE IN THE UNITED STATES, CALIFORNIA AND IN SAN DIEGO COUNTY IN 2014, THE UNINSURED RATE SHARPLY DECREASED TO 12 3% WHICH WAS THE LARGEST CHANGE IN THE UNINSURED RATE THROUGHOUT THIS PERIOD THIS DECREASE CAN BE ATTRIBU TED IN LARGE PART TO THE AFFORDABLE CARE ACT (ACA) THE CHANGING LANDSCAPE UNDER THE AFFOR DABLE CARE ACT* THE AFFORDABLE CARE ACT (ACA) HAS PLAYED A SIGNIFICANT ROLE IN INCREASING ACCESS TO HEALTHCARE IN 2014, A NUMBER OF CHANGES TOOK EFFECT IN CALIFORNIA INCLUDING - THE EXPANSION OF MEDI-CAL TO INDIVIDUALS MAKING LESS THAN 138% OF THE POVERTY LEVEL - THE ESTABLISHMENT OF COVERED CALIFORNIA FOR INDIVIDUALS WHO MAKE UP TO 400% OF THE POVERTY LEV EL TO PURCHASE SUBSIDIZED HEALTH INSURANCE - THE ELIMINATION OF DISCRIMINATION DUE TO PRE-EXISTING CONDITIONS - THE REQUIREMENT TO OBTAIN HEALTH INSURANCE COVERAGE THESE HEALTHCARE REFORMS HAVE RESULTED IN A LARGE NUMBER OF NEWLY INSURED INDIVIDUALS RECENT DATA FROM TH E US CENSUS BUREAU DEMONSTRATES THE FOLLOWING CHANGES IN COVERAGE AS OF 2014 - DECREASE I N THE PERCENTAGE OF UNINSURED OVERALL IN THE US FROM 13 3% IN 2013 TO 10 4% IN 2014 - DECR EASE IN THE PERCENTAGE OF UNINSURED CHILDREN UNDER AGE 19 FROM 7 5% TO 6 2% - DECREASE IN THE PERCENTAGE OF UNINSURED ACROSS ETHNIC GROUPS TO 19 9%, 11 8%, 9 3% AND 7 6% FOR HISPAN ICS, BLACKS, ASIANS, AND NON-HISPANICS WHITES, RESPECTIVELY STILL, DISCREPANCIES REMAIN W ITH THOSE AGED 19-64 LEAST LIKELY TO BE INSURED AND ROUGHLY 1 IN 5 HISPANICS STILL LACKING HEALTH INSURANCE *SMITH, JESSICA C AND CARLA MEDALIA, U S CENSUS BUREAU, CURRENT POPUL ATION REPORTS, P60-253, HEALTH INSURANCE COVERAGE IN THE UNITED STATES 2014, U S GOVERNM ENT PRINTING OFFICE, WASHINGTON, DC, 2015 THERE ARE THREE INDICATORS DETERMINED TO BE THE MOST POWERFUL PREDICTORS OF POPULATION HEALTH POVERTY RATE, PERCENT OF POPULATION UNINSU RED, AND EDUCATIONAL ATTAINMENT LOW-INC

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	FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS RECUPERATIVE CARE PROGRAM (RCU) THE SCRIPPS RESCUE MISSION PROJECT PROVIDES A SAFE DISCHARGE FOR CHRONICALLY HOMELESS PATIENTS WITH ONGOING MEDICAL NEEDS ALL PATIENTS ARE UNFUNDED OR UNDERFUNDED MOST HAVE SUBSTANCE ABUSE AND/OR MENTAL HEALTH ISSUES THE LACK O F FUNDING, AND MENTAL ILLNESS, ALONG WITH ALCOHOL AND/OR SUBSTANCE ABUSE, MAKE POST-ACUTE PLACEMENT OF THESE HOMELESS PATIENTS DIFFICULT RN CASE MANAGEMENT OVERSIGHT IS PROVIDED B Y SCRIPPS WITH PHYSICIAN BACKUP TO ENSURE COMPLETION OF THEIR MEDICAL RECOVERY GOALS SCRI PPS PAYS THE RESCUE MISSION A DAILY RATE FOR HOUSING AND SERVICES PROVIDED TO THE PATIENT THEY PROVIDE A SAFE, SECURE ENVIRONMENT WITH 24 HOUR SUPERVISION, MEDICATION OVERSIGHT, M EALS, CLOTHING, COUNSELING, ASSISTANCE WITH COUNTY MEDICAL SERVICES, MEDI-CAL AND DISABILI TY APPLICATIONS, PLUS HELP FIND PERMANENT OR TRANSITIONAL HOUSING PATIENT TRANSPORTATION NEEDS ARE COORDINATED AND PROVIDED BY BOTH THE RESCUE MISSION AND SCRIPPS TO MAINTAIN THE PATIENT'S MEDICAL STABILITY, MEDICATIONS, DME AND OTHER SERVICES ARE PROVIDED BY SCRIPPS UNTIL INSURANCE FUNDING HAS BEEN ESTABLISHED PATIENTS WITH PSYCHIATRIC DISORDERS ARE ESTA BLISHED WITH A PSYCHIATRIST IN THE COMMUNITY AND ALL PATIENTS ARE CONNECTED WITH A MEDICAL HOME IN THE COMMUNITY IN 2015, 42 PATIENTS HAD A CUMULATIVE 1446 HOSPITAL DAYS OF STAY B EFORE GOING TO THE RCU THE RCU TAKES MEDICALLY COMPLEX PATIENTS INCLUDING PATIENTS WITH T RACH, TUBE FEEDS, IV ANTIBIOTICS, WOUND VACS, MULTIPLE FRACTURES, SPINAL EPIDURAL ABSCESS, PARAPLEGIA, ESRD ON DIALYSIS, END STAGE LIVER DISEASE, HEART VALVE REPLACEMENT, DIABETES, TRAUMATIC BRAIN INJURY, OSTOMIES, CRANIOTOMY, COMPLEX TRAUMA, CANCER AND HIV ONE HUNDRED PERCENT OF PATIENTS WERE CONNECTED TO A PRIMARY CARE PROVIDER AT ONE OF THE COMMUNITY CLI NICS WITH AN APPOINTMENT MADE FIFTEEN PERCENT OF THESE HAD VERY SHORT STAYS AT THE RCU AN D MAY NOT HAVE FOLLOWED UP WITH THE APPOINTMENTS ON THEIR OWN 76% OF THE RCU DISCHARGED P ATIENTS DID NOT RETURN TO THE STREETS THEY WENT EITHER TO A RECOVERY PROGRAM OR TRANSITIO NAL HOUSING (14%), SRO OR APARTMENT (10%), BACK TO MEXICO (10%), TO FAMILY OR FRIEND (7%), BOARD AND CARE (2%), HEALTHCARE, HOSPICE OR A LOWER LEVEL OF CARE (2%) ONE CLIENT IS DEC EASED THIS YEAR 24 % OF CLIENTS DID RETURN TO THE STREETS 21% OF THIS YEAR'S CLIENTS ARE STILL ACTIVE PARTICIPANTS AT THE RCU OF NOTE, 15% WERE HOSPITALIZED, USUALLY VERY BRIEFL Y, AT SOME POINT AND RETURNED TO THE RCU (SPONSORED BY SCRIPPS MERCY HOSPITAL, SAN DIEGO) GRADUATE MEDICAL EDUCATION STAFF SUPPORT ST VINCENT DE PAUL VILLAGE MEDICAL CENTER AND S T LEO'S CLINIC THE GRADUATE MEDICAL EDUCATION (GME) PROGRAM AT SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC FOCUSES ON PHYSICIAN TRAINING AND CLINICAL RESEARCH, WITH 36 RESIDENTS AND 38 FELLOWS WEEKLY COMMUNITY CLINICS WERE HELD AT THE ST VINCENT DE PAUL AND ST LEO'S C LINICS STAFFED BY SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC INTERNAL MEDICINE RESIDENTS, THESE CLINICS CARED FOR APPROXIMATELY 800 OF OUR COUNTY'S MOST VULNERABLE RESIDENTS DURING FISCAL YEAR 2015 (SPONSORED BY SCRIPPS CLINIC/GREEN HOSPITAL) FIJI ALLIANCE PROJECT IN P ARTNERSHIP WITH THE INTERNATIONAL RELIEF TEAMS OF SAN DIEGO AND THE LOLOMA FOUNDATION, SCR IPPS EMPLOY EES, SCRIPPS CLINIC PHYSICIANS AND OTHER SCRIPPS-AFFILIATED PHYSICIANS PROVIDED MEDICAL AND SURGICAL SERVICES IN FIJI AS ONE OF THEIR ROTATIONS, RESIDENTS FROM SCRIPPS CLINIC AND SCRIPPS GREEN HOSPITAL HAVE THE OPPORTUNITY TO PARTICIPATE IN THESE MEDICAL MIS SIONS THE TEAM PERFORMS PROCEDURES TO REMEDY CLEFT LIPS AND PALATES, EYELID, FACE AND FEE T DEFORMITIES, BURN SCARS, BREAST MASSES AND HERNIAS, AS WELL AS PROVIDING DIABETES MANAGE MENT ALL SURGICAL SUPPLIES WERE DONATED BY PROFESSIONAL HOSPITAL SUPPLY CORPORATION (PHS) , THE SUPPLIER FOR SCRIPPS HEALTH THE SUPPLIES INCLUDED SURGICAL GOWNS, GLOVES, DRAPES, D RESSINGS, BANDAGES, SUTURES, ETC CARDINAL HEALTH SYSTEMS, WHICH PROVIDES PHARMACEUTICALS AND OTHER SUPPLIES FOR SCRIPPS HEALTH, DONATED ALL MEDICATIONS (SPONSORED BY SCRIPPS CLIN IC/GREEN HOSPITAL) SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND IN FISCAL YEAR 2015, SCRIPPS HEALTH CONTINUED TO DEEPEN ITS COMMITMENT TO PHILANTHROPY WITH THE ESTABLISHMENT OF ITS C OMMUNITY BENEFIT FUND OVER THE COURSE OF THE YEAR, IT AWARDED $215,000 IN COMMUNITY GRANT S TO PROGRAMS IN SAN DIEGO (FIVE GRANTS RANGING FROM $10,000 TO $120,000) THE FUNDED PROJ ECTS ADDRESS SOME OF SAN DIEGO COUNTY'S HIGH-PRIORITY HEALTH NEEDS, SEEKING TO IMPROVE ACC ESS TO VITAL HEALTH CARE SERVICES FOR AT-RISK POPULATIONS, INCLUDING THE HOMELESS, ECONOMI CALLY DISADVANTAGED, MENTALLY ILL AND OTHERS SINCE THE COMMUNITY BENEFIT FUND BEGAN, SCRI PPS HAS AWARDED $3 1 MILLION PROGRAMS FUNDED DURING FISCAL YEAR 2015 INCLUDE CONSUMER CE NTER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA) FUNDING PROVIDES LOW-INCOME, UNINSURED MERC Y CLINIC AND BEHAVIORAL HEALTH PATIENTS HELP OBTAINING HEALTH CARE BENEFITS, SSI AND RELAT ED SERVICES, WHILE REDUCING UNCOMPENSATED CARE EXP

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	FORM 990, PART III, LINE 4A (CONTINUED)	ENSES AT MERCY THE PROJECT PROVIDES ADVOCACY SERVICES FOR TIME-INTENSIVE GOVERNMENT BENEF IT CASES (SPONSORED BY SCRIPPS MERCY HOSPITAL ADMINISTRATION) CATHOLIC CHARITIES FUNDING PROVIDES SHORT-TERM EMERGENCY SHELTER FOR MEDICALLY FRAGILE HOMELESS PATIENTS BEING DISCHA RGED FROM SCRIPPS MERCY HOSPITAL, SAN DIEGO THE PROGRAM IS BEING EXPANDED TO SCRIPPS MERC Y HOSPITAL, CHULA VISTA CASE MANAGEMENT AND SHELTER ARE PROVIDED FOR HOMELESS PATIENTS DI SCHARGED FROM SCRIPPS MERCY HOSPITAL WHILE THESE PATIENTS NO LONGER REQUIRE HOSPITAL CARE , THEY DO NEED A SHORT-TERM RECUPERATIVE ENVIRONMENT PATIENTS WHO DEMONSTRATE A WILLINGNE SS TO CHANGE RECEIVE ONE WEEK IN A HOTEL, ALONG WITH FOOD AND BUS FARE TO PURSUE A CASE PL AN THE FOCUS OF THE CASE MANAGEMENT IS TO STABILIZE THE CLIENT BY HELPING THEM CONNECT TO MORE PERMANENT SOURCES OF INCOME, HOUSING AND OTHER SELF-RELIANCE MEASURES THE PARTNERSH IP SEEKS TO REDUCE EMERGENCY ROOM RECIDIVISM IN THIS POPULATION AND IMPROVE THEIR QUALITY OF LIFE 2-1-1 HEALTH CARE NAVIGATION PROGRAM LOCALLY, 2-1-1 SAN DIEGO WAS LAUNCHED IN JUN E 2005 AS A MULTILINGUAL AND CONFIDENTIAL SERVICE COMMITTED TO PROVIDING ACCESS 24/7 THER E WAS AN OVERWHELMING NEED FOR A DEPENDABLE SERVICE TO HELP PEOPLE NAVIGATE TODAY'S COMPLE X HEALTH CARE SY STEM, AND SINCE THE IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABL E CARE ACT (PPACA), CALLS TO 2-1-1 SPECIFICALLY FOR HEALTH-RELATED NEEDS HAVE INCREASED BY 31% FROM JULY 2014-JUNE 2015, 2-1-1 SAN DIEGO RESPONDED TO 32,489 CALLS FROM CLIENTS SPE CIALLY SEEKING HEALTH-RELATED RESOURCES IN JULY 2015, 2,549 CALLERS WERE INTERESTED IN SE RVICES THROUGH HEALTH LINES, 22% WERE INTERESTED IN OUTPATIENT MENTAL HEALTH RESOURCES AND 19% WERE SEEKING HEALTH SUPPORTIVE SERVICES IN ADDITION, 1,025 CLIENTS WERE SCREENED FOR BREAST HEALTH NEEDS AND 8,039 WERE EDUCATED ON COVERED CALIFORNIA THROUGH THE HEALTH NAV IGATION LINE, THE HIGHEST STATED HEALTH NEEDS WAS HEALTH INSURANCE, MEDICAL HOME AND NON-E MERGENCY HEALTH CONDITION DUE THE COMMUNITY RESPONSE TO INDIVIDUALS HEALTH NEEDS, THE HEA LTH NAVIGATION TEAM CONTINUES TO GROW AND ADDRESS THESE COMPLEX ISSUES (SPONSORED BY SCRI PPS CORPORATE COMMUNITY BENEFITS) AMERICAN HEART ASSOCIATION SCRIPPS PROVIDED FUNDING FOR THE 2015 HEART WALK THROUGH CORPORATE SPONSORSHIP HEART DISEASE AND STROKE ARE THE NUMBER ONE AND THREE CAUSES OF DEATH IN THE NATION HEART DISEASE CLAIMS MORE THAN 950,000 AMERI CANS EACH YEAR SCRIPPS PARTNERS WITH THE AMERICAN HEART ASSOCIATION ON ITS ANNUAL HEART W ALK TO RAISE FUNDS FOR RESEARCH, PROFESSIONAL AND PUBLIC EDUCATION AND ADVOCACY (SPONSORE D BY SCRIPPS CORPORATE COMMUNITY BENEFITS) BACK PAIN MOST PEOPLE IN THE UNITED STATES WILL EXPERIENCE LOWER BACK PAIN AT LEAST ONCE DURING THEIR LIVES BACK PAIN IS ONE OF THE MOST COMMON REASONS PEOPLE GO TO THE DOCTOR OR MISS WORK SOME CAUSES OF BACK PAIN INCLUDE MUS CLE OR LIGAMENT STRAIN, BULGING OR RUPTURED DISKS, ARTHRITIS, SKELETAL IRREGULARITIES AND OSTEOPOROSIS RISK FACTORS FOR BACK PAIN INCLUDE - EXCESS WEIGHT OR OBESITY - LACK OF EXE RCISE - IMPROPER LIFTING - THOSE WITH PSY CHOLOGICAL ISSUES, SUCH AS DEPRESSION AND ANXIETY (REASONS UNKNOWN) DISPARITIES IN THE UNITED STATES (NHIS, 2010) - ADULTS WITHOUT A HIGH SCHOOL DIPLOMA WERE MORE LIKELY TO HAVE LOWER BACK PAIN - ADULTS IN POOR FAMILIES WERE MO RE LIKELY TO EXPERIENCE LOWER BACK PAIN - WOMEN ARE MORE LIKELY THAN MALES TO HAVE EXPERI ENCED PAIN IN THE LOWER BACK (30 0% VERSUS 26 0%) HEALTHY PEOPLE 2020 - GOAL REDUCED AC TIVITY LIMITATION DUE TO CHRONIC BACK CONDITIONS - TARGET 27 6 PER 1,000 - BASELINE 30 7 IN 2008 DATA SOURCE NATIONAL HEALTH INTERVIEW SURVEY, CDC, NCHS BURDEN - LOWER BACK P AIN HAS BEEN REPORTED AS THE 6TH MOST COSTLY CONDITION IN THE UNITED STATES - 29% OF ADUL TS OVER THE AGE OF 18 HAVE PAIN IN THE LOWER BACK - BACK PAIN AFFECTS 60% TO 80% OF PEOPL E IN THEIR LIFETIME DURING FISCAL YEAR 2015, SCRIPPS ENGAGED IN THE FOLLOWING HEALTHY BAC K PAIN PREVENTION AND TREATMENT ACTIVITI

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	FORM 990, PART III, LINE 4A (CONTINUED)	COLORECTAL CANCER NCI DEFINES COLORECTAL CANCER AS ANY CANCER "THAT FORMS IN THE TISSUES O F THE COLON OR RECTUM" MOST COLON CANCERS ARE ADENOCARCINOMAS (CANCERS THAT BEGIN IN CELL S THAT MAKE AND RELEASE MUCUS AND OTHER FLUIDS) OF CANCERS THAT AFFECT BOTH MEN AND WOMEN , COLORECTAL CANCER IS THE SECOND LEADING CAUSE OF CANCER-RELATED DEATHS IN THE UNITED STA TES COLORECTAL CANCER ALSO IS ONE OF THE MOST COMMONLY DIAGNOSED CANCERS IN THE UNITED ST ATES, AMONG ALL MEN AND WOMEN IT IS THE THIRD MOST COMMON CANCER IN THE US TODAY CLINICAL SY MPTOMS INCLUDE BLOOD IN/ON THE STOOL, PERSISTENT CRAMPING, PAINS, AND ACHING IN THE STO MACH, AND UNEXPLAINED WEIGHT-LOSS RISK FACTORS FOR COLORECTAL CANCER INCLUDE - AGE 90% OF ALL CASES DIAGNOSED ARE IN PEOPLE ABOVE THE AGE OF 50 YEARS - INFLAMMATORY BOWEL DISEA SE - A PERSONAL OR FAMILY HISTORY OF COLORECTAL CANCER OR COLORECTAL POLYPS - A GENETIC SYNDROME OR HEREDITARY NON-POLYPOSIS COLORECTAL CANCER (LYNCH SYNDROME) - LIFESTYLE FACTO RS SUCH AS, LACK OF REGULAR PHYSICAL ACTIVITY, LOW FRUIT AND VEGETABLE INTAKE, LOW-FIBER A ND HIGH-FAT DIETS, ALCOHOL CONSUMPTION, TOBACCO USE, AND BEING OVERWEIGHT OR OBESE COLORE CTAL CANCER PREVALENCE IN THE UNITED STATES SEER ESTIMATES THAT 1,140,161 MEN AND WOMEN C URRENTLY HAVE BEEN DIAGNOSED WITH COLORECTAL CANCERS LUNG CANCER LUNG CANCER IS THE LEADI NG CAUSE OF CANCER DEATH AND THE SECOND MOST DIAGNOSED CANCER IN BOTH MEN AND WOMEN IN THE UNITED STATES IN 2008, 14% OF ALL CANCER DIAGNOSES AND 28% OF ALL CANCER DEATHS WERE DUE TO LUNG CANCER LUNG CANCERS USUALLY ARE GROUPED INTO TWO MAIN TY PES CALLED SMALL CELL AN D NON-SMALL CELL THESE TY PES OF LUNG CANCER PROGRESS IN DIFFERENT MANNERS, AND THEREFORE REQUIRE DIFFERENT COURSES OF TREATMENT NON-SMALL CELL LUNG CANCER IS MORE COMMON THAN SMA LL CELL LUNG CANCER CLINICAL SY MPTOMS CAN INCLUDE, CHEST PAIN, SHORTNESS OF BREATH, WHEEZ ING, COUGHING UP BLOOD, CONSTANT FATIGUE, UNEXPLAINED WEIGHT LOSS, AND COUGHING THAT PROGR ESSIVELY WORSENS AND DOES NOT SUBSIDE SOME FACTS ABOUT LUNG CANCER IN 2008 - 208,493 PEO PLE IN THE UNITED STATES WERE DIAGNOSED WITH LUNG CANCER, INCLUDING 111,886 MEN AND 96,607 WOMEN - 158,592 PEOPLE IN THE UNITED STATES DIED FROM LUNG CANCER, INCLUDING 88,541 MEN AND 70,051 WOMEN LUNG CANCER PREVALENCE IN THE UNITED STATES ON JANUARY 1, 2009, IN THE UNITED STATES THERE WERE APPROXIMATELY 387,762 MEN AND WOMEN ALIVE WHO HAD A HISTORY OF CA NCER OF THE LUNG AND BRONCHUS -- 178,490 MEN AND 209,272 WOMEN PROSTATE CANCER NCI DEFINE S PROSTATE CANCER AS A CANCER THAT FORMS IN TISSUES OF THE PROSTATE, A GLAND IN THE MALE R EPRODUCTIVE SYSTEM FOUND BELOW THE BLADDER AND IN FRONT OF THE RECTUM WHILE CANCEROUS CEL LS WITHIN THE PROSTATE ITSELF ARE GENERALLY NOT DEADLY ON THEIR OWN, AS A CANCEROUS TUMOR GROWS SOME OF THE CELLS CAN BREAK OFF AND SPREAD TO OTHER PARTS OF THE BODY THROUGH THE LY MPH OR THE BLOOD, THROUGH THE PROCESS OF METASTASIS PROSTATE CANCER USUALLY OCCURS IN OLD ER MEN CLINICAL SY MPTOMS INCLUDE DIFFICULTY STARTING URINATION, WEAK/INTERRUPTED FLOW OF URINE, PAIN/BURNING DURING URINATION, FREQUENT URINATION, BLOOD IN URINE OR SEMEN, AND UN SPECIFIED PAIN IN THE BACK, HIPS OR PELVIS NOT COUNTING SOME FORMS OF SKIN CANCER, PROSTA TE CANCER IN THE UNITED STATES IS - THE MOST COMMON CANCER IN MEN, NO MATTER YOUR RACE OR ETHNICITY - THE SECOND MOST COMMON CAUSE OF DEATH FROM CANCER AMONG WHITE, AFRICAN AMERI CAN, AMERICAN INDIAN/ALASKA NATIVE, AND HISPANIC MEN - THE FOURTH MOST COMMON CAUSE OF DE ATH FROM CANCER AMONG ASIAN/PACIFIC ISLANDER MEN RISK FACTORS FOR PROSTATE CANCER INCLUDE - AGE THE OLDER A MAN IS, THE GREATER HIS RISK FOR GETTING PROSTATE CANCER - FAMILY HI STORY A MAN WITH A FATHER, BROTHER, OR SON WHO HAS HAD PROSTATE CANCER IS TWO TO THREE TI MES MORE LIKELY TO DEVELOP THE DISEASE HIMSELF - RACE PROSTATE CANCER IS MORE COMMON IN SOME RACIAL AND ETHNIC GROUPS THAN IN OTHERS PROSTATE CANCER PREVALENCE IN THE UNITED STA TES SEER ESTIMATES THAT 2,496,784 MALES CURRENTLY HAVE BEEN DIAGNOSED WITH CANCER OF THE PROSTATE SKIN CANCER SKIN CANCER IS A CANCER THAT FORMS IN THE VARIOUS TISSUES OF THE SKI N, AND IS THE MOST COMMON FORM OF CANCER IN THE UNITED STATES THE TWO MOST PREVALENT TYPE S OF SKIN CANCER-BASAL CELL (FORMS IN THE LOWER PART OF THE EPIDERMIS) AND SQUAMOUS CELL (FORMS IN THE FLAT CELLS THAT FORM THE SURFACE OF THE SKIN) CARCINOMAS-ARE HIGHLY CURABLE HOWEVER, THE THIRD MOST COMMON SKIN CANCER, MELANOMA, FORMS IN THE CELLS THAT MAKE THE PIG MENT MELANIN AND ARE CONSIDERED MORE DANGEROUS ABOUT 65%-90% OF MELANOMAS ARE CAUSED BY E XPOSURE TO ULTRAVIOLET (UV) LIGHT CLINICAL SY MPTOMS INCLUDE MOLES THAT ARE ASY MMETRICAL, HAVE IRREGULAR BORDERS, UNEVEN COLORATION, EXPERIENCE INCREASES IN DIAMETER, OR HAVE EVOLV ED OR CHANGED IN RECENT WEEKS OR MONTHS RISK FACTORS FOR THE THREE MOST COMMON TY PES OF S KIN CANCER - SUNLIGHT - SEVERE, BLISTERING SUNBURNS - LIFETIME SUN EXPOSURE - TANNING MEL ANOMA OF THE SKIN PREVALENCE IN THE UNITED STATES

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	FORM 990, PART III, LINE 4A (CONTINUED)	SEER ESTIMATES THAT 876,344 PERSONS CURRENTLY HAVE BEEN DIAGNOSED WITH MELANOMA OF THE SK IN SCRIPPS HAS DEVELOPED A SERIES OF PREVENTION AND WELLNESS PROGRAMS TO EDUCATE PEOPLE A BOUT THE IMPORTANCE OF EARLY DETECTION AND TREATMENT FOR SOME OF THE MOST COMMON FORMS OF CANCER AT SCRIPPS CANCER CARE IS MORE THAN JUST MEDICAL TREATMENT, AND A WIDE ARRAY OF RE SOURCES ARE PROVIDED SUCH AS COUNSELING, SUPPORT GROUPS, COMPLEMENTARY THERAPIES AND EDUCA TIONAL WORKSHOPS HERE ARE A FEW EXAMPLES OF SCRIPPS CANCER PROGRAMS DURING FISCAL YEAR 20 15 SCRIPPS CANCER CENTER DIRECTORY OF COMMUNITY RESOURCES SCRIPPS COLLABORATES WITH THE C OMMUNITY AND DEVELOPS A CANCER DIRECTORY OF A COMPREHENSIVE LIST OF RESOURCES AVAILABLE FO R CANCER SURVIVORS, THEIR FAMILIES, AND THE COMMUNITY (SPONSORED BY SCRIPPS GREEN CANCER CENTER) SCRIPPS GREEN HOSPITAL CANCER SUPPORT GROUPS SCRIPPS GREEN SUPPORT GROUPS OFFER CA NCER PATIENTS THE OPPORTUNITY TO EXPRESS THE EMOTIONS THAT COME WITH A CANCER DIAGNOSIS AN D HELP THEM COPE MORE EFFECTIVELY WITH THEIR TREATMENT REGIMENS BY THE SUPPORT GROUPS NURT URE THEIR PHYSICAL, EMOTIONAL AND SPIRITUAL WELL-BEING CLASSES AT SCRIPPS GREEN HOSPITAL, SUCH AS THE FREE CANCER WRITING WORKSHOP, WHEN WORDS HEAL, USE EXPRESSIVE WRITING TO HELP PATIENTS NAVIGATE THEIR JOURNEY WITH CANCER (SPONSORED BY SCRIPPS GREEN CANCER CENTER) F IREFIGHTERS, LIFEGUARDS & COMMUNITY SKIN CANCER SCREENINGS A TOTAL OF 263 FIREFIGHTERS AND LIFEGUARDS OVER A TWO DAY SCREENING (AUGUST 10TH AND AUGUST 14) WERE SCREENED IN ADDITIO N, 102 PATIENTS WERE SCREENED AT AN OCEANSIDE SKIN CANCER SCREENING ON JULY 27, 2015 (SPON SORED BY SCRIPPS MARKET OUTREACH) PROSTATE CANCER SCREENINGS PROSTATE CANCER IS THE SECOND -LEADING CAUSE OF CANCER DEATH IN AMERICAN MEN, BEHIND ONLY LUNG CANCER SCRIPPS HEALTH OF FERED FREE PROSTATE CANCER SCREENINGS DURING THE SAN DIEGO PADRES' SEPTEMBER 3RD, 2015 GAM E AGAINST THE LOS ANGELES DODGERS AT PETCO PARK THE SCREENINGS WERE HELD IN CONJUNCTION W ITH SEPTEMBER'S NATIONAL PROSTATE CANCER AWARENESS MONTH SCREENINGS WERE MADE AVAILABLE T O MALES BETWEEN THE AGES OF 50 AND OLDER (OR AGE 40 AND UP FOR THOSE WITH A FAMILY HISTORY OF PROSTATE CANCER) TOTAL SCREENINGS CONDUCTED WERE 63 AND 7 ABNORMAL RESULTS (SPONSORE D BY SCRIPPS MARKET OUTREACH) HEALTHY WOMEN, HEALTHY LIFESTYLES SCRIPPS MERCY BREAST HEAL TH OUTREACH AND EDUCATION PROGRAM A PROMOTORA-LED HEALTH AND WELLNESS PROGRAM THAT AIMS TO IMPROVE THE LIVES OF WOMEN IN SAN DIEGO'S SOUTH BAY WITH BREAST CANCER EDUCATION, PREVENT ION AND TREATMENT SUPPORT PROMOTORA'S TEACH BREAST HEALTH TO WOMEN WHO HAVE LIMITED OR NO ACCESS TO HEALTH CARE PROMOTORA'S TEACH WOMEN IN THEIR NATIVE LANGUAGE WITH SENSITIVITY TO A WOMAN'S ETHNIC AND CULTURAL NORMS THE PROGRAM MODEL INCLUDES A PROMOTORA, CANCER SUR VIVOR AND A NURSE NAVIGATOR THE PROMOTORA HAS KNOWLEDGE OF BREAST CANCER, OFFERS EDUCATIO N AND EMOTIONAL SUPPORT SHE ALSO PROVIDES REFERRALS IN A CULTURALLY APPROPRIATE AND LANGU AGE SENSITIVE WAY A BREAST CANCER SURVIVOR AND VOLUNTEER STRENGTHENS THE BENEFITS OF BREA ST CANCER EDUCATION AND PREVENTION BY TALKING TO SOMEONE WHO HAS BEEN THERE AND CAN PROVID E INSIGHT AND SUGGESTIONS, AND IS LIVING PROOF THAT THE DISEASE IS NOT FATAL WORKING HAND -IN-HAND, THE PROMOTORA AND VOLUNTEER PRESENT A VERY STRONG FRONT FOR BREAST CANCER AWAREN ESS AND A FULL SUPPORT SYSTEM FOR THOSE ALREADY DIAGNOSED MOREOVER, THE FACT THEY ARE BI- LINGUAL LATINAS LENDS AN AIR OF AUTOMATIC TRUST AMONG THE HISPANIC COMMUNITY AS THEY CAN C ONNECT WITH THE RESIDENTS ON A CULTURAL LEVEL (SPONSORED BY SCRIPPS MERCY HOSPITAL, CHULA VISTA, COMMUNITY BENEFITS) SCRIPPS MERCY HOSPITAL, CHULA VISTA BREAST HEALTH CLINICAL S ERVICES A TOTAL OF 1,369 WOMEN WERE REFERRED TO CLINICAL BREAST HEALTH SERVICES AT COMMUNI TY AND SCRIPPS MERCY HOSPITAL, CHULA VISTA RADIOLOGY SERVICES A TOTAL OF 3,420 SERVICES W ERE PROVIDED, INCLUDING TELEPHONE REMINDERS, OUTREACH AND EDUCATION, CASE MANAGEMENT AND A VARIETY OF PRESENTATIONS (SPONSORED BY

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	FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS POLSTER BREAST CARE CENTER (SPBCC) SCRIPPS POLSTER BREAST CARE CENTER (SPBCC) SPON SORS THE YOUNG WOMEN'S SUPPORT GROUP WHICH PROVIDE A VENUE FOR WOMEN UNDER THE AGE OF 40 T O COME TOGETHER, DISCUSS ISSUES RELATING TO DIAGNOSES AND RECEIVE SUPPORT THE GROUPS ARE OFFERED TO WOMEN IN THE SAN DIEGO COMMUNITY TOPICS RELATED TO BREAST HEALTH ARE ALSO OFFE RED TO THE COMMUNITY (SPONSORED BY SCRIPPS POLSTER BREAST CARE CENTER) AMERICAN CANCER S OCIETY (ACS) MAKING STRIDES AGAINST BREAST CANCER SCRIPPS HEALTH PARTICIPATES IN THIS FUND RAISING EVENT TO RAISE MONEY FOR BREAST CANCER RESEARCH SCRIPPS ALSO PARTICIPATES IN HOST ING LOOK GOOD FEEL BETTER CLASSES PUT ON BY THE ACS (SPONSORED BY SCRIPPS CORPORATE) SUSA N G KOMEN RACE FOR THE CURE SCRIPPS HEALTH PARTICIPATES IN THIS FUNDRAISING EVENT TO SUPP ORT BREAST CANCER RESEARCH AND LOCAL BREAST HEALTH INITIATIVES THE KOMEN RACE FOR THE CUR E SERIES RAISES SIGNIFICANT FUNDS AND AWARENESS FOR THE FIGHT AGAINST BREAST CANCER, CELEB RATES BREAST CANCER SURVIVORSHIP AND HONORS THOSE WHO HAVE LOST THEIR BATTLE WITH THE DISE ASE. (SPONSORED BY SCRIPPS CORPORATE) NINE GIRLS ASK (FOR A CURE FOR OVARIAN CANCER) SCRI PPS HEALTH PARTICIPATES IN THIS FUNDRAISING EVENT TO SUPPORT OVARIAN CANCER RESEARCH AND I NITIATIVES (SPONSORED BY SCRIPPS CORPORATE) CANCER AWARENESS AND EDUCATIONAL EVENTS A SER IES OF EDUCATIONAL EVENTS ARE COORDINATED WITH AMERICAN CANCER SOCIETY AWARENESS MONTHS T HE EVENTS FOCUS ON VARIOUS TYPES OF CANCER, INCLUDING BREAST, LUNG, CERVICAL, COLORECTAL, SKIN, OVARIAN/GYNECOLOGICAL AND PROSTATE. A REGISTERED NURSE CLINICIAN ANSWERS QUESTIONS A ND PROVIDES EDUCATIONAL MATERIALS (SPONSORED BY SCRIPPS MEMORIAL HOSPITAL LA JOLLA CANCER CENTER) HEALTH EDUCATION AND SUPPORT GROUPS EDUCATION AND SUPPORT GROUPS ARE PROVIDED TO SAN DIEGO COUNTY RESIDENTS FOR A WIDE VARIETY OF HEALTH CONCERNS TOPICS INCLUDE FAMILIES WHO HAVE EXPERIENCED THE LOSS OF A CHILD, CHILDREN WHO HAVE LOST A PARENT TO CANCER, INFE RTILITY, PARENTING TWINS, IMPROVING CHILDREN'S READING ABILITIES, HUNTINGTON'S DISEASE, PA RKINSON'S DISEASE, MENTAL ILLNESS, OSTOMY, POSTPARTUM ISSUES, GYNECOLOGICAL CANCER, CHRONI C PAIN AND MULTIPLE SCLEROSIS (SPONSORED BY SCRIPPS MEMORIAL HOSPITAL LA JOLLA, COMMUNITY BENEFITS) CARDIOVASCULAR DISEASE CORONARY HEART DISEASE AND STROKE ARE THE NUMBER ONE AN D THREE CAUSES OF DEATH IN THE NATION HEART DISEASE CLAIMS MORE THAN 950,000 AMERICANS EV ERY YEAR STROKE KILLED 137,119 PEOPLE IN 2006 AND IS A LEADING CAUSE OF SERIOUS, LONG-TER M DISABILITY THE WORLD HEALTH ORGANIZATION DEFINES CARDIOVASCULAR DISEASE (CVD) AS A GROU P OF DISORDERS OF THE HEART AND BLOOD VESSELS THAT INCLUDE CORONARY HEART DISEASE, CEREBRO VASCULAR DISEASE, PERIPHERAL ARTERIAL DISEASE, RHEUMATIC HEART DISEASE, CONGENITAL HEART D ISEASE, DEEP VEIN THROMBOSIS AND PULMONARY EMBOLISM CORONARY HEART DISEASE IS THE MOST CO MMON FORM OF HEART DISEASE. HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, AND SMOKING ARE ALL RIS K FACTORS THAT COULD LEAD TO CVD AND STROKE. ABOUT HALF OF AMERICANS (49%) HAVE AT LEAST O NE OF THESE THREE RISK FACTORS RISK FACTORS FOR CARDIOVASCULAR DISEASE - BEHAVIORS TOBA CCO USE, OBESITY, POOR DIET THAT IS HIGH IN SATURATED FATS, AND EXCESSIVE ALCOHOL USE - C ONDITIONS HIGH CHOLESTEROL LEVELS, HIGH BLOOD PRESSURE AND DIABETES - HEREDITY GENETIC FACTORS LIKELY PLAY A ROLE IN HEART DISEASE AND CAN INCREASE RISK HEART DISEASE IS THE LE ADING CAUSE OF DEATH IN THE UNITED STATES - HEART DISEASE IS THE LEADING CAUSE OF DEATH F OR PEOPLE OF MOST RACIAL/ETHNIC GROUPS IN THE UNITED STATES, INCLUDING AFRICAN AMERICANS, HISPANICS AND WHITES - BETWEEN 70% AND 89% OF SUDDEN CARDIAC EVENTS OCCUR IN MEN - ABOUT TWO-THIRDS (64%) OF WOMEN WHO DIE SUDDENLY OF CORONARY HEART DISEASE HAVE NO PREVIOUS SYM PTOMS PREVALENCE DATA IN 2010 4 1% OF ADULTS LIVING IN SAN DIEGO HAD EVER HAD CORONARY H EART DISEASE. IN 2010 3 6% OF ADULTS LIVING IN CALIFORNIA HAD EVER HAD CORONARY HEART DISE ASE. DURING FISCAL YEAR 2015, SCRIPPS ENGAGED IN THE FOLLOWING HEART HEALTH, CARDIOVASCULA R DISEASE PREVENTION AND TREATMENT ACTIVITIES AMERICAN HEART WALK IN ADDITION, SCRIPPS EM PLOYEES VOLUNTEERED THEIR TIME TO COORDINATE WALKER PARTICIPATION AND FUNDRAISING EFFORTS THE SAN DIEGO HEART WALK RAISED MORE THAN $1 3 MILLION IN 2015, MORE THAN 2,300 SCRIPPS HEART WALK PARTICIPANTS - EMPLOYEES, FAMILIES, AND FRIENDS - WALKED TO HELP RAISE MORE THA N $158K ADDITIONALLY, SCRIPPS REACHED OUT TO THE COMMUNITY AT THE EVENT AND PROVIDED HEAL TH EDUCATION MATERIALS AND GIVEAWAYS (SPONSORED BY SCRIPPS CORPORATE, COMMUNITY BENEFIT S ERVICES) COMMUNITY HEALTH EDUCATION PROGRAMS THE COMMUNITY HEALTH EDUCATION PROGRAMS COVE R A WIDE VARIETY OF TOPICS ON DISEASE MANAGEMENT, HEALTH CARE UPDATES AND PREVENTION THE PROGRAMS COVER HYSTERECTOMY, STROKE, STRESS, VARICOSE VEINS, INFERTILITY, CARDIAC, DEPRESS ION, MACULAR DEGENERATION, MEMORY, BRAIN, ORTHOPEDIC CARE, ROBOTIC SURGERY, SKIN CARE, BAC K CARE, MIGRAINES, KNEE PAIN, PELVIC FLOOR INCONTI

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	FORM 990, PART III, LINE 4A (CONTINUED)	NENCE, SAFETY AND FALL PREVENTION, BLADDER HEALTH, HEALTHY DINING, EXERCISE, VOICE, FLU PR EVENTION, SLEEP DISORDERS, NUTRITION, HYPERTENSION, FOOT CARE, SPINE SURGERY, JOINT REPLAC EMENT, BREATHING, PAIN MANAGEMENT AND MEDICATION (SPONSORED BY SCRIPPS LA JOLLA COMMUNITY BENEFIT SERVICES) CPR CLASSES FOR PATIENTS AND FAMILIES OF THE CARDIAC TREATMENT CENTER C PR CLASSES ARE OFFERED FOUR TIMES A YEAR TO CARDIAC TREATMENT CENTER PATIENTS AND THEIR FA MILIES THE PROGRAM IMPROVES COMMUNITY HEALTH BY INCREASING KNOWLEDGE OF CARDIOPULMONARY R ESUSCITATION PRACTICES (SPONSORED BY CARDIAC TREATMENT CENTER AT SCRIPPS MEMORIAL HOSPITA L LA JOLLA) CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS CARDIAC TREATMENT CENTER GROU P EXERCISE PROGRAMS INCLUDE TAI CHI, OFFERED TWICE WEEKLY, CLASSES TO DECREASE STRESS AND IMPROVE BALANCE, STRENGTH AND FLEXIBILITY, RESTORATIVE YOGA, OFFERED THREE TIMES A WEEK, F IT BALL, OFFERED TWICE A WEEK, CLASSES TO IMPROVE STRENGTH, POSTURE AND CORE STABILITY, YO GA FOR CANCER RECOVERY, OFFERED WEEKLY, CLASSES TO DECREASE STRESS, IMPROVE CIRCULATORY FL OW, AND EASE TENSION DURING HEALING, CLASSES CENTERING ON BALANCE, OFFERED WEEKLY, CLASSES TO BUILD BALANCE, POSTURE AND COORDINATION, POWER YOGA, OFFERED TWICE WEEKLY, CLASSES TO IMPROVE STRENGTH AND FLEXIBILITY, WEEKLY PILATES CLASSES, YOGA FOR MULTIPLE SCLEROSIS, OFF ERED WEEKLY, CLASSES TO PROMOTE HEALING AND IMPROVE STRENGTH AND FLEXIBILITY, AND WEEKLY M EDITATION CLASSES (SPONSORED BY THE CARDIAC TREATMENT CENTER, SCRIPPS MEMORIAL HOSPITAL L A JOLLA) STROKE CARE PROGRAMS SCRIPPS SPONSORED A WIDE VARIETY OF STROKE-RELATED EDUCATION AND AWARENESS PROGRAMS (SPONSORED BY SCRIPPS MERCY HOSPITAL STROKE PROGRAM) HEART HEALTH , SCRIPPS HOME HEALTH SERVICES SCRIPPS HOME HEALTH PROVIDED COMMUNITY EDUCATION TO PROMOTE INDEPENDENT CONGESTIVE HEART FAILURE (CHF) MANAGEMENT TO PREVENT EXACERBATIONS AND HOSPIT ALIZATIONS PATIENTS RECEIVED INFORMATION ON WHAT CHF IS, MEDICATIONS, DIET, WEIGHT AND EX ERCISE (SPONSORED BY SCRIPPS HOME HEALTH SERVICES) EDUCATING WOMEN ABOUT HEART HEALTH TO GETHER WITH WOMENHEART NATIONAL HOSPITAL ALLIANCE, SCRIPPS CARDIOVASCULAR DEVELOPED A WOME N AND HEART DISEASE EDUCATION PROGRAM THE EFFORTS EDUCATE WOMEN ON THE IMPORTANCE OF HEAR T HEALTH, PROVIDE SUPPORT GROUPS AND ADVOCATE FOR RESEARCH FUNDING AND POLICIES (SPONSORE D BY SCRIPPS WOMENHEART PHYSICIAN ADVISORY COUNCIL) THE ERIC PAREDES SAVE A LIFE FOUNDATIO N EACH YEAR, 7,000 TEENS LOSE THEIR LIVES DUE TO SUDDEN CARDIAC ARREST (SCA) SCA IS NOT A HEART ATTACK - IT IS CAUSED BY AN ABNORMALITY IN THE HEART'S ELECTRICAL SYSTEM THAT CAN E ASILY BE DETECTED WITH A SIMPLE EKG UNFORTUNATELY, HEART SCREENINGS ARE NOT PART OF A REG ULAR, WELL-CHILD EXAM OR PRE-PARTICIPATION SPORTS PHYSICAL THE FIRST SY MPTOM OF SCA COULD BE DEATH SAN DIEGO ALONE LOSES THREE TO FIVE TEENS FROM SCA AS A SPONSOR FOR THE ERIC P AREDES SAVE A LIFE FOUNDATION, SCRIPPS HAS HELD MORE THAN 15,000 FREE CARDIAC SCREENINGS T O LOCAL TEENS, INCLUDING THE HOMELESS, UNINSURED AND UNDERINSURED IN 2015, SCRIPPS MADE A $15,000 DONATION TO HELP PAY FOR THE SCREENINGS IN 2015, SCRIPPS SUPPORTED SCREENING EVE NTS AT AREA HIGH SCHOOLS AND SCREENED 4,138 TEENS, IDENTIFY ING 61 WITH ABNORMALITIES AND 2 6 WHO WERE AT RISK (SPONSORED BY SCRIPPS MARKETING DEPARTMENT) SU VIDA, SU CORAZON/YOUR HEART, YOUR LIFE, YOUR HEART COMMUNITY INTERVENTION TO IMPROVE EDUCATION AND AWARENESS OF HEART DISEASE HEART DISEASE IS ONE OF THE MOST WIDESPREAD AND COSTLY HEALTH PROBLEMS FACIN G OUR NATION, EVEN THOUGH IT'S ALSO ONE OF MOST PREVENTABLE HEART FAILURE AND STROKE ACCO UNT FOR MORE THAN $500 BILLION IN HEALTH CARE COSTS PER YEAR HEART FAILURE IS A PROGRESSI VE DISEASE, PRIMARILY CAUSED BY HIGH BLOOD PRESSURE, HIGH CHOLESTEROL/LIPIDS AND DAMAGE TO THE HEART MUSCLE FROM CORONARY ARTERY DISEASE SCRIPPS HEALTH ADDRESSES THIS HEALTH ISSUE THROUGH A FIVE-WEEK EDUCATIONAL BASED COMMUNITY INTERVENTION PROGRAM TO SUPPORT IMPROVED QUALITY OF LIFE FOR PATIENTS DIAGNOSED W

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	FORM 990, PART III, LINE 4A (CONTINUED)	DIABETES THE 2014 NATIONAL DIABETES FACT SHEET (THE MOST RECENT YEAR DATA IS AVAILABLE) ES TIMATES 29 1 MILLION CHILDREN AND ADULTS IN THE U S , THAT IS ABOUT 1 OUR OF EVERY 11 PEOP LE ARE LIVING WITH DIABETES EIGHTY SIX MILLION PEOPLE, THAT IS ONE IN THREE ADULTS IN THE U S ARE PRE-DIABETICE AND HAVE NO IDEA THEIR HEALTH IS IN DANGER MORE THAN 90 MILLION A MERICANS (33 PERCENT) LIVE WITH A CHRONIC DISEASE WHILE THERE ARE MANY DISABLING CHRONIC DISEASES, DIABETES HAS BEEN IDENTIFIED AS ONE OF THE PRIMARY CHRONIC CONDITIONS IN SAN DIE GO COUNTY THE DIABETES DEATH RATE WAS 17 4 PER 100,000 IN 2009 THERE ARE THREE MAJOR TYP ES OF DIABETES TYPE 1, TYPE 2 AND GESTATIONAL ALL THREE TYPES SHARE SIMILAR CHARACTERIST ICS - THE BODY LOSES THE ABILITY TO EITHER MAKE OR TO USE INSULIN WITHOUT ENOUGH INSULIN, GLUCOSE STAYS IN THE BLOOD, CREATING DANGEROUS BLOOD SUGAR LEVELS OVER TIME, THIS BUILDU P DAMAGES KIDNEYS, HEART, NERVES, EYES AND OTHER ORGANS TYPE 2 DIABETES, ONCE KNOWN AS AD ULT-ONSET OR NONINSULIN-DEPENDENT DIABETES, IS A CHRONIC CONDITION THAT AFFECTS THE WAY YO UR BODY METABOLIZES SUGAR (GLUCOSE), WHICH IS YOUR BODY'S MAIN SOURCE OF FUEL WITH TYPE 2 DIABETES, YOUR BODY EITHER RESISTS THE EFFECTS OF INSULIN - A HORMONE THAT REGULATES THE MOVEMENT OF SUGAR INTO YOUR CELLS - OR DOESN'T PRODUCE ENOUGH INSULIN TO MAINTAIN A NORMAL GLUCOSE level IF LEFT UNTREATED, TYPE 2 DIABETES CAN BE LIFE-THREATENING CLINICAL SYMPT OMS CAN INCLUDE FREQUENT URINATION, EXCESSIVE THIRST, EXTREME HUNGER, SUDDEN VISION CHANG ES, UNEXPLAINED WEIGHT LOSS, EXTREME FATIGUE, SORES THAT ARE SLOW TO HEAL, AND INCREASED N UMBER OF INFECTIONS TYPE 2 DIABETES HAS REACHED EPIDEMIC PROPORTIONS, AND PEOPLE OF HISPA NIC ORIGIN HAVE DRAMATICALLY HIGHER RATES OF THE DISEASE AND THE COMPLICATIONS THAT GO ALO NG WITH ITS POOR MANAGEMENT, INCLUDING CARDIOVASCULAR DISEASE, EYE DISEASE AND LIMB AMPUTA TION IN FACT, IT IS ESTIMATED THAT ONE OUT OF EVERY TWO HISPANIC CHILDREN BORN IN 2000 WI LL DEVELOP DIABETES IN ADULTHOOD THIS IS ESPECIALLY TRUE IN THE SOUTH BAY COMMUNITIES IN SAN DIEGO SPECIFICALLY, THE CITY OF CHULA VISTA IS HOME TO 26,000 LATINOS WITH DIAGNOSED DIABETES AND TENS OF THOUSANDS MORE WHO ARE UNDIAGNOSED, HAVE PRE-DIABETES AND AT HIGH RIS K OF DEVELOPING DIABETES SOME ALARMING FACTS ABOUT TYPE 2 DIABETES - WITHOUT WEIGHT LOSS AND MODERATE PHYSICAL ACTIVITY 15-30% OF PEOPLE WITH PREDIABETES WILL DEVELOP TYPE 2 DIAB ETES WITHIN 5 YEARS - DIABETES IS THE LEADING CAUSE OF KIDNEY FAILURE, NON-TRAUMATIC LOWE R-LIMB AMPUTATIONS, AND NEW CASES OF BLINDNESS AMONG ADULTS IN THE UNITED STATES - DIABET ES IS A MAJOR CAUSE OF HEART DISEASE AND STROKE, AND IS THE 7TH LEADING CAUSE OF DEATH IN THE UNITED STATES SOME RISK FACTORS FOR DEVELOPING DIABETES INCLUDE - BEING OVERWEIGHT O R OBESE - HAVING A PARENT, BROTHER, OR SISTER WITH DIABETES - HAVING HIGH BLOOD PRESSURE MEASURING 140/90 OR HIGHER - BEING PHYSICALLY INACTIVE-EXERCISING FEWER THAN THREE TIMES A WEEK DIABETES PREVALENCE U S AGE-ADJUSTED PREVALENCE RATES FOR ADULT DIAGNOSED DIABE TES FOR THE YEAR OF 2010 WERE 8 7%, AS COMPARED TO A RATE OF 3 7% RATE IN 1980 THE STATE OF CALIFORNIA REPORTED A RATE OF 8 9% FOR THE SAME YEAR MORE THAN SEVEN MILLION AMERICANS ARE UNAWARE THEY HAVE DIABETES THE COMPLICATIONS RELATED TO DIABETES ARE SERIOUS AND CAN BE REDUCED WITH PREVENTIVE PRACTICES DIABETES IS A SERIOUS COMMUNITY HEALTH PROBLEM, LEA DING TO SCHOOL AND WORK ABSENTEEISM, ELEVATED HOSPITALIZATION RATES, FREQUENT EMERGENCY RO OM VISITS, PERMANENT PHYSICAL DISABILITIES AND SOMETIMES DEATH DURING FISCAL YEAR 2015, S CRIPPS SPONSORED THE FOLLOWING DIABETES MANAGEMENT INITIATIVES PROJECT DULCE A COLLABORAT ION BETWEEN THE WHITTIER DIABETES INSTITUTE, THE COUNCIL OF COMMUNITY CLINICS AND COMMUNIT Y HEALTH IMPROVEMENT PARTNERS (CHIP), PROJECT DULCE IS A COMPREHENSIVE, CULTURALLY SENSITI VE DIABETES MANAGEMENT PROGRAM FOR UNDERSERVED AND UNINSURED PEOPLE IN SAN DIEGO COUNTY T HE PROGRAM IS TEAM-BASED AND INCORPORATES THE CHRONIC CARE MODEL PROJECT DULCE HAS BEEN A CTIVE IN COMMUNITIES ACROSS SAN DIEGO FOR THE PAST 18 YEARS, PROVIDING DIABETES CARE AND S ELF-MANAGEMENT EDUCATION NURSE-LED TEAMS STRIVE FOR MEASURABLE IMPROVEMENTS IN THEIR PATI ENTS' HEALTH, NURSE EDUCATORS LEAD MULTIDISCIPLINARY TEAMS THAT PROVIDE CLINICAL MANAGEMEN T, AND PEER EDUCATORS FROM EACH CULTURAL GROUP, KNOWN AS PROMOTORAS, PROVIDE PUBLIC AND PA TIENT EDUCATION FOR THEIR COMMUNITIES THIS INNOVATIVE PROGRAM COMBINES STATE-OF-THE-ART C LINICAL DIABETES MANAGEMENT WITH PROVEN EDUCATIONAL AND BEHAVIORAL INTERVENTIONS IN FISCA L YEAR 2015, PROJECT DULCE PROVIDED 7,671 DIABETES CARE, RETINAL SCREENINGS AND EDUCATION VISITS FOR LOW-INCOME AND UNDERSERVED INDIVIDUALS THROUGHOUT SAN DIEGO AND ENROLLED MORE T HAN 1,284 NEW PROJECT DULCE PATIENTS THE PROGRAM ALSO INITIATED FOUR NEW PROJECTS PREVEN TION FOR WOMEN WITH A HISTORY OF GESTATIONAL DIABETES, REPLICATING PROJECT DULCE IN TIJUAN A, DIABETES PEER CARE COORDINATION AT SCRIPPS MERC

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	FORM 990, PART III, LINE 4A (CONTINUED)	Y HOSPITAL, CHULA VISTA AND THE DIABETES GENE BANK PROGRAM (SPONSORED BY SCRIPPS WHITTIER DIABETES INSTITUTE) DULCE MOTHERS IN 2013, SCRIPPS DIABETES CARE EXPANDED THE PROJECT DUL CE PROGRAM TO CREATE A PREVENTION-FOCUSED ARM OF THE MODEL DULCE MOTHERS, A PILOT STUDY S PECIFICALLY AIMED AT REDUCING TYPE 2 DIABETES AND CARDIOVASCULAR RISK AMONG LOW-INCOME, SP ANISH-SPEAKING LATINA WOMEN THROUGH A CULTURALLY TAILORED CURRICULUM THE PROGRAM INCLUDED 84 PARTICIPANTS BETWEEN THE AGES OF 18 AND 45 WITH A HISTORY OF GESTATIONAL DIABETES MELL ITUS (GDM) THESE WOMEN UNDERWENT AN EIGHT-WEEK, PEER EDUCATOR-LED DIABETES PREVENTION PRO GRAM GROUP INTERVENTION THAT EMPHASIZED THE IMPORTANCE OF BEHAVIORAL AND LIFESTYLE CHANGES IN ADDITION TO ASSESSING THEIR KNOWLEDGE, ATTITUDES AND HEALTHY FOOD CONSUMPTION NEEDED TO PREVENT DIABETES, THEIR RISK FOR CARDIO METABOLIC CONDITIONS (DIABETES, HYPERTENSION AN D CARDIOVASCULAR DISEASES) WAS ASSESSED IN PARTICIPANTS AT THE BEGINNING OF THE STUDY, AND AT THREE AND SIX MONTHS THE RESULTS HAVE BEEN EXTREMELY POSITIVE, WITH THE WOMEN SHOWING SIGNIFICANT IMPROVEMENTS IN LIPIDS, BLOOD PRESSURE LEVELS, PHYSICAL ACTIVITY AND DIETARY FAT INTAKE A KEY FACTOR IN THE PREVENTION OF DIABETES IS WEIGHT MANAGEMENT, THEREFORE AN ADAPTED VERSION OF DULCE MOTHERS IS CURRENTLY PILOTING THE PILOT ADDED AN ADDITIONAL 4 SE SSIONS, FROM THE ORIGINAL 8 WEEK PROGRAM, FOR A 12-WEEK PROGRAM THAT WILL TEST THE EFFECTI VENESS OF A WEIGHT MANAGEMENT CURRICULUM DESIGNED FOR LATINA WOMEN WITH A HISTORY OF GESTA TIONAL DIABETES A SECOND ARM WAS ADDED TO THE PILOT CALLED NUESTRA SALUD/NUESTRA SALUD T HIS ARM/COHORT REACHES MIDDLE AGED PREDIABETES, PREMENOPAUSAL LATINA WOMEN, WITH THE GOAL OF PREVENTING THE DEVELOPMENT OF TYPE 2 DIABETES IN THIS HIGH-RISK POPULATION (SPONSORED BY SCRIPPS WHITTIER DIABETES INSTITUTE) THE WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCA TION AND TRAINING THE WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCATION TEAMS PROVIDE STA TE-OF-THE-ART EDUCATION AND TRAINING FOR PEOPLE WHO WISH TO INCREASE THEIR DIABETES MANAGE MENT KNOWLEDGE AND SKILLS WITH THE RISE IN DIABETES, MEDICATION UPGRADES, NUTRITIONAL ADJ USTMENTS AND CHANGES IN DIABETES-RELATED DEVICES, THERE IS A GREAT NEED TO EQUIP CLINICIAN S WITH THE LATEST INFORMATION AND CLINICAL SKILLS THE WHITTIER INSTITUTE'S PROFESSIONAL E DUCATION PROGRAM IS LED BY A TEAM OF EXPERTS, INCLUDING ENDOCRINOLOGISTS, NURSES, DIETICI ANS, PSYCHOLOGISTS AND OTHER DIABETES SPECIALISTS THESE INDIVIDUALS TRAIN PRACTICING PROF ESSIONALS TO DELIVER THE BEST POSSIBLE CARE FOR THEIR DIABETES PATIENTS COURSES RESPOND T O THE NEEDS OF ALLIED HEALTH PROFESSIONALS SEEKING TO UNDERSTAND NEW AND COMPLEX CLINICAL TREATMENT OPTIONS FOR TYPE 1, TYPE 2 AND GESTATIONAL DIABETES PROFESSIONAL EDUCATION WAS PROVIDED FOR 331 PEOPLE ON INSULIN MANAGEMENT, INCRETIN THERAPY, THE DIABETES DIET AND DIA BETES BASICS PARTICIPANTS CAME FROM LOCAL HEALTH INSTITUTIONS AND THROUGHOUT THE UNITED S TATES TO LEARN FROM THE WHITTIER INSTITUTE'S MOST EXPERIENCED DIABETES EXPERTS OVER THE L AST FISCAL YEAR, THE WHITTIER INSTITUTE'S PROFESSIONAL EDUCATION DEPARTMENT PROVIDED 12 SE PARATE PROGRAMS FOR PHYSICIANS, NURSES, PHARMACISTS, DIETITIANS, MIDLEVEL PROVIDERS AND SO CIAL WORKERS SKINNY GENE PROJECT THE CITY HEIGHTS WELLNESS CENTER IS A PARTNER WITH THE S KINNY GENE PROJECT TO PROVIDE THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) DIABETE S PREVENTION PROGRAM THE GOAL OF THE PROGRAM IS IN PREVENTING THE ONSET OF DIABETES BY PR OVIDING AT-RISK INDIVIDUALS WITH SCIENTIFICALLY PROVEN, NUTRITION-BASED THERAPIES, AND CRE ATING A SUPPORTIVE COMMUNITY CULTURE THAT SUPPORTS THE ADOPTION OF A HEALTHY LIFESTYLE FOR THE UNDERSERVED POPULATION OF PEOPLE WITH PREDIABETES (SPONSORED BY CITY HEIGHTS WELLNES S CENTER) RETINAL SCREENING PROGRAM IT IS ESTIMATED THAT EVERY 24 HOURS, 55 PEOPLE WILL LO SE THEIR VISION AS A RESULT OF DIABETIC RETINOPATHY WITH EARLY DIAGNOSIS AND APPROPRIATE TREATMENT, 95 PERCENT OF DIABETIC BLINDN

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	FORM 990, PART III, LINE 4A (CONTINUED)	COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) AND RESIDENT LEADERSHIP ACADEMY MODEL SCRIPPS IS A PARTNER WITH CHIP AND COLLABORATIVELY WORKS ON A RESIDENT LEADERSHIP MODEL THAT HAS EMPOWERED 700+ CITIZENS ACROSS THE COUNTY (AND BEYOND) TO AFFECT CHANGE IN A WIDE RANGE OF COMMUNITY HEALTH AREAS SUCH A PUBLIC SAFETY, ACCESS TO HEALTHY FOODS, AND INCREASED OPPOR TUNITIES FOR PHYSICAL ACTIVITY DEMENTIA AND ALZHEIMER'S DISEASE DEMENTIA IS A CLINICAL SY NDROME OF DECLINE IN MEMORY AND OTHER THINKING ABILITIES IT IS CAUSED BY VARIOUS DISEASES AND CONDITIONS THAT RESULT IN DAMAGE TO BRAIN CELLS AND LEAD TO DISTINCT SYMPTOM PATTERNS AND DISTINGUISHING BRAIN ABNORMALITIES ALZHEIMER 'S DISEASE (AD) IS A PROGRESSIVE BRAIN DISORDER THAT GRADUALLY DESTROYS A PERSON'S MEMORY AND ABILITY TO LEARN, REASON, MAKE JUDG MENTS, COMMUNICATE AND CARRY OUT DAILY ACTIVITIES SUCH AS BATHING AND EATING ALZHEIMER'S IS THE SIXTH LEADING CAUSE OF DEATH IN THE UNITED STATES - AD IS THE MOST COMMON FORM OF DEMENTIA ACCOUNTING FOR 70% OF ALL CAUSES OF DEMENTIA - CURRENTLY 60,000 SAN DIEGANS ARE ESTIMATED TO LIVING WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIAS (ADOD) - MOST PEOPLE WITH AD ARE DIAGNOSED AT AGE 65 OR OLDER IN SAN DIEGO COUNTY, THOSE 85 YEARS AND OLDER ARE TH E FASTEST GROWING AGE GROUP, PROJECTED TO INCREASE BY 40% BY 2030 - WOMEN ARE MORE LIKELY THAN MEN TO HAVE ADOD - PEOPLE LIVING WITH DEMENTIA ARE AT GREATER RISK FOR GENERAL DISA BILITY AND EXPERIENCE FREQUENT INJURY FROM FALLS - OLDER ADULTS WITH DEMENTIA ARE 3 TIMES MORE LIKELY TO HAVE PREVENTABLE HOSPITALIZATIONS FINANCIAL BURDEN - IN 2012, THERE WERE 137,000 UNPAID CAREGIVERS, OR 2 3 CAREGIVERS FOR EACH OF THE LOCAL 60,000 RESIDENTS LIVIN G WITH ADOD DUE TO THE NEGATIVE EFFECTS OF CAREGIVING ON THEIR OWN HEALTH, THE COST OF PR OVIDING HEALTH CARE TO THESE RESIDENTS IN 2013 WAS APPROXIMATELY $75 4 MILLION - AT THE N ATIONAL LEVEL, PAY MENTS FOR ADOD CARE ARE ESTIMATED AT $200 BILLION IN 2012 WITHIN THE UNI TED STATES PREVALENCE - THERE ARE MORE THAN 5 2 MILLION PEOPLE IN THE UNITED STATES LIVI NG WITH ADOD AS THE POPULATION AGES THE NUMBER IS EXPECTED TO TRIPLE BY 2050 - IN CALIFO RNIA THERE ARE 588,208 PEOPLE 55 YEARS AND OLDER LIVING WITH ADOD ONE TENTH OF AD PATIENT S LIVE IN CALIFORNIA - IN SAN DIEGO COUNTY, THE NUMBER OF THOSE 55 YEARS AND OLDER WITH A DOD IS EXPECTED TO INCREASE BY 56% BETWEEN 2012 AND 2030, FROM 60,000 TO NEARLY 94,000 RES IDENTS CURRENTLY, THE EAST COUNTY REGION HAS THE GREATEST NUMBER (14,765) AND PROPORTION (12 4%) OF RESIDENTS 55 YEARS AND OLDER WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIAS THE REGION WITH THE LARGEST ANTICIPATED INCREASE IN ADOD IS THE NORTH CENTRAL AREA, WITH A PRO JECTED INCREASE OF 76 8% FROM 2012 TO 2030 HOWEVER, IT IS ESTIMATED THAT BY 2030, NEARLY ONE OUT OF FOUR SAN DIEGANS 55 YEARS AND OLDER WITH ADOD WILL LIVE IN EAST COUNTY DURING FISCAL YEAR 2015, SCRIPPS ENGAGED IN THE FOLLOWING ALZHEIMER'S AND DEMENTIA PREVENTION AND TREATMENT ACTIVITIES SENIOR HEALTH AND WELL-BEING PROGRAMS THE GOAL IS TO INCREASE HEALT H CARE, INFORMATION AND PREVENTATIVE SERVICES FOR SENIORS/OLDER ADULTS IN THE SOUTH BAY E ACH MONTH A VARIETY OF SENIOR PROGRAMS ARE HELD AT LOCAL SENIOR CENTERS, CHURCHES AND SENI OR HOUSING SOME OF THESE ACTIVITIES INCLUDED DEMENTIA, ALZHEIMER'S AND PAIN MANAGEMENT, A ND SPONSORSHIP OF THE ALZHEIMER'S ASSOCIATION CAREGIVER CONFERENCE (SPONSORED BY SCRIPPS MERCY HOSPITAL, CHULA VISTA, COMMUNITY BENEFITS) THE ALZHEIMER'S PROJECT - SAN DIEGO UNITE S FOR A CURE AND CARE THE ALZHEIMER'S PROJECT IS A COUNTYWIDE INITIATIVE AIMED AT ACCELERA TING THE SEARCH FOR A CURE AND HELPING THE ESTIMATED 60,000 SAN DIEGANS WITH THE DISEASE, ALONG WITH THEIR CAREGIVERS PARTICIPANTS BEGAN MEETING IN IN EARLY 2014 TO CRAFT A REGION AL ROADMAP TO ADDRESS THE DISEASE, FOCUSING ON CURE, CARE, CLINICAL, AND PUBLIC AWARENESS AND EDUCATION INITIATIVES THE BOARD OF SUPERVISORS APPROVED THE ROADMAP IN DECEMBER 2014 AND LATER VOTED IN SUPPORT OF AN IMPLEMENTATION TIMETABLE DR MICHAEL LOBATZ FROM SCRIPPS HEALTH IS A LEADING PARTICIPANT OF THIS INITIATIVE AS A CO-CHAIRPERSON OF THE CLINICAL RO UNDTABLE AND IS A MEMBER OF THE STEERING COMMITTEE ALZHEIMER'S ASSOCIATION CAREGIVER CONF ERENCE IN THIS FREE HALF-DAY CAREGIVER CONFERENCE ATTENDEES HAD AN OPPORTUNITY TO LEARN MO RE ABOUT ALZHEIMER'S AND DEMENTIA FROM EXPERTS AND GET QUESTIONS ANSWERED TOPICS INCLUDED UNDERSTANDING THE BASICS OF ALZHEIMER'S DISEASE, HOW TO PARTNER WITH YOUR DOCTOR TO GET A DIAGNOSIS, ADDRESSING BEHAVIOR THROUGH COMPASSIONATE COMMUNICATION OBESITY OBESITY IS A MEDICAL CONDITION IN WHICH EXCESS BODY FAT HAS ACCUMULATED TO THE EXTENT THAT IT MAY HAVE AN ADVERSE EFFECT ON HEALTH OVERWEIGHT AND OBESITY RANGES ARE DETERMINED USING WEIGHT AN D HEIGHT TO CALCULATE A NUMBER KNOWN AS "BODY MASS INDEX" (BMI) AN ADULT WITH A BMI BETWE EN 25 AND 29 9 IS CONSIDERED OVERWEIGHT, WHILE AN ADULT WHO HAS A BMI OF 30 OR HIGHER IS C ONSIDERED OBESE FOR CHILDREN AND ADOLESCENTS AGED

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	FORM 990, PART III, LINE 4A (CONTINUED)	2-19, OVERWEIGHT IS DEFINED AS A BMI AT OR ABOVE THE 85TH PERCENTILE AND LOWER THAN THE 9 5TH PERCENTILE FOR CHILDREN OF THE SAME AGE AND SEX, WHILE OBESE IS DEFINED AS A BMI AT OR ABOVE THE 95TH PERCENTILE FOR CHILDREN OF THE SAME AGE AND SEX IN SAN DIEGO COUNTY, ACCO RDING TO THE 2009 CALIFORNIA HEALTH INTERVIEW SURVEY, 22 1% OF ADULTS AGED 20 YEARS AND OL DER WERE OBESE (BMI 30 0 OR HIGHER) BASED ON THEIR HEIGHT AND WEIGHT SOME FACTS ABOUT OBE SITY IN THE UNITED STATES - IN 2009, MORE THAN ONE-THIRD OF U S ADULTS (35 7%) WERE OBES E AND 16 9% OF CHILDREN AND ADOLESCENTS WERE CONSIDERED OBESE - OBESITY-RELATED CONDITION S INCLUDE HEART DISEASE, STROKE, TYPE 2 DIABETES AND CERTAIN TYPES OF CANCER, WHICH ARE SO ME OF THE LEADING CAUSES OF PREVENTABLE DEATH HEALTH CONSEQUENCES DUE TO OVERWEIGHT AND O BESITY RESEARCH HAS SHOWN THAT AS WEIGHT INCREASES TO REACH THE LEVELS OF "OVERWEIGHT" AN D "OBESITY," THE RISKS FOR THE FOLLOWING CONDITIONS ALSO INCREASES - CORONARY HEART DISEA SE - TYPE 2 DIABETES - CANCERS (ENDOMETRIAL, BREAST, AND COLON) - HYPERTENSION (HIGH BLOOD PRESSURE) - STROKE - LIVER AND GALLBLADDER DISEASE - SLEEP APNEA AND RESPIRATORY PROBLEMS - OSTEOARTHRITIS OVERWEIGHT AND OBESITY ASSOCIATED COSTS IN 2008, MEDICAL COSTS ASSOCIAT ED WITH OBESITY WERE ESTIMATED AT $147 BILLION, THE MEDICAL COSTS FOR PEOPLE WHO ARE OBESE WERE $1,429 HIGHER THAN THOSE OF NORMAL WEIGHT DULCE MOTHERS PILOT PROGRAM IN FISCAL YEA R 2014, DULCE MOTHERS WAS PILOTED WITH THE GOAL OF DECREASING THE INCIDENCE OF TYPE 2 DIAB ETES BY MANAGING A MAJOR DIABETES RISK FACTOR - OBESITY - IN UNDERSERVED, ETHNICALLY DIVER SE POPULATIONS THE PROGRAM CONTINUES TO TEST THE EFFECTIVENESS OF A WEIGHT MANAGEMENT CUR RICULUM DESIGNED FOR LATINO WOMEN WITH GESTATIONAL DIABETES (SPONSORED BY SCRIPPS WHITTIE R DIABETES INSTITUTE) COMMUNITY HEALTH IMPROVEMENT PROJECT (CHIP) AND CHILDHOOD OBESITY IN ITIATIVE THE SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE (INITIATIVE) IS A PUBLIC-PRIVAT E PARTNERSHIP WITH THE MISSION OF REDUCING AND PREVENTING CHILDHOOD OBESITY THROUGH POLICY , SYSTEMS, AND ENVIRONMENTAL CHANGE THE INITIATIVE IS FACILITATED BY COMMUNITY HEALTH IMP ROVEMENT PARTNERS CORE FUNDING FOR THE INITIATIVE IS PROVIDED BY THE COUNTY OF SAN DIEGO, FIRST 5 COMMISSION OF SAN DIEGO COUNTY, THE CALIFORNIA ENDOWMENT, AND KAISER PERMANENTE SCRIPPS IS A STRONG PARTNER WITH CHIP AND THE OUTCOMES OF THIS INITIATIVE HAVE SHOWN A DEC REASED CHILDHOOD OBESITY FROM 4% FROM 2005-2010, THE LARGEST DROP IN SOUTHERN CALIFORNIA (MANY AREAS HAVE SEEN INCREASES) PROMISE NEIGHBORHOOD INITIATIVE SCRIPPS ALSO ADDRESSES CH ILDHOOD OBESITY AT THE HIGH-SCHOOL LEVEL IN SAN DIEGO'S SOUTH BAY COMMUNITIES THROUGH ITS PARTNERSHIP WITH THE PROMISE NEIGHBORHOOD INITIATIVE, WHICH IMPLEMENTS ACTIVITIES RELATED TO THE NATIONAL 5-2-1-0 CAMPAIGN THE PROGRAM ENCOURAGES EATING FIVE OR MORE FRUITS A DAY , LIMITING TV SCREEN TIME TO TWO HOURS, ONE HOUR OF DAILY PHYSICAL ACTIVITY, AND DRINKING 0 SUGAR-FILLED BEVERAGES SCHOOL ADMINISTRATORS AND STAFF ARE CLOSELY INVOLVED IN THE PROG RAM, WHICH INCLUDES FIVE EDUCATIONAL SESSIONS, A HEALTH ASSESSMENT SURVEY AND HEALTH PLAN, AND SUPPORT TO HELP THE STUDENTS PASS THEIR YEARLY PHYSICAL EDUCATION REQUIREMENTS SINCE 2013, MORE THAN 400 CHILDREN AND 100 PARENTS HAVE PARTICIPATED IN WELLNESS ACTIVITIES ON CAMPUS - AND RESULTS SHOW A 50 PERCENT INCREASE IN THEIR PHYSICAL ACTIVITY, AND FRUIT AND VEGETABLE CONSUMPTION NUTRITION IN COOKING CLASSES, A LOCAL INTERVENTION AT TWO ELEMENTAR Y SCHOOLS (FAMILY MEDICINE AND COMMUNITY BENEFITS COLLABORATION) STUDENTS OF SOUTHWEST HIG H SCHOOL AND THEIR PARENTS ARE TAUGHT PRACTICAL SKILLS TO PLAN AND PREPARE HEALTHY, COST-E FFECTIVE, CULTURALLY-RELEVANT MEALS IN A WEEKLY THREE SESSION HEALTHY EATING AND COOKING C LASS THE PURPOSE OF THE STUDY IS TO UNDERSTAND IF THIS INFORMATION TRANSLATES INTO BEHAVI OR CHANGE FOR STUDENTS AND THEIR PARENTS PARTICIPANTS IN THE PROJECT LEARN FROM MEDICAL R ESIDENTS ABOUT THE CONNECTION BETWEEN HE

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	FORM 990, PART III, LINE 4A (CONTINUED)	MATERNAL CHILD HEALTH & HIGH RISK PREGNANCY MOTHERS, INFANTS AND CHILDREN MAKEUP A LARGE S EGMENT OF THE U S POPULATION AND THEIR WELL-BEING IS A HEALTH PREDICTOR FOR THE NEXT GENE RATION THERE IS TREMENDOUS FOCUS ON MATERNAL ILLNESS AND DEATH, AND INFANT HEALTH AND SUR VIVAL, INCLUDING INFANT MORTALITY RATES, ACCESS TO PREVENTIVE CARE, AND FETAL, PERINATAL A ND OTHER INFANT DEATHS MATERNAL AND INFANT HEALTH ISSUES INCLUDE - ALCOHOL, TOBACCO AND ILLEGAL SUBSTANCES DURING PREGNANCY, WHICH ARE MAJOR RISK FACTORS FOR LOW BIRTH WEIGHT AND OTHER POOR OUTCOMES - VERY LOW BIRTH WEIGHT ASSOCIATED WITH PRETERM BIRTH, SPONTANEOUS A BORTION, LOW PRE-PREGNANCY WEIGHT AND SMOKING - INFANT DEATH RATES ARE HIGHEST AMONG INFA NTS BORN TO YOUNG TEENAGERS AND MOTHERS 44 AND OLDER BEING PREGNANT, OR TRYING TO BECOME PREGNANT, IS ONLY A SMALL PORTION OF A WOMAN'S LIFE UNINTENDED PREGNANCY, EITHER MISTIMED OR UNWANTED AT THE TIME OF CONCEPTION, ACCOUNTS FOR AN ESTIMATED 49 PERCENT OF PREGNANCIE S IN THE U S THESE PREGNANCIES ARE ASSOCIATED WITH INCREASED MORBIDITY, AS WELL AS BEHAVI ORS LINKED TO ADVERSE HEALTH WOMEN WHO CAN PLAN THE NUMBER AND TIMING OF THEIR CHILDREN E XPERIENCE IMPROVED HEALTH, FEWER UNPLANNED PREGNANCIES AND BIRTHS, AND LOWER ABORTION RATE S HIGH RISK PREGNANCY HIGH RISK PREGNANCY CAN BE THE RESULT OF A MEDICAL CONDITION PRESEN T BEFORE PREGNANCY OR A MEDICAL CONDITION THAT DEVELOPS DURING PREGNANCY FOR EITHER MOM OR BABY AND CAUSES THE PREGNANCY TO BECOME HIGH RISK A HIGH RISK PREGNANCY CAN POSE PROBLEM S BEFORE, DURING OR AFTER DELIVERY AND MIGHT REQUIRE SPECIAL MONITORING THROUGHOUT THE PRE GNANCY RISK FACTORS - ADVANCED MATERNAL AGE INCREASED RISK FOR MOTHERS 35 YEARS AND OLD ER - LIFESTYLE CHOICES SMOKING, ALCOHOL CONSUMPTION, USE OF ILLEGAL DRUGS - MEDICAL HIS TORY PRIOR HIGH RISK PREGNANCIES OR DELIVERIES, FETAL GENETIC CONDITIONS, FAMILY HISTORY OF GENETIC CONDITIONS - UNDERLYING CONDITIONS DIABETES, HIGH BLOOD PRESSURE AND EPILEPSY - MULTIPLE PREGNANCIES - OBESITY DURING PREGNANCY UNITED STATES GENERAL STATISTICS - THE NUMBER OF BIRTHS DECLINED BY 3% FROM 2009 TO 2010 - GENERAL FERTILITY RATE ALSO DECLI NED BY 3% - TEENAGE BIRTH RATE FELL 10% FROM 2009 TO 2010 - THE BIRTH RATE OF WOMEN AGED 40-44 YEARS CONTINUED TO RISE - CESAREAN DELIVERY RATE WAS DOWN FOR THE FIRST YEAR SINCE 1996, TO 32 8% - IN SAN DIEGO COUNTY, THE INFANT MORTALITY RATE WAS 4 4 DEATHS PER 1,000 LIVE BIRTHS IN 2009 SCRIPPS HEALTH CONTINUED TO ENHANCE PRENATAL EDUCATION FOR LOW-INCOME WOMEN IN SAN DIEGO COUNTY IN FISCAL YEAR 2015 THE FOLLOWING ARE SOME EXAMPLES SCRIPPS M EMORIAL HOSPITAL LA JOLLA COMMUNITY BENEFIT SERVICES - OFFERED MORE THAN 1,000 MATERNAL CH ILD HEALTH CLASSES THROUGHOUT SAN DIEGO COUNTY TO ENHANCE PARENTING SKILLS LOW-INCOME WOM EN IN SAN DIEGO WHO WERE ELIGIBLE ATTEND CLASSES AT NO CHARGE OR ON A SLIDING-FEE SCHEDULE - MAINTAINED EXISTING PRENATAL EDUCATION SERVICES IN ALL REGIONS OF THE COUNTY, ENSURING THAT PROGRAMS CONTINUED TO DEMONSTRATE A SATISFACTION RATING ABOVE 90 PERCENT - PROVIDED AND SUPPORTED WEEKLY BREASTFEEDING SUPPORT GROUPS AT SEVEN LOCATIONS THROUGHOUT SAN DIEGO COUNTY, INCLUDING TWO WITH BILINGUAL SERVICES - OFFERED A MATERNAL CHILD HEALTH EDUCATIO N SERIES IN NORTHERN AND COASTAL SAN DIEGO COVERING DOGS AND BABIES, SAFETY, GRAND PARENTI NG AND BABY SITTER SAFETY - OFFERED MATERNAL CHILD HEALTH CLASSES AT THE THROUGHOUT THE C OMMUNITY, SUCH AS BASIC TRAINING FOR DADS, GETTING READY FOR THE BABY, INFANT CPR AND SAFE TY, PARENT CONNECTION PROGRAMS AND REDIRECTING CHILDREN'S BEHAVIOR - OFFERED THE DOGS AND BABIES PROGRAMS QUARTERLY, WITH MORE THAN 40 ATTENDEES - OFFERED WEEKLY MOMMY AND ME YOG A PROGRAMS FOR NEW PARENTS - OFFERED A PRENATAL YOGA PROGRAM FOR EXPECTANT WOMEN IN SAN D IEGO COUNTY - OFFERED A PREGNANCY NUTRITION PROGRAM QUARTERLY AT SCRIPPS MEMORIAL HOSPITA L LA JOLLA - OFFERED CLASSES IN PELVIC FLOOR AND PREGNANCY CHANGES FOR EXPECTANT FAMILIES AT SCRIPPS MEMORIAL HOSPITAL LA JOLLA - OFFERED CLASSES IN PELVIC FLOOR AND POSTPARTUM C HANGES FOR NEW MOTHER'S THROUGHOUT THE COMMUNITY (SPONSORED BY SCRIPPS MEMORIAL HOSPITAL LA JOLLA, COMMUNITY BENEFITS) FIRST 5 AND PROMISE NEIGHBORHOODS MORE THAN 350 SERVICES WER E RECEIVED FOR FIRST TIME MOTHERS INCLUDING HOME VISITS, REFERRALS RECEIVED, DATA ENTRY, FOLLOW UP PHONE CALLS, PARENTING CLASSES AND OTHER SUPPORT SERVICES A TOTAL OF 284 PARENT S PARTICIPATED IN PARENTING CLASSES, 241 SESSIONS PROVIDED (SPONSORED BY SCRIPPS MERCY HOS PITAL, CHULA VISTA, COMMUNITY BENEFITS) SCRIPPS MERCY'S SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) SCRIPPS MERCY HOSPITAL IS ONE OF FIVE REGIONAL ORGANIZA TIONS THAT ADMINISTER THE STATE-FUNDED WIC PROGRAM THE PROGRAM SERVES SIX LOCATIONS CONVE NIENTLY SITUATED NEAR COMMUNITY CLINICS AND/OR HOSPITALS IN CENTRAL SAN DIEGO AREA WIC TA RGETS LOW-INCOME PREGNANT AND POSTPARTUM WOMEN, INFANTS AND CHILDREN (AGES 0 TO 5) SCRIPP S MERCY WIC SERVES APPROXIMATELY 7,500 WOMEN AND C

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	FORM 990, PART III, LINE 4A (CONTINUED)	HILDREN ANNUALLY, 44 PERCENT IN THE CITY HEIGHTS COMMUNITY IN CITY HEIGHTS, CLIENTS ARE 9 1 PERCENT HISPANIC AND INCLUDE PREGNANT AND POSTPARTUM WOMEN (24 PERCENT), INFANTS (20 PER CENT) AND CHILDREN (56 PERCENT) IN FISCAL YEAR 2015, THE PROGRAM PROVIDED NUTRITION SERVI CES, COUNSELING AND FOOD VOUCHERS FOR 86,117 WOMEN AND CHILDREN IN SOUTH AND CENTRAL SAN D IEGO THE SCRIPPS MERCY WIC PROGRAM PLAYS A KEY ROLE IN MATERNITY CARE BY REACHING LOW-INC OME WOMEN TO PROMOTE PRENATAL CARE, GOOD NUTRITION AND BREASTFEEDING NUTRITION STAFF EDUC ATE WOMEN ABOUT THE IMPORTANCE OF BREASTFEEDING DURING PREGNANCY AND OFFER LACTATION SUPPO RT (ONE-ON-ONE AND GROUP), AS WELL AS SUPPLIES - PUMPS AND BREAST PADS - DURING THE POSTPA RTUM PERIOD (SPONSORED BY SCRIPPS MERCY HOSPITAL, SAN DIEGO) SCRIPPS FAMILY MEDICINE PROG RAM AT SCRIPPS MERCY HOSPITAL, CHULA VISTA RAISING HEALTHY FAMILIES AND CARING FOR THE NEX T GENERATION OF SAN DIEGANS - BEFORE THEY'RE EVEN BORN - HELP CREATE A HEALTHIER COMMUNITY FOR YEARS TO COME THE SCRIPPS FAMILY MEDICINE PROGRAM AT SCRIPPS MERCY HOSPITAL, CHULA V ISTA, IS PROVIDING ACCESS, EDUCATION AND CLINICAL SERVICES TO NEARLY 200 PREGNANT WOMEN IN SOUTH SAN DIEGO COUNTY THE GOAL OF THE PROGRAM, "IMPROVING PERINATAL CARE FOR UNDERSERVE D LATINA WOMEN - HEALTHY WOMEN, HEALTHY BABIES," IS TO PROVIDE ACCESS TO PERINATAL CARE FO R UNDERSERVED LATINO WOMEN IN ORDER TO IMPROVE BIRTH OUTCOMES WITH FUNDING FROM THE MARCH OF DIMES, THE PROGRAM APPLIES THE PRINCIPLES OF THE CENTERING HEALTHCARE INSTITUTE AND FO CUSES ON CHANGING THE WAY PATIENTS EXPERIENCE THEIR CARE THROUGH ASSESSMENT, EDUCATION AND GROUP SUPPORT CENTERING PREGNANCY IS THE INSTITUTE'S MODEL DEVOTED SPECIFICALLY TO IMPRO VING MATERNAL AND CHILD HEALTH, AND HAS BEEN SHOWN TO RESULT IN INCREASED PRENATAL VISITS, GREATER LEVELS OF BREAST FEEDING AND STRONGER RELATIONSHIPS BETWEEN MOTHERS AND THEIR HEA LTH CARE PROVIDERS BEFORE, DURING AND AFTER PREGNANCY THE RESULTS ARE PROMISING WOMEN WH O GAVE BIRTH REPORTED AN ENHANCED PRENATAL EXPERIENCE, GAINED LESS WEIGHT THROUGHOUT THEIR PREGNANCY AND SHOWED IMPROVED HEALTH CARE KNOWLEDGE AS THE PROGRAM CONTINUES, PATIENT NA VIGATORS WILL FOLLOW-UP WITH PARTICIPANTS TO GAUGE OTHER IMPORTANT FACTORS AND HELP THEM M AINTAIN HEALTHY LIFESTY LES (SPONSORED BY SCRIPPS MERCY HOSPITAL, CHULA VISTA COMMUNITY BE NEFITS) UNINTENTIONAL INJURY AND VIOLENCE IN CALIFORNIA, INJURIES ARE THE NUMBER ONE KILLE R AND DISABLER OF PEOPLE AGED 1 TO 44 (CDPH, 2010) UNINTENTIONAL INJURIES OCCUR AT HOME, AT WORK, WHILE PARTICIPATING IN SPORTS AND RECREATION, ON THE STREETS AND AT SCHOOL AND AR E ASSOCIATED WITH MOTOR VEHICLE ACCIDENTS, FALLS, FIREARMS, FIRE/BURNS, DROWNING, POISONIN G (INCLUDING DRUGS AND CAUSTIC SUBSTANCES), ALCOHOL, GAS, CLEANERS AND MANY OTHER CAUSES THE DEATHS ASSOCIATED WITH UNINTENTIONAL INJURIES ARE SIGNIFICANT, YET REPRESENT ONLY A SM ALL PART OF A MUCH LARGER PUBLIC HEALTH PROBLEM HOSPITALIZATION DATA IS A BETTER MEASURE OF THE INJURY PROBLEM THAN DEATH DATA ALONE IN SAN DIEGO COUNTY DURING 2009, THERE WERE M ORE THAN 949 DEATHS, MORE THAN 21,149 HOSPITALIZATIONS, AND NEARLY 150,000 EMERGENCY DEPAR TMENT VISITS FOR UNINTENTIONAL INJURIES THE NUMBER OF UNINTENTIONAL INJURIES TREATED IN P HYSICIANS' OFFICES AND CLINICS, WHILE UNKNOWN, IS LIKELY MUCH HIGHER THAN THE NUMBER OF EM ERGENCY DEPARTMENT VISITS UNINTENTIONAL INJURIES ARE ONE OF THE LEADING CAUSES OF DEATH F OR SAN DIEGO COUNTY FOR RESIDENTS OF ALL AGES, REGARDLESS OF GENDER, RACE OR REGION FALLS WERE THE MOST COMMON CAUSE OF UNINTENTIONAL INJURY IN 2009, FOLLOWED BY MOTOR-VEHICLE INJ URIES THE FOLLOWING ARE A NUMBER OF SCRIPPS HEALTH PROGRAMS THAT ADDRESSED UNINTENTIONAL INJURIES AND VIOLENCE FOR FISCAL YEAR 2015 AARP DRIVER SAFETY PROGRAM AN EIGHT-HOUR DRIVE R IMPROVEMENT COURSE ESPECIALLY DESIGNED FOR MOTORISTS AGE 50 AND OLDER THE COURSE HELPS DRIVERS REFINE EXISTING SKILLS AND DEVELOP SAFE, DEFENSIVE DRIVING TECHNIQUES OPEN TO AAR P MEMBERS AND NON-MEMBERS ALIKE (SPONSO

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	FORM 990, PART III, LINE 4A (CONTINUED)	BEACH AREA COMMUNITY COURT PROGRAM THE PROGRAM IS AN EDUCATIONAL PROGRAM FOR FIRST TIME OF FENDERS FOR QUALITY OF LIFE CRIMES THIS IS A COLLABORATION WITH THE SAN DIEGO POLICE DEPA RTMENT, PARKS AND RECREATION, DISTRICT ATTORNEY'S OFFICE AND DISCOVER PACIFIC BEACH EDUCA TION IS PROVIDED TO THE PARTICIPANTS REGARDING THESE QUALITY OF LIFE CRIMES AND THEIR EFFE CTS ON THE COMMUNITY, THE EFFECTS OF SMOKING AND ALCOHOL CONSUMPTION AND THE RULES AND REG ULATIONS FOR THE BEACH COMMUNITY (SPONSORED BY SMH LA JOLLA, TRAUMA DEPARTMENT) HEALTH A ND WELLNESS, SCRIPPS HOME HEALTH SERVICES THIS PROGRAM EDUCATES SENIORS ABOUT FALL PREVENT ION (THE PRIMARY CAUSE OF FRACTURES) AND FIRE SAFETY HOME HEALTH NURSES ALSO TEACH SENIOR S AND THEIR FAMILIES ABOUT CONTINUUM-OF-CARE OPTIONS (SPONSORED BY HOME HEALTH SERVICES) SAN DIEGO FALL PREVENTION TASK FORCE THIS COUNTY HHSA-AGING AND INDEPENDENCE SERVICE-SUPPO RTED TASK FORCE SEEKS TO REDUCE FALLS AND THEIR DEVASTATING CONSEQUENCES THE TASK FORCE I NCREASES CONNECTIONS BETWEEN PHYSICIANS AND OTHER COMMUNITY FALL PREVENTION SERVICES, AS W ELL AS INCREASING AWARENESS AMONG OLDER ADULTS SCRIPPS MERCY HOSPITAL TRAUMA CENTER PARTI CIPATES IN THIS TASK FORCE (SPONSORED BY SCRIPPS MERCY HOSPITAL) HEALTH AND WELLNESS, SCR IPPS HOME HEALTH SERVICES THIS PROGRAM EDUCATES SENIORS ABOUT FALL PREVENTION (THE PRIMARY CAUSE OF FRACTURES) AND FIRE SAFETY HOME HEALTH NURSES ALSO TEACH SENIORS AND THEIR FAMI LIES ABOUT CONTINUUM-OF-CARE OPTIONS WEIGHT STATUS, NUTRITION, ACTIVITY AND FITNESS THE N UMBERS SPEAK FOR THEMSELVES - 63 PERCENT OF AMERICAN ADULTS ARE EITHER OVERWEIGHT OR OBESE NATIONALLY, THE PREVALENCE OF OBESE ADULTS (THOSE WITH A BODY MASS INDEX (BMI) OF 30 OR MORE) HAS INCREASED BY 68 PERCENT SINCE 1995, FROM 16 PERCENT TO ALMOST 27 PERCENT DURING THIS SAME PERIOD, THE PREVALENCE OF OVERWEIGHT ADULTS (BMI BETWEEN 25 0 AND 29 99) HAS IN CREASED BY ONLY TWO PERCENT, FROM 35 5 PERCENT TO 36 2 PERCENT SAN DIEGO COUNTY BEHAVIORA L RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) DATA FOR 2009 INDICATES THAT ALMOST 59 PERCENT O F ADULTS ARE CONSIDERED EITHER OVERWEIGHT OR OBESE SINCE 2005, THE FIRST YEAR BRFSS DATA WAS REPORTED FOR SAN DIEGO COUNTY, THE PREVALENCE OF OBESE ADULTS HAS RANGED FROM 20 PERCE NT IN 2005 TO 26 7 PERCENT IN 2006, WITH THE MOST CURRENT MEASURE AT 21 6 PERCENT SINCE 2 006, THE PREVALENCE OF OVERWEIGHT ADULTS IN SAN DIEGO COUNTY HAS INCREASED SLIGHTLY FROM 3 6 5 PERCENT TO 37 7 PERCENT AT THE NATIONAL, STATE AND COUNTY LEVELS, OBESITY PREVALENCE RATES AMONG LATINOS AND AFRICAN-AMERICANS ARE SIGNIFICANTLY HIGHER THAN THOSE FOR WHITES OBESITY RATES BY GENDER ALSO VARIED SIGNIFICANTLY IN THE 2007 CHIS, THE MOST RECENT COUNTY DATA BY GENDER, WITH 25 4 PERCENT OF MALES AND 18 1 PERCENT OF FEMALES HAVING A BMI 30 OR HIGHER MALES WERE SIGNIFICANTLY MORE LIKELY TO BE OVERWEIGHT THAN FEMALES, 40 5 PERCENT AND 25 8 PERCENT, RESPECTIVELY CAUSES MANY FACTORS PLAY A ROLE IN OBESITY, MAKING IT A CO MPLEX HEALTH ISSUE TO ADDRESS FACTORS INCLUDE (DH&HS, 2010) - GENETIC PREDISPOSITION - B EHAVIOR (DIETARY PATTERNS AND PHYSICAL ACTIVITY) - ENVIRONMENTAL INFLUENCES - CULTURAL INF LUENCES - SOCIOECONOMIC STATUS TO IMPLEMENT PREVENTION STRATEGIES, IT IS IMPORTANT TO UNDE RSTAND THE EFFECT EACH OF THESE FACTORS HAS ON OBESITY AND WHICH CAN BE CHANGED THE FOLLO WING ARE SOME EXAMPLES OF SCRIPPS PROGRAMS THAT ADDRESS THESE HEALTH ISSUES NUTRITION SER VICES AND PHYSICAL ACTIVITY ACCORDING TO THE 2009 BEHAVIORAL RISK FACTOR SURVEILLANCE SYST EM (BRFSS) DATA FOR SAN DIEGO COUNTY, MORE THAN 59 PERCENT OF ADULTS ARE OVERWEIGHT OR OBE SE OBESITY INCREASES THE RISK FOR HEART DISEASE, TYPE 2 DIABETES, HIGH BLOOD PRESSURE, ST ROKE AND SOME FORMS OF CANCER THE NATION'S LOW-INCOME, MINORITY POPULATIONS ARE AT EVEN G REATER RISK IN AN EFFORT TO ADDRESS THIS CRITICAL HEALTH CONCERN, STAFF MEMBERS AT THE CI TY HEIGHTS WELLNESS CENTER HAVE ESTABLISHED A VARIETY OF NUTRITION EDUCATION PROGRAMS TO M EET THE NEEDS OF LOW-INCOME, MINORITY POPULATIONS THE CENTER USES A COMBINATION OF APPROA CHES TO ADDRESS A BROAD ARRAY OF COMMUNITY HEALTH PRIORITIES, INCLUDING NUTRITION, ACCESS TO SERVICES AND COMMUNITY ENGAGEMENT THE GOAL IS TO PREVENT DISEASE BY STRENGTHENING COMM UNITY PARTNERSHIPS AND LINK EXISTING SERVICES TO PROVIDE CITY HEIGHTS' RESIDENTS WITH OPPO RTUNITIES TO BECOME MORE INVOLVED IN MANAGING THEIR OWN HEALTH THE "HUB" OF THE WELLNESS CENTER IS THEIR TEACHING KITCHEN - A HANDS-ON INTERACTIVE SETTING FOR COOKING DEMONSTRATIO NS, WEIGHT MANAGEMENT, MEAL PREPARATION, NUTRITION EDUCATION AND COUNSELING THE CENTER, W HICH SERVES MORE THAN 18,000 CULTURALLY DIVERSE FAMILIES A YEAR, IS BASED ON THE BELIEF TH AT KEEPING PEOPLE HEALTHIER IS ONE OF THE MOST EFFECTIVE WAYS TO REDUCE HEALTH CARE COSTS THE CENTER STRIVES TO BE THE HUB OF HEALTH EDUCATION ADDRESSING NUTRITION, HEALTHY LIFEST YLE BEHAVIORS AND CHILDHOOD INJURY PREVENTION THROUGH A VARIETY OF HEALTH AND WELLNESS PRO GRAMS THE CENTER HAS EARNED A REPUTATION FOR BEIN

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	FORM 990, PART III, LINE 4A (CONTINUED)	G (1) A SAFE PLACE TO COME AND SEEK HELP FOR A VARIETY OF HEALTH AND SOCIAL NEEDS, (2) A R ESOURCE FOR OBTAINING EASY ACCESS TO INFORMATION ABOUT HEALTH AND COMMUNITY RESOURCES, (3) A FLEXIBLE MEETING PLACE THAT HAS THE CAPACITY TO BRING PEOPLE TOGETHER AROUND COMMUNITY HEALTH ISSUES, ESPECIALLY FOOD AND NUTRITION (SPONSORED BY SCRIPPS MERCY HOSPITAL, SAN DI EGO COMMUNITY BENEFIT SERVICES) LIVE HEALTHY FAMILY NUTRITION PROGRAM USING THE COOPERATIV E EXTENSION'S RESEARCH-BASED CURRICULUMS AND BILINGUAL STAFF, A REGISTERED DIETITIAN IMPLE MENTED WEEKLY NUTRITION EDUCATION CLASSES IN SPANISH THE PROGRAM TARGETS LOW-INCOME PEOPL E WHO USE FOOD STAMPS AND OFFERS A SERIES OF EIGHT WEEKLY CLASSES THE PROGRAM INCREASES R ESIDENTS' KNOWLEDGE, SKILLS AND MOTIVATION TO HELP THEM PRACTICE HEALTHY EATING AND RELATE D BEHAVIORS CLASSES FOCUS ON NUTRITION, PHYSICAL FITNESS, FOOD SAFETY, MEAL PLANNING AND FOOD SHOPPING (SPONSORED BY SCRIPPS MERCY HOSPITAL, COMMUNITY BENEFIT SERVICES) COLLABORA TE FOR HEALTHY WEIGHT THIS ADVISORY GROUP MEETS MONTHLY DRS SERPAS AND BRANDSTEIN ARE TH E LEADERS OF THIS COLLABORATION COLLABORATE FOR HEALTHY WEIGHT IS A PROGRAM OF THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AND THE NATIONAL INITIATIVE FOR CHILDREN'S H EALTHCARE QUALITY (NICHQ) THE SHARED VISION IS TO CREATE PARTNERSHIPS BETWEEN PRIMARY CAR E, PUBLIC HEALTH, AND COMMUNITY ORGANIZATIONS TO DISCOVER SUSTAINABLE WAYS TO PROMOTE HEAL THY WEIGHT AND ELIMINATE HEALTH DISPARITIES IN COMMUNITIES ACROSS THE UNITED STATES ALL T HREE SECTORS MUST COLLABORATE, USING EVIDENCE-BASED APPROACHES, TO REVERSE THE OBESITY EPI DEMIC AND IMPROVE THE HEALTH OF OUR COMMUNITIES, 120 MEMBERS SEVERAL MANUSCRIPTS ARE UNDE R DEVELOPMENT (SPONSORED BY SCRIPPS MERCY HOSPITAL, CHULA VISTA, COMMUNITY BENEFIT SERVIC ES) CHULA VISTA PROMISE NEIGHBORHOOD (CVPN) SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEING CENTER AND SCRIPPS FAMILY MEDICINE RESIDENCY ARE PARTNERS IN THE CHULA VISTA PROMISE NEIGH BORHOOD (CVPN) EFFORTS FUNDED BY THE DEPARTMENT OF EDUCATION CVPN BRINGS TOGETHER A COLLA BORATION OF PARTNERS FOCUSED ON FAMILY, EDUCATION, HEALTH AND COMMUNITY TO PROVIDE CHILDRE N AND FAMILIES IN THE CASTLE PARK NEIGHBORHOOD WITH OPPORTUNITIES THEY NEED TO EXCEL IN SC HOOL, GET INTO COLLEGE, FIND GOOD JOBS AND LEAD HEALTHY LIVES TOGETHER, THE SCRIPPS FAMIL Y MEDICINE RESIDENCY AND THE SCRIPPS MERCY HOSPITAL CHULA VISTA WELL BEING CENTER IMPLEMEN T HEALTH AND WELLNESS ACTIVITIES AT CASTLE PARK ELEMENTARY FOR THE STUDENTS AND THEIR PARE NTS FOCUSING ON THE 5210 MESSAGE IN AN EFFORT TO PROMOTE HEALTHY LIVING IN THE CASTLE PARK AREA THE 5210 MESSAGE EMPHASIZES TEACHING FAMILIES ON EATING MORE FRUITS AND VEGETABLES, LIMITING SCREEN TIME, INCORPORATING ONE HOUR OF PHYSICAL ACTIVITY A DAY AND PROMOTING ZER O SUGARY DRINKS (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA WELL BEING CENTER) MENTA L HEALTH AND ILLNESS MENTAL HEALTH IS DEFINED AS "A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING, AND NOT MERELY THE ABSENCE OF DISEASE" MENTAL ILLNESS IS DEFINED AS " COLLECTIVELY ALL DIAGNOSABLE MENTAL DISORDERS" OR "HEALTH CONDITIONS THAT ARE CHARACTERIZE D BY ALTERATIONS IN THINKING, MOOD, OR BEHAVIOR (OR SOME COMBINATION THEREOF) ASSOCIATED W ITH DISTRESS AND/OR IMPAIRED FUNCTIONING" DEPRESSION - DEPRESSION IS THE MOST COMMON TYP E OF MENTAL ILLNESS, AFFECTING MORE THAN 26% OF THE U S ADULT POPULATION - IT HAS BEEN E STIMATED THAT BY THE YEAR 2020, DEPRESSION WILL BE THE SECOND LEADING CAUSE OF DISABILITY THROUGHOUT THE WORLD, TRAILING ONLY ISCHEMIC HEART DISEASE DISPARITIES - MALES COMMIT SU ICIDE FOUR TIMES MORE THAN FEMALES - YOUNGER AMERICAN ADULTS, AGED 18-24 YEARS, SUFFERED THE MOST MENTAL HEALTH DISTRESS - ADULTS WITH THE LOWEST INCOME OR EDUCATION REPORT MORE UNHEALTHY DAYS THAN THOSE WITH HIGHER INCOME OR EDUCATION - MENTAL ILLNESS IS ASSOCIATED WITH CHRONIC DISEASES SUCH AS CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY PREVALENCE - ABOUT 25% OF U S ADULTS HAVE A MENTAL

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	FORM 990, PART III, LINE 4A (CONTINUED)	SUICIDE AND SUICIDE ATTEMPTS SUICIDE IS A MAJOR COMPLICATION OF DEPRESSION AND A LEADING C AUSE OF NON-NATURAL DEATH FOR ALL AGES IN SAN DIEGO COUNTY, SECOND ONLY TO MOTOR VEHICLE A CCIDENTS IN 2010, 372 SAN DIEGANS DIED BY SUICIDE, A RATE OF 11 5 PER 100,000 THIS WAS H IGHER THAN CALIFORNIA OVERALL (9 9 PER 100,000) AND SLIGHTLY LOWER THAN THE NATIONAL RATE (11 9 PER 100,000) SUICIDE DEATHS ARE ONLY PART OF THE PROBLEM, MORE PEOPLE SURVIVE SUICI DE ATTEMPTS THAN DIE THOSE WHO ATTEMPT SUICIDE ARE OFTEN SERIOUSLY INJURED AND REQUIRE ME DICAL AND PSYCHIATRIC CARE BETWEEN 2000 AND 2008, 2,896 SAN DIEGANS DIED FROM SUICIDE ON AVERAGE, ONE SUICIDE AFFECTS THE LIVES OF AT LEAST SIX PEOPLE, CAUSING CONSIDERABLE GRIEF , SOCIAL STIGMA AND, IN SOME CASES, ELEVATED RISK OF ADDITIONAL SUICIDES IN 2010, THE COU NTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA) LAUNCHED A SUICIDE PREVENTION PLA NNING PROCESS, WHICH WAS INFORMED BY THE NATIONAL STRATEGY FOR SUICIDE PREVENTION AND THE CALIFORNIA STRATEGIC PLAN ON SUICIDE PREVENTION SCRIPPS IS A MEMBER OF THE COMMUNITY HEAL TH IMPROVEMENT PARTNERS (CHIP), WHICH COLLABORATES WITH THE COUNTY ON THIS INITIATIVE SCR IPPS OFFERS BOTH INPATIENT AND OUTPATIENT ADULT BEHAVIORAL HEALTH SERVICES AT SCRIPPS MERC Y HOSPITAL, SAN DIEGO THE BEHAVIORAL HEALTH PROGRAM AT SCRIPPS MERCY ALSO SUPPORTS COMMUN ITY PROGRAMS TO REDUCE THE STIGMA OF MENTAL ILLNESS AND HELP AFFECTED INDIVIDUALS LIVE AND WORK IN THE COMMUNITY SCRIPPS HEALTH BEHAVIORAL HEALTH INPATIENT PROGRAMS INDIVIDUALS SU FFERING FROM ACUTE PSYCHIATRIC DISORDERS ARE SOMETIMES UNABLE TO LIVE INDEPENDENTLY OR MAY EVEN POSE A DANGER TO THEMSELVES OR OTHERS IN SUCH CASES, HOSPITALIZATION MAY BE THE MOS T APPROPRIATE ALTERNATIVE THE BEHAVIORAL HEALTH INPATIENT PROGRAM AT SCRIPPS MERCY HOSPIT AL HELPS PATIENTS AND THEIR LOVED ONES WORK THROUGH SHORT-TERM CRISES, MANAGE MENTAL ILLNE SS AND RESUME THEIR DAILY LIVES CHALLENGES - LIKE MANY BEHAVIORAL HEALTH PROGRAMS ACROSS THE COUNTRY, FUNDING IS DIFFICULT, AS PAYMENT RATES HAVE NOT KEPT PACE WITH THE COST TO PR OVIDE CARE - IN 2015, THE SCRIPPS MERCY BEHAVIORAL HEALTH PROGRAM LOST $4 4 MILLION - IN 2015, 3 2 PERCENT OF PATIENTS IN THE INPATIENT UNIT WERE UNINSURED SCRIPPS HEALTH BEHAVI ORAL HEALTH OUTPATIENT PROGRAMS SCRIPPS MERCY PROVIDES COMMUNITY-BASED ADULT PSYCHIATRIC T REATMENT AT SCRIPPS MERCY HOSPITAL, SAN DIEGO THE INTENSIVE DAY PROGRAM HELPS PARTICIPANT S REDUCE THEIR SYMPTOMS WHILE THEY CONTINUE TO LIVE IN THE COMMUNITY THE OUTPATIENT PROGR AM OFFERS PATIENTS ONE TO FOUR TREATMENT DAYS PER WEEK MENTAL HEALTH OUTREACH SERVICES, A -VISION SERVICE PROGRAM BEHAVIORAL HEALTH SERVICES AT SCRIPPS MERCY HOSPITAL, IN PARTNERSH IPS WITH THE SAN DIEGO MENTAL HEALTH ASSOCIATION, ESTABLISHED THE A-VISIONS VOCATIONAL TRA INING PROGRAM (SOCIAL REHABILITATION AND PREVOCATIONAL SERVICES FOR PEOPLE LIVING WITH MEN TAL ILLNESS) TO HELP DECREASE THE STIGMA OF MENTAL ILLNESS THE PROGRAM PROVIDES VOCATIONA L TRAINING FOR PEOPLE RECEIVING MENTAL HEALTH TREATMENT, POTENTIALLY LEADING TO GREATER IN DEPENDENCE THIS YEAR, BEHAVIORAL HEALTH SERVICES CONTINUED PARTICIPATING IN THE A-VISIONS PROGRAM SINCE ITS INCEPTION, 93 CLIENTS HAVE BEEN SERVED, AND 46 ENROLLED AT SCRIPPS, IN CLUDING 3 AS VOLUNTEERS AND 23 AS SCRIPPS MERCY HOSPITAL EMPLOYEES CURRENTLY, THERE IS A TOTAL OF 26 ACTIVE CANDIDATES, 23 EMPLOYEES AND 3 VOLUNTEERING WHICH ARE PARTICIPATING IN SUPPORTIVE EMPLOYMENT A-VISIONS PARTICIPANTS HAVE BEEN EMPLOYED ON A PER-DIEM BASIS BY SC RIPPS IN ENVIRONMENTAL SERVICES, FOOD SERVICES AND CLERICAL SUPPORT FOR HEALTH AND INFORMA TION SERVICES, EMERGENCY SERVICES, NURSING RESEARCH, HUMAN RESOURCES AND PALLIATIVE CARE S ERVICES PAID A-VISIONS CANDIDATES TYPICALLY LIMIT THEIR WORK TO EIGHT HOURS PER WEEK, WHI CH ALLOWS THEM TO MAINTAIN ELIGIBILITY FOR THE DISABILITY BENEFITS, MEDICATIONS AND ONGOIN G BEHAVIORAL HEALTHCARE THAT SUPPORTS THEIR WORK THE TOTAL EXPENSE FOR THE A-VISIONS PROG RAM FOR FISCAL YEAR 2014 WAS $90,902 (SPONSORED BY SCRIPPS MERCY BEHAVIORAL HEALTH DEPARTM ENT) INCREASING AWARENESS OF MENTAL HEALTH AND GERIATRIC PSYCHIATRIC ISSUES IN FISCAL YEAR 2015, SCRIPPS BEHAVIORAL HEALTH SERVICES IMPROVES AWARENESS OF MENTAL HEALTH AND GERIATRI C ISSUES BY PROVIDING INFORMATION AND SUPPORTIVE SERVICES FOR MORE THAN 1,000 PEOPLE AT CO MMUNITY EVENTS DEPRESSION SCREENINGS IN OCTOBER 2015, SCRIPPS AGAIN PARTICIPATED IN NATIO NAL DEPRESSION SCREENING DAY, AN ANNUAL EVENT AIMED AT HELPING PEOPLE IDENTIFY THE SIGNS O F DEPRESSION AND PROVIDING RESOURCES TO ASSIST THOSE AT RISK IN THE PAST TWO YEARS, SCRIP PS HAS EXPANDED THE AVAILABILITY OF FREE DEPRESSION SCREENINGS BY MAKING THEM AVAILABLE IN THE COMMUNITY IN A PARTNERSHIP WITH THE YMCA'S THE SCREENINGS ARE OPEN TO ADULTS OF ALL AGES ON A WALK-IN-BASIS AND INCLUDE REFERRALS TO MENTAL HEALTH PROFESSIONALS, AS WELL AS L ITERATURE THAT CAN BE SHARED WITH FRIENDS AND FAMILY MEMBERS IN 2015, SCRIPPS STAFF CARED FOR MORE THAN 114 PEOPLE AND CONDUCTED 72 DEPRESS

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	FORM 990, PART III, LINE 4A (CONTINUED)	ION SCREENING SERVICES AND INFORMATION IN BOTH ENGLISH AND SPANISH (SPONSORED BY SCRIPPS MERCY BEHAVIORAL HEALTH DEPARTMENT) COMMUNITY HEALTH IMPROVEMENT PROJECT (CHIP) AND SUICID E PREVENTION COUNCIL SCRIPPS IS A STRONG PARTNER OF CHIP CHIP TRAINED APPROXIMATELY 8,000 COMMUNITY MEMBERS IN SUICIDE PREVENTION TO HELP ADDRESS RISING RATES OF SUICIDE IN THE CO UNTY GUIDING VETERAN'S TO MENTAL HEALTH SERVICES SAN DIEGO IS HOME TO MORE THAN 250,000 V ETERANS A SUBSTANTIAL NUMBER OF OUR SERVICE MEMBERS HAVE SUFFERED OR ARE STRUGGLING WITH POST-TRAUMATIC STRESS DISORDER (PTSD), DEPRESSION, ANXIETY AND OTHER PSY CHOLOGICAL CONDITI ONS RELATED TO MILITARY SERVICE AND REPEATED DEPLOY MENTS PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS, SCRIPPS IS ACTIVELY WORKING TO ASSIST THESE VETERANS THROUGH INFORMATIONAL SESSIONS DESIGNED TO IMPROVE KNOWLEDGE OF VETERANS' MENTAL HEALTH ISSUES AND ACCESS TO COM MUNITY-BASED SERVICES LAST YEAR, SCRIPPS PERSONNEL SPOKE WITH MORE THAN 150 INDIVIDUALS I NVOLVED IN VETERANS' HEALTH CARE MENTAL HEALTH SUPPORT SERVICES AT LOCAL SCHOOL-BASED CLI NICS SCRIPPS FAMILY MEDICINE RESIDENCY AND THE SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEI NG CENTER HAVE PARTNERED TO OFFER CLINICAL TRAINING OPPORTUNITIES FOR MASTER SOCIAL WORK S TUDENTS IN TRAINING FROM SAN DIEGO STATE UNIVERSITY AT SOUTHWEST AND PALOMAR HIGH SCHOOLS THESE STUDENTS WORK WITH LOCAL FACULTY TO ENGAGE HIGH SCHOOL STUDENTS IN COUNSELING AND R EFERRALS TO PSY CHIATRISTS AND OTHER PROVIDERS THAT ADDRESS THE MENTAL HEALTH NEEDS OF VULN ERABLE ADOLESCENTS A VARIETY OF MENTAL HEALTH ISSUES ARE PRESENT FOR LOCAL HIGH SCHOOL ST UDENTS MANY OF THESE ISSUES INCLUDE DEPRESSION, ANXIETY AND SUICIDE RELATED CONCERNS THE PROGRAM WORKS TO IMPROVE OVERALL MENTAL HEALTH CARE FOR LOCAL STUDENTS THROUGH A SCHOOL-B ASED CLINIC THERE WERE A TOTAL OF 1,085 MEDICAL VISITS AT THE SCHOOL BASED CLINICS AND ON E THIRD OF THESE WERE MENTAL HEALTH, 400 (SPONSORED BY SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEING CENTER) VOLUNTEERS OF AMERICA (VOA) THROUGH A CONTRACT WITH THE VOLUNTEERS OF AMERICA SCRIPPS PROVIDES SAFE DETOX UP TO FIVE PATIENTS PER WEEK WITH CASE MANAGEMENT FROM THE SCRIPPS DRUG AND ALCOHOL RESOURCE NURSES TO HELP THEM INTO COMMUNITY BASED PROGRAMS THE GOAL IS TO INCREASE THE ABILITY TO PROVIDE TREATMENT TO THOSE WHO ARE UNFUNDED OR UNDE RFUNDED (SPONSORED BY SCRIPPS DRUG AND ALCOHOL DEPARTMENT) LATINOS Y LATINAS EN ACCION LA TINOS Y LATINAS EN ACCION IS AN ORGANIZATION THAT WORKS WITH THE LATINO COMMUNITY THROUGH EDUCATION ON RIGHTS AND HEALTH OPPORTUNITIES THE NEED FOR MENTAL HEALTH COUNSELING WAS ID ENTIFIED IN THE LATINO COMMUNITY SO A SERIES OF CLASSES WERE FORMULATED TO MEET THE IDENTI FIED NEEDS OF LATINOS IN CENTRAL SAN DIEGO THE SERIES WAS CALLED "EMOTIONAL HEALING TO MA INTAIN EMOTIONAL HEALTH " THE SIX WEEK SERIES INCLUDED THE FOLLOWING TOPICS ANXIETY, DEPR ESSION, STRESS, CO-DEPENDENCY, EMOTIONALITY, AND QUALITY OF LIFE (SPONSORED BY CITY HEIGH TS WELLNESS CENTER) ACUTE RESPIRATORY INFECTIONS/PNEUMONIA RESPIRATORY DISEASES, SUCH AS A STHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), ARE A SIGNIFICANT PUBLIC HEALTH BU RDEN IN THE UNITED STATES ASTHMA AND COPD ARE AMONG THE 10 LEADING CHRONIC CONDITIONS THA T RESTRICT ACTIVITY AFTER CHRONIC SINUSITIS, ASTHMA IS THE MOST COMMON CHRONIC ILLNESS IN CHILDREN DEATH RATES FROM COPD HAVE DECLINED FROM 2000 TO 2009 AT THE NATIONAL, STATE, A ND LOCAL LEVELS INFLUENZA, ALSO KNOWN AS THE "FLU", IS A CONTAGIOUS RESPIRATORY ILLNESS C AUSED BY INFLUENZA VIRUSES THAT INFECT THE NOSE, THROAT, AND LUNGS IT CAN CAUSE MILD TO S EVERE ILLNESS, AND AT TIMES CAN LEAD TO DEATH COMPLICATIONS OF FLU CAN INCLUDE BACTERIAL PNEUMONIA (PARTICULARLY FOR OLDER AND IMMUNOCOMPROMISED INDIVIDUALS), EAR INFECTIONS, SINU S INFECTIONS, DEHY DRATION, AND WORSENING OF CHRONIC MEDICAL CONDITIONS, SUCH AS CONGESTIVE HEART FAILURE, ASTHMA, OR DIABETES CLINICAL SY MPTOMS INCLUDE FEVER, COUGH, SORE THROAT, CHILLS, MUSCLE AND BODY ACHES, RUNNY OR

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	FORM 990, PART III, LINE 4A (CONTINUED)	ASTHMA ASTHMA IS A CHRONIC BREATHING CONDITION DUE TO INFLAMMATION OF THE AIR PASSAGES IN THE LUNGS ASTHMA AFFECTS THE SENSITIVITY OF THE NERVE ENDINGS IN THE AIRWAYS CAUSING THEM TO BECOME EASILY IRRITATED DURING AN ASTHMA ATTACK, THE LINING OF THESE PASSAGES SWELL C AUSING THE AIRWAYS TO NARROW THEREBY REDUCING THE FLOW OF AIR IN AND OUT OF THE LUNGS AST HMA ATTACKS CAN RANGE IN SEVERITY FROM MILD TO LIFE-THREATENING CLINICAL SYMPTOMS INCLUDE COUGHING, SHORTNESS OF BREATH, WHEEZING, AND TIGHTNESS OR PAIN IN THE CHEST IN 2009, 12 3% OF SAN DIEGO COUNTY RESIDENTS REPORTED EVER BEING DIAGNOSED WITH ASTHMA THE COUNTY AGE - ADJUSTED ASTHMA RATES DECREASED SLIGHTLY BETWEEN 2001 AND 2004, BEFORE INCREASING AGAIN I N 2005 IT THEN DECREASED AGAIN IN 2006 AND HIT A NEW LOW IN 2009 TRIGGERS OF ASTHMA ATTA CKS INCLUDE - ALLERGENS (LIKE POLLEN, MOLD, ANIMAL DANDER, AND DUST MITES) - EXERCISE - O CCUPATIONAL HAZARDS - TOBACCO SMOKE - AIR POLLUTION - AIRWAY INFECTIONS - SOME RISK FACTOR S FOR DEVELOPING ASTHMA INCLUDE - DEMOGRAPHIC VARIABLES SUCH AS GENDER, AGE, RACE/ETHNICI TY - EDUCATIONAL LEVEL - INCOME LEVEL - SMOKING - OBESITY SCRIPPS BELIEVES THAT HEALTH IMP ROVEMENT BEGINS WHEN PEOPLE TAKE AN ACTIVE ROLE IN MAKING A POSITIVE IMPACT ON THEIR COMMU NITY FOR THIS REASON, SCRIPPS SUPPORTS VOLUNTEER PROGRAMS FOR SCRIPPS EMPLOYEES AND AFFIL IATED PHYSICIANS WHO WANT TO MAKE AN EVEN LARGER IMPACT ON THEIR COMMUNITY THE SCRIPPSASS ISTS EMPLOYEE VOLUNTEER CLUB IS ONE WAY SCRIPPS MATCHES THE TALENTS AND INTERESTS OF EMPLO YEES AND PHYSICIANS WITH COMMUNITY NEEDS, SUCH AS MENTORING PARTNERSHIPS WITH LOCAL SCHOOL S AND PROVIDING FREE MEDICAL AND SURGICAL CARE FOR PATIENTS IN NEED IN ADDITION TO THE FI NANCIAL COMMUNITY BENEFIT CONTRIBUTIONS MADE DURING FISCAL YEAR 2015, SCRIPPS EMPLOYEES AN D AFFILIATED PHYSICIANS DONATED A SIGNIFICANT PORTION OF THEIR PERSONAL TIME VOLUNTEERING TO SUPPORT SCRIPPS-SPONSORED COMMUNITY BENEFIT PROGRAMS WITH CLOSE TO 7,737 HOURS, THE ES TIMATED DOLLAR VALUE OF THIS VOLUNTEER LABOR IS $364,388 81*, WHICH IS NOT INCLUDED IN THE SCRIPPS FISCAL YEAR 2015 COMMUNITY BENEFIT PROGRAMS AND SERVICES TOTALS PROFESSIONAL EDU CATION & HEALTH RESEARCH QUALITY HEALTH CARE IS HIGHLY DEPENDENT UPON HEALTH EDUCATION SYS TEMS AND MEDICAL RESEARCH PROGRAMS WITHOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GENERAT ION OF HEALTH CARE PROVIDERS, OR TO OFFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PRO FESSIONALS, THE QUALITY OF HEALTH CARE WILL BE GREATLY DIMINISHED MEDICAL RESEARCH ALSO P LAYS AN IMPORTANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH BY DEVELOPING NEW AND I NNOVATIVE TREATMENTS EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVIC ES THROUGH CLINICAL RESEARCH, MEDICAL EDUCATION AND HEALTH PROFESSIONAL EDUCATION DURING FISCAL YEAR 2015 (OCTOBER 2014 TO SEPTEMBER 2015), SCRIPPS INVESTED $26,184,190 IN PROFESS IONAL TRAINING PROGRAMS AND CLINICAL RESEARCH TO ENHANCE SERVICE DELIVERY AND TREATMENT PR ACTICES IN SAN DIEGO COUNTY THIS SECTION HIGHLIGHTS SOME OF OUR PROFESSIONAL EDUCATION AN D HEALTH RESEARCH ACTIVITIES HEALTH PROFESSIONS TRAINING INTERNSHIPS SCRIPPS' COMMITMENT TO ONGOING LEARNING AND HEALTH CARE EXCELLENCE EXTENDS BEYOND OUR ORGANIZATION OUR INTER NSHIP PROGRAMS HELP PROMOTE HEALTH CARE CAREERS TO A NEW GENERATION, SHAPE THE FUTURE WORK FORCE AND DEVELOP FUTURE LEADERS IN OUR COMMUNITY INTERACTING WITH HEALTH CARE PROFESSION ALS IN THE FIELD EXPANDS EDUCATION OUTSIDE THE CLASSROOM SCRIPPS EMPLOYEES PLAY AN IMPORT ANT ROLE AS PRECEPTORS BY INVESTING THEIR TIME TO CREATE A VALUABLE EXPERIENCE FOR THE COM MUNITY IN FISCAL YEAR 2015, SCRIPPS HOSTED 2,488 INTERNS WITHIN OUR SYSTEM AND PROVIDED 3 56,474 DEVELOPMENT HOURS SPANNING NURSING AND ANCILLARY SETTINGS COLLEGE AND UNIVERSITY A FFILIATIONS SCRIPPS COLLABORATES WITH LOCAL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES TO HEL P STUDENTS EXPLORE HEALTH CARE ROLES AND GAIN FIRSTHAND EXPERIENCE AS THEY WORK WITH SCRIP PS PROFESSIONALS SCRIPPS IS AFFILIATED WITH MORE THAN 110 SCHOOLS AND PROGRAMS, INCLUDING CLINICAL AND NONCLINICAL PARTNERSHIPS LOCAL SCHOOLS INCLUDE, BUT ARE NOT LIMITED TO, POI NT LOMA NAZARENE UNIVERSITY (PLNU), UNIVERSITY OF CALIFORNIA SAN DIEGO (UCSD), CALIFORNIA STATE UNIVERSITY SAN MARCOS (CSUSM), SAN DIEGO STATE UNIVERSITY (SDSU), UNIVERSITY OF SAN DIEGO (USD), MESA COLLEGE, SAN DIEGO CITY COLLEGE, GROSSMONT COLLEGE, PALOMAR COLLEGE AND MIRA COSTA COLLEGE SCRIPPS IS REGULARLY ACCEPTING NEW PARTNERSHIPS, BASED ON COMMUNITY AN D WORKFORCE NEEDS, AND ESTABLISHED AN AFFILIATION AGREEMENT COMMITTEE TO REVIEW ALL REQUES TS AND PROVIDE A SYSTEM WIDE APPROACH TO SECURING NEW STUDENT PLACEMENTS THIS INTERDISCIP LINARY COMMITTEE REPRESENTS EDUCATION AND DEPARTMENT LEADERSHIP ACROSS THE SCRIPPS SYSTEM, ENSURING A PROACTIVE APPROACH TO BUILDING A CAREER PIPELINE FOR TOP TALENT RESEARCH STUD ENTS SCRIPPS SUPPORTS GRADUATE RESEARCH FOR MASTERS AND DOCTORAL STUDENTS AT UNIVERSITIES WITH AFFILIATION AGREEMENTS SCRIPPS CENTER FOR LE

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	FORM 990, PART III, LINE 4A (CONTINUED)	ARNING & INNOVATION OVERSEES THE STUDENT PLACEMENT PROCESS NON-PHYSICIAN STUDENTS WHO CON DUCT RESEARCH AT SCRIPPS REPRESENT A VARIETY OF HEALTH CARE DISCIPLINES, INCLUDING PUBLIC HEALTH, PHYSICAL THERAPY, PHARMACY AND NURSING IN FISCAL YEAR 2015, SCRIPPS RESEARCH INCL UDED STUDENTS FROM USD, WESTERN GOVERNORS, SDSU, PLNU LOMA LINDA UNIVERSITY AND POSTDOCTOR AL PHARMACY RESIDENCY PROGRAMS, INCLUDING THE PGY1 PHARMACY RESIDENCY PROGRAM COLLEGE COL LABORATIONS SCRIPPS PARTNERED WITH PLNU TO CREATE HEALTH CARE FOCUS COURSES, INCLUDING HEA LTH CARE FINANCE AND HEALTH CARE OPERATIONS PLNU STUDENTS (NON-SCRIPPS EMPLOYEES) MAY ELE CT TO TAKE THESE COURSES TOWARDS THEIR MBA HIGH SCHOOL PROGRAMS SCRIPPS IS DEDICATED TO P ROMOTING HEALTH CARE AS A REWARDING CAREER, COLLABORATING WITH A NUMBER OF HIGH SCHOOLS TO OFFER STUDENTS OPPORTUNITIES TO EXPLORE A ROLE IN HEALTH CARE AND GAIN FIRSTHAND EXPERIEN CE WORKING WITH SCRIPPS HEALTH CARE PROFESSIONALS HERE IS A SUMMARY OF THE HIGH SCHOOL PR OGRAMS SCRIPPS MADE AVAILABLE TO THE COMMUNITY SCRIPPS HIGH SCHOOL EXPLORATION PROGRAM AN D HEALTH AND SCIENCE PIPELINE INITIATIVE (HASPI) THIS PROGRAM REACHES OUT TO SAN DIEGO HIG H SCHOOL STUDENTS INTERESTED IN EXPLORING A CAREER IN HEALTH CARE IN FISCAL YEAR 2015, SC RIPPS HIRED 25 STUDENTS TO PARTICIPATE IN THE PROGRAM DURING THEIR PAID FIVE-WEEK ROTATIO N, THE STUDENTS WORK IN DIFFERENT DEPARTMENTS, EXPLORING CAREER OPTIONS AND LEARNING VALUA BLE LIFE LESSONS ABOUT HEALTH AND HEALING

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	UC HIGH SCHOOL COLLABORATION UC HIGH SCHOOL AND SCRIPPS PARTNERED TO PROVIDE A REAL-LIFE CONTEXT TO THE SCHOOL'S HEALTH CARE ESSENTIALS COURSE. FOR FISCAL YEAR 2015, SIXTEEN STUDENTS WERE SELECTED TO ROTATE THROUGH FIVE DIFFERENT SCRIPPS LOCATIONS, DURING THE SPRING SEMESTER, TO INCREASE THEIR AWARENESS OF HEALTH CARE CAREERS. UC HIGH STUDENTS VISITED SCRIPPS CLINIC TORREY PINES, CARMEL VALLEY, RANCHO BERNARDO, MERCY SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL LA JOLLA AND GREEN. THE STUDENTS WERE ABLE TO VIEW SURGERIES AND SHADOWING HEALTHCARE PROFESSIONALS IN THE EMERGENCY DEPARTMENT, ICU, PHARMACY, URGENT CARE, INTERNAL MEDICINE, PEDIATRICS, AMBULATORY SERVICES, REHAB THERAPY, PATIENT LOGISTICS, LAB AND TRAUMA. YOUNG LEADERS IN HEALTH CARE AN OUTREACH PROGRAM AT SCRIPPS HOSPITAL ENCINITAS, YOUNG LEADERS IN HEALTH CARE TARGETS LOCAL HIGH SCHOOL STUDENTS INTERESTED IN EXPLORING HEALTH CARE CAREERS. STUDENT'S GRADES 9-12 PARTICIPATE IN THE PROGRAM, WHICH PROVIDES A FORUM FOR HIGH SCHOOL STUDENTS TO LEARN ABOUT THE HEALTH CARE SYSTEM AND ITS CAREER OPPORTUNITIES. THIS COMBINED EXPERIENCE INCLUDES WEEKLY MEETINGS AT LOCAL SCHOOLS FACILITATED BY TEACHERS AND ADVISORS, AS WELL AS MONTHLY MEETINGS AT SCRIPPS HOSPITAL ENCINITAS. THE PROGRAM MENTORS STUDENTS ON LEADERSHIP AND PROVIDES TOOLS FOR DAILY LIFE CHALLENGES. YOUNG LEADERS IN HEALTH CARE ALSO INCLUDES A SERVICE PROJECT TO MEET HIGH SCHOOL REQUIREMENTS AND MAKE A POSITIVE IMPACT ON THE COMMUNITY. THE PROGRAM CLOSES THE YEAR WITH A PRESENTATION ALIGNED WITH THE YEARLY FOCUS. MORE THAN 100 STUDENTS, COMMUNITY MEMBERS AND HEALTH CARE SPECIALISTS ATTENDED THE YOUNG LEADER IN HEALTH CARE FINAL MEETING, CULMINATING WITH STUDENT PRESENTATIONS ON SPORTS INJURIES AND PREVENTION. STUDENTS THAT PARTICIPATE IN THE PROGRAM ARE ELIGIBLE TO APPLY TO THE HIGH SCHOOL EXPLORER SUMMER INTERNSHIP PROGRAM. SCRIPPS HEALTH GRADUATE MEDICAL EDUCATION FOR MORE THAN 70 YEARS PHYSICIANS IN SCRIPPS GRADUATE MEDICAL EDUCATION PROGRAMS HAVE HELPED CARE FOR UNDERSERVED POPULATIONS THROUGHOUT THE REGION. SCRIPPS HAS A COMPREHENSIVE RANGE OF GRADUATE MEDICAL EDUCATION PROGRAMS AT SCRIPPS MERCY HOSPITAL, SCRIPPS FAMILY PRACTICE RESIDENCY PROGRAM AND SCRIPPS GREEN HOSPITAL. SCRIPPS GRADUATE MEDICAL EDUCATION PROGRAMS ARE WELL-RECOGNIZED FOR EXCELLENCE, PROVIDE A HANDS-ON CURRICULUM THAT FOCUSES ON PATIENT-CENTERED CARE AND OFFER RESIDENCIES IN A VARIETY OF PRACTICES, INCLUDING INTERNAL MEDICINE, FAMILY MEDICINE, PODIATRY, PHARMACY AND PALLIATIVE CARE. SCRIPPS HAS A PHARMACY RESIDENCY PROGRAM WHICH TRAIN RESIDENTS WITH DOCTOR OF PHARMACY DEGREES. IN 2015, SCRIPPS HAD A TOTAL OF 131 RESIDENTS AND 36 FELLOWS ENROLLED THROUGHOUT THE SCRIPPS HEALTH SYSTEM. MORE DETAIL ON THESE PROGRAMS IS INCLUDED IN THE COMMUNITY BENEFIT REPORT. UCSD/SCRIPPS HEALTH HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM IN 2015, SCRIPPS CONTINUED THE HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM. THE UCSD/SCRIPPS HEALTH HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM IS A ONE-YEAR PROGRAM DESIGNED FOR PHYSICIANS WHO WISH TO BECOME SUB-SPECIALISTS AND HAVE A LONG-TERM CAREER IN HOSPICE AND PALLIATIVE MEDICINE. THIS IS A UNIQUE PARTNERSHIP IN WHICH UCSD AND SCRIPPS HEALTH SHARE RESPONSIBILITY FOR THE FELLOWS, WITH TRAINEES SPENDING EQUAL TIME IN BOTH INSTITUTIONS WITH ALL THE BENEFITS OF BOTH INSTITUTIONS. THE PROGRAM PREPARES TRAINEES TO WORK IN A VARIETY OF ROLES, INCLUDING LEADERSHIP POSITIONS WITHIN THE FIELD. GRADUATES HAVE SUCCESSFULLY BECOME HOSPICE MEDICAL DIRECTORS AND PALLIATIVE MEDICINE CONSULTANTS IN OUTPATIENT AND INPATIENT SETTINGS ACROSS THE UNITED STATES. THE PROGRAM IS A CONTINUATION OF THE LEGACY OF THE SAN DIEGO HOSPICE AND THE INSTITUTE FOR PALLIATIVE MEDICINE FELLOWSHIP PROGRAM, IN WHICH BOTH SCRIPPS MERCY HOSPITAL/SCRIPPS HEALTH AND UCSD PLAYED INTEGRAL ROLES TO GRADUATE MORE THAN 80 FELLOWS. FELLOWS WHO COMPLETE THE UCSD/SCRIPPS HEALTH PROGRAM ARE WELL EQUIPPED TO PRACTICE IN DIVERSE SETTINGS, INCLUDING ACUTE PALLIATIVE CARE UNITS, INPATIENT CONSULTATION, OUTPATIENT CONSULTATION, PATIENTS' HOMES, AND LONG-TERM CARE FACILITIES. THERE ARE CURRENTLY FOUR FELLOWS AND FOR THE 2015-2016 YEAR THE PROGRAM WILL GROW TO SIX FELLOWS

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

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

Return Reference	Explanation
FORM 990, PART VI, LINE 15A & 15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN PURSUANT TO PROCEDURES REQUIRED BY TAX EQUITY AND FISCAL RESPONSIBILITY ACT OF 1983 (TEFRA), SCRIPPS HEALTH'S PROCEDURES ARE AS FOLLOWS THE BOARD OF TRUSTEES REVIEWS EXECUTIVE COMPENSATION FOR OFFICERS AND ALL KEY EMPLOYEES ON AN ANNUAL BASIS UTILIZING COMPARABILITY DATA OBTAINED BY AN EXTERNAL CONSULTANT IT IS THE PHILOSOPHY OF THE SCRIPPS BOARD OF TRUSTEES TO COMPENSATE THE CORPORATION'S EXECUTIVES FAIRLY RELATIVE TO THE MEDIAN COMPENSATION OF PEER ORGANIZATIONS, CONSIDERING AND MAKING APPROPRIATE ADJUSTMENTS FOR THE COST OF LIVING IN SAN DIEGO, CALIFORNIA AND OTHER RELEVANT FACTORS TO ACCOMPLISH THIS, THE BOARD HAS ADOPTED A PHILOSOPHY OF TARGETING EXECUTIVE SALARIES AT APPROXIMATELY THE 65TH PERCENTILE OF A NATIONAL PEER GROUP OF ORGANIZATIONS AS DETERMINED THROUGH AN INDEPENDENT OUTSIDE CONSULTANT ENGAGED BY THE BOARD AND WILL RELY ON THEIR RECOMMENDATIONS USING A DATABASE OF INDEPENDENTLY COLLECTED DATA THE PHILOSOPHY STATES - FOR PURPOSES OF EXECUTIVE COMPENSATION COMPARISONS, SCRIPPS WILL USE A NATIONAL PEER GROUP OF MEDICAL DELIVERY SYSTEMS OF SIMILAR REVENUE SIZE AND COMPLEXITY THE PEER GROUP WILL BE REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE - SALARIES ARE TARGETED AT APPROXIMATELY THE 65TH PERCENTILE OF THE PEER GROUP AND WILL REFLECT THE PERFORMANCE OF THE INDIVIDUAL - TOTAL CASH COMPENSATION IS POSITIONED AT APPROXIMATELY THE 75TH PERCENTILE OF THE PEER GROUP WHEN MAXIMUM LEVEL INCENTIVES ARE PAID FOR ACHIEVEMENT OF MAXIMUM LEVEL OF PREDETERMINED OBJECTIVES AGREED UPON BY THE BOARD - THE BOARD SELECTS THE 65TH PERCENTILE FOR BASE COMPENSATION OF PEER GROUP ADJUSTED FOR COST OF LIVING OF URBAN WEST COAST MARKET AT THE 50TH PERCENTILE (I E THE 50TH PERCENTILE OF CALIFORNIA MARKET IS THE 65TH PERCENTILE OF NATIONAL PEER MARKET AS OUR EXECUTIVE RECRUITMENT MARKET IS NATIONAL) - ANNUALLY, TOTAL CASH COMPENSATION FOR EACH POSITION WILL NOT EXCEED THE BASE SALARY ESTABLISHED FOR THE PERIOD PLUS THE MAXIMUM INCENTIVE PERCENTAGE PAYOUT ALLOWABLE AS DETERMINED BY THE SCRIPPS MANAGEMENT INCENTIVE PLAN APPROVED BY THE BOARD OF TRUSTEES FOR THE RESPECTIVE POSITION THE REPORT FROM THE EXTERNAL CONSULTANT ENGAGED TO REVIEW EXECUTIVE COMPENSATION IS PRESENTED TO THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ON AN ANNUAL BASIS AND THE MOST RECENT REPORT WAS REVIEWED ON MARCH 25, 2015 REVIEW AND DISCUSSION OF SUCH REPORT IS DOCUMENTED IN THE MINUTES

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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CHANGE IN VALUE IN DEFERRED GIFTS (824,157) JOINT VENTURES DISTRIBUTION 2,530,664 OTHER CHANGES IN FUND BALANCES - IHS 35,972,066 OTHER (1,635,251) ---------- TOTAL $36,043,322

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYS FEES-PROVIDER SVS AGRMENT TOTAL FEES 314863446

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SVS - NON MED TOTAL FEES 61501551

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 56244986

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PUCHASED MEDICAL SERVICES TOTAL FEES 25003824

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ALL OTHER FEES FOR SERVICES TOTAL FEES 34506446

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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

(a) Name, address, and EIN (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
(1) Scripps Cardio&Thoracic Surgery Billing 4275 Campus Point Court San Diego, CA 92121 27-0620996	HLTHCR ADMIN	CA	5,500,863	0	SCRIPPS HLTH
(2) Scripps Hospital Billing Services LLC 4275 Campus Point Court San Diego, CA 92121 61-1677183	HLTHCR ADMIN	CA	3,096,194	0	SCRIPPS HLTH
(3) Scripps Clinic Billing LLC 4275 Campus Point Court San Diego, CA 92121 87-0737749	HLTHCR ADMIN	CA	322,515,217	0	SCRIPPS HLTH
(4) Scripps Mercy Billing LLC 4275 Campus Point Court San Diego, CA 92121 87-0737748	HLTHCR ADMIN	CA	38,431,156	0	SCRIPPS HLTH
(5) IHS Holding Company LLC 4275 Campus Point Court San Diego, CA 92121 47-3437677	HLTHCR ADMIN	CA	0	35,945,315	SCRIPPS HLTH
(6) IMAGING HEALTHCARE SPECIALISTS LLC 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121 20-3872122	HLTHCR ADMIN	CA	0	0	IHS HOLDING

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Maxwell H & Muriel Gluck Child Care Ctr 10660 John J Hopkins Dr San Diego, CA 92121 35-0504809	Childcare	CA	501(c)(3)	2	Scripps HLTH	Yes	
(2) Mercy Hospital Foundation 4275 Campus Point Court San Diego, CA 92121 94-2958094	Fundraising	CA	501(c)(3)	11,I	Scripps HLTH	Yes	
(3) Scripps Health Plan Services Inc 4275 Campus Point Court San Diego, CA 92121 33-0782099	Healthcare SV	CA	501(c)(3)	11,I	Scripps HLTH	Yes	
(4) Horizon Hospice 4275 Campus Point Court San Diego, CA 92121 33-0220777	Hospice Care	CA	501(c)(3)	9	Scripps HLTH	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) Scripps Encinitas Surgery Ctr 15035 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 20-5942958	Ambul Surgery	CA	Scripps Health	Related	1,883,616	68,569		No	0		No	55 500 %
(2) ScrippsUSP Surgery Centers 15305 Dallas Pkwy Ste 1600 LB28 Addison, TX 75001 20-5942911	Ambul Surgery	CA	NA	Related	658,656	1,093,396		No	0		No	50 000 %
(3) Scripps Mercy Ambul Surg Ctr 4275 Campus Point Ct San Diego, CA 92121 45-0503246	Ambul Surgery	CA	Scripps Health	Related	1,099,801	3,415,931		No	0	Yes		73 500 %
(4) Scripps IDN Mgmt LLC 4275 Campus Point Ct San Diego, CA 92121 45-4557426	Healthcare SV	CA	NA	Related	0	16,126		No	0		No	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) Scripps Health & Healing Center 4275 Campus Point Ct San Diego, CA 92121 20-5156965	Patient Education	CA	Scripps Health	C Corp	0	0	100 000 %	Yes	
(2) ScrippsCare 4275 Campus Point Ct San Diego, CA 92121 45-2870638	Healthcare SVCS	CA	Scripps Health	C Corp	0	0	100 000 %	Yes	
(3) Scripps Clinical Science Center 4275 Campus Point Ct San Diego, CA 92121 26-4479543	Research	CA	Scripps Health	C Corp	0	0	100 000 %	Yes	
(4) Charitable Remainder Trust (55) 4275 Campus Point Ct San Diego, CA 92121	Hospital Support	CA	NA	Trust					
(5) Charitable Lead Trust (2) 4275 Campus Point Ct San Diego, CA 92121	Hospital Support	CA	NA	Trust					

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Scripps Health Plan Services (SHPS)	l	143,145,345	Accrual
(2) Scripps Health Plan Services (SHPS)	p	31,504,117	Accrual
(3) Scripps Encinitas Surgery Center LLC	a(iv)	362,123	Accrual
(4) Scripps Mercy Ambulatory Surgery Center	a(iv)	564,803	Accrual
(5) Horizon Hospice	q	3,433,835	Accrual

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIPS SCRIPPS ENCINITAS SURGERY CENTER, LLC EIN 20-5942958 ADDRESS 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001 SCRIPPS/USP SURGERY CENTERS, LLC EIN 20-5942911 ADDRESS 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001 SCRIPPS MERCY AMBULATORY SURGERY CENTER, LLC EIN 45-0503246 ADDRESS 4275 CAMPUS POINT COURT, SAN DIEGO, CA 92121 SCRIPPS IDN MANAGEMENT, LLC EIN 45-4557426 ADDRESS 4275 CAMPUS POINT COURT, SAN DIEGO, CA 92121

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
Scripps Cardio&Thoracic Surgery Billing 4275 Campus Point Court San Diego, CA 92121 27-0620996	HLTHCR ADMIN	CA	5,500,863	0	SCRIPPS HLTH
Scripps Hospital Billing Services LLC 4275 Campus Point Court San Diego, CA 92121 61-1677183	HLTHCR ADMIN	CA	3,096,194	0	SCRIPPS HLTH
Scripps Clinic Billing LLC 4275 Campus Point Court San Diego, CA 92121 87-0737749	HLTHCR ADMIN	CA	322,515,217	0	SCRIPPS HLTH
Scripps Mercy Billing LLC 4275 Campus Point Court San Diego, CA 92121 87-0737748	HLTHCR ADMIN	CA	38,431,156	0	SCRIPPS HLTH
IHS Holding Company LLC 4275 Campus Point Court San Diego, CA 92121 47-3437677	HLTHCR ADMIN	CA	0	35,945,315	SCRIPPS HLTH
IMAGING HEALTHCARE SPECIALISTS LLC 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121 20-3872122	HLTHCR ADMIN	CA	0	0	IHS HOLDING