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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

**2015**

**Open to Public Inspection**

**A** For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

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

**C** Name of organization
GROSSMONT HOSPITAL FOUNDATION

Doing business as

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

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

**D** Employer identification number
33-0124488

E Telephone number
(858) 499-5150

**G** Gross receipts $ 8,231,871

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

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

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

**H(c)** Group exemption number ▶

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

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

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

**L** Year of formation 1985

**M** State of legal domicile CA

## Part I Summary

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

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

Activities & Governance

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 19 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 19 |
| **5** | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | **5** | 11 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 279 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

Revenue

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 4,297,104 | 5,446,433 |
| **9** | Program service revenue (Part VIII, line 2g) | 1,133,437 | 975,112 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 2,334,544 | 174,200 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 80,571 | 52,050 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,845,656 | 6,647,795 |

Expenses

| | | | |
|---|---|---|---|
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 3,042,456 | 4,582,684 |
| **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) | 925,118 | 848,797 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶729,770 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 266,732 | 181,674 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 4,234,306 | 5,613,155 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 3,611,350 | 1,034,640 |

Net Assets or Fund Balances

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 22,623,404 | 24,376,009 |
| **21** | Total liabilities (Part X, line 26) | 724,432 | 622,862 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 21,898,972 | 23,753,147 |

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date: 2017-08-02

ELIZABETH MORGANTE VP PHILANTHROPY
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | P00634378 |

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

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

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

## Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses $ 4,744,917 including grants of $ 4,582,684 ) (Revenue $ 975,112 )

See Additional Data

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

See Additional Data

**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 ▶** 4,744,917

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | | No |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions) | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | Yes | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | Yes | |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | Yes | |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | Yes | |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **34** | Yes | |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | Yes | |
| **b** | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | 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 | 40 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 11 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | 3a | | | No |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . . | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | 4a | | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | 5a | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | 6a | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | 7b | | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | Yes | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | 0 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | 7f | | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | 7h | | Yes | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? . . . | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | 9b | | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | 14a | | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | 14b | | | |

## Part VI Governance, Management, and Disclosure

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

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

### Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 19 | | |
| | 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 | 19 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | No |
| 6 | Did the organization have members or stockholders? | 6 | | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | 8a | | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | | No |

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

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

### Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ TIM HANDGIS 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 (858) 499-5150

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ANDREW ALONGI MD<br>DIRECTOR | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (2) DEE AMMON<br>SECRETARY | 1 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| (3) NOORI BARKA<br>DIRECTOR | 0 50<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (4) JOYCE BUTLER<br>DIRECTOR | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (5) CONNIE CONARD<br>DIRECTOR | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (6) HARRY ELLISON MD<br>DIRECTOR | 0 50<br>0 00 | X | | | | | | 0 | 88 | 0 |
| (7) JOHN FONSECA<br>DIRECTOR | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (8) FREDDY GARMO JD<br>DIRECTOR | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (9) ANN GOLDBERG<br>CHAIR | 2 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| (10) KRISTY GREGG<br>DIRECTOR | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (11) AL JOHNSTONE<br>DIRECTOR | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (12) MARC KOBERNICK MD<br>DIRECTOR | 1 00<br>0 00 | X | | | | | | 0 | 1,237 | 0 |
| (13) ROBERT MALKUS MD<br>DIRECTOR | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (14) ALEX MATUK<br>TREASURER | 2 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |

**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 | | | |
| (15) DANIEL MILLIKEN | 2 00 | X | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0 00 | | | | | | | | | |
| (16) FRED ROBINSON | 2 00 | X | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0 00 | | | | | | | | | |
| (17) HUDA SALEM | 2 00 | X | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0 00 | | | | | | | | | |
| (18) LEWIS SILVERBERG | 3 00 | X | | X | | | | 0 | 0 | 0 |
| VICE CHAIR | 0 00 | | | | | | | | | |
| (19) JOHN SNYDER | 2 00 | X | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0 00 | | | | | | | | | |
| (20) PHILIP SZOLD MD | 0 50 | X | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0 00 | | | | | | | | | |
| (21) ELIZABETH MORGANTE | 10 00 | | | X | | | | 0 | 253,513 | 29,918 |
| VP MAJOR GIFTS | 30 00 | | | | | | | | | |
| (22) NORMAN TIMMINS | 25 00 | | | | | X | | 0 | 141,839 | 13,418 |
| PLANNED GVNG/MJR GIFTS OFFICER | 15 00 | | | | | | | | | |
| (23) WILLIAM J NAVRIDES | 45 00 | | | | | X | | 0 | 113,370 | 11,744 |
| MGR DEVELOPMENT - GH | 2 00 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | | |
|---|---|---|---|---|
| **1b** | **Sub-Total** ▶ | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** ▶ | | | |
| **d** | **Total (add lines 1b and 1c)** ▶ | 0 | 510,047 | 55,080 |

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

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

## Section B. Independent Contractors

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

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

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

## Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 478 | | | | |
| | b Membership dues | | | | | |
| | c Fundraising events | 1,233,404 | | | | |
| | d Related organizations | 600,000 | | | | |
| | e Government grants (contributions) | 55,847 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 3,556,704 | | | | |
| | g Noncash contributions included in lines 1a-1f $ | 1,245,004 | | | | |
| | h **Total.** Add lines 1a-1f | | 5,446,433 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a FUNDRAISING ACTIVITIES | 900099 | 987,550 | 987,550 | | |
| | b HEALTHCARE EDUCATION | 900099 | -12,438 | -12,438 | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f | | 975,112 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 300,739 | | | 300,739 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 969,778 | 2,172 | | | |
| | b Less cost or other basis and sales expenses | 1,095,689 | 2,800 | | | |
| | c Gain or (loss) | -125,911 | -628 | | | |
| | d Net gain or (loss) | | -126,539 | | | -126,539 |
| | 8a Gross income from fundraising events (not including $ 1,233,404 of contributions reported on line 1c) See Part IV, line 18 a | 515,860 | | | | |
| | b Less direct expenses b | 482,833 | | | | |
| | c Net income or (loss) from fundraising events | | 33,027 | | | 33,027 |
| | 9a Gross income from gaming activities See Part IV, line 19 a | 12,640 | | | | |
| | b Less direct expenses b | 2,754 | | | | |
| | c Net income or (loss) from gaming activities | | 9,886 | | | 9,886 |
| | 10a Gross sales of inventory, less returns and allowances a | | | | | |
| | b Less cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a MISCELLANEOUS REVENUE | 900099 | 9,137 | | | 9,137 |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e **Total.** Add lines 11a–11d | | 9,137 | | | |
| | 12 **Total revenue.** See Instructions | | 6,647,795 | 975,112 | 0 | 226,250 |

## 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 | 4,415,073 | 4,415,073 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 167,611 | 167,611 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 106,118 | 16,979 | 12,734 | 76,405 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 566,317 | 90,611 | 67,958 | 407,748 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 38,363 | 6,138 | 4,604 | 27,621 |
| 9 Other employee benefits | 92,123 | 14,740 | 11,055 | 66,328 |
| 10 Payroll taxes | 45,876 | 7,340 | 5,505 | 33,031 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | -371 | | -104 | -267 |
| c Accounting | | | | |
| d Lobbying | 17 | 3 | 2 | 12 |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 16,898 | | 16,898 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 23,963 | 3,834 | 2,876 | 17,253 |
| 12 Advertising and promotion | 3,333 | 533 | 400 | 2,400 |
| 13 Office expenses | 75,898 | 12,144 | 9,108 | 54,646 |
| 14 Information technology | 8,254 | 1,321 | 990 | 5,943 |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 6,693 | 1,071 | 803 | 4,819 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 2,680 | 429 | 322 | 1,929 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| a FOOD, DUES & MISC | 44,309 | 7,090 | 5,317 | 31,902 |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 5,613,155 | 4,744,917 | 138,468 | 729,770 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | 11,179,531 | 2 | 4,212,090 |
| | 3 | Pledges and grants receivable, net | 2,969,457 | 3 | 4,020,816 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 4,042 | 9 | 4,321 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a | | | |
| | b | Less accumulated depreciation — 10b | | 10c | |
| | 11 | Investments—publicly traded securities | 6,143,272 | 11 | 12,787,172 |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 2,327,102 | 15 | 3,351,610 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 22,623,404 | 16 | 24,376,009 |
| Liabilities | 17 | Accounts payable and accrued expenses | 95,356 | 17 | 65,690 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 563,824 | 19 | 491,920 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 65,252 | 25 | 65,252 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 724,432 | 26 | 622,862 |
| 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 | 5,730,880 | 27 | 7,023,421 |
| | 28 | Temporarily restricted net assets | 15,071,689 | 28 | 15,612,323 |
| | 29 | Permanently restricted net assets | 1,096,403 | 29 | 1,117,403 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 21,898,972 | 33 | 23,753,147 |
| | 34 | Total liabilities and net assets/fund balances | 22,623,404 | 34 | 24,376,009 |

## 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 | 6,647,795 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,613,155 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 1,034,640 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 21,898,972 |
| 5 | Net unrealized gains (losses) on investments | 5 | 828,303 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -8,768 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 23,753,147 |

## 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<br>☐ 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<br>☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

## Additional Data

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

### Form 990, Part III, Line 4a

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **4a** | (Code | ) (Expenses $ | 4,744,917 | including grants of $ | 4,582,684 ) (Revenue $ | 975,112 ) | |

PROVIDED SUPPORT AND ASSISTANCE TO GROSSMONT HOSPITAL CORPORATION

## Form 990, Part III, Line 4b

| | | | | |
|---|---|---|---|---|
| **4b** | (Code ) | (Expenses $ | including grants of $ | ) (Revenue $ ) |

SEE SCHEDULE O FOR COMMUNITY BENEFITS REPORT

## Form 990, Part III, Line 4c

| | | | | | |
|---|---|---|---|---|---|
| **4c** | (Code | ) (Expenses $ | including grants of $ | ) (Revenue $ | ) |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493214014017

# 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

**2015**

**Open to Public Inspection**

**Name of the organization**
GROSSMONT HOSPITAL FOUNDATION

**Employer identification number**
33-0124488

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )

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

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 (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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants ) | 4,195,690 | 3,931,864 | 4,498,084 | 4,288,336 | 5,446,433 | 22,360,407 |
| 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 | 4,195,690 | 3,931,864 | 4,498,084 | 4,288,336 | 5,446,433 | 22,360,407 |
| 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) | | | | | | 4,511,396 |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 17,849,011 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 4,195,690 | 3,931,864 | 4,498,084 | 4,288,336 | 5,446,433 | 22,360,407 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 304,309 | 317,896 | 342,420 | 385,382 | 300,739 | 1,650,746 |
| 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 ) | 37,927 | 55,700 | 13,345 | 80,571 | 52,050 | 239,593 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 24,250,746 |

| | | |
|---|---|---|
| 12 Gross receipts from related activities, etc (see instructions) | 12 | 5,230,976 |

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 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 73 600 % |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | 76 410 % |

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from **2014** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2015.** 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—2014.** 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) ☐

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

| 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 2015 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-2015 | (iii) Distributable Amount for 2015 |
|---|---|---|---|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| **a** | | | |
| **b** | | | |
| **c** | | | |
| **d** From 2013. . . . . | | | |
| **e** From 2014. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2015 distributable amount | | | |
| **i** Carryover from 2010 not applied (see instructions) | | | |
| **j** Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2015 distributable amount | | | |
| **c** Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 **Excess distributions carryover to 2016.** Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| **a** | | | |
| **b** | | | |
| **c** Excess from 2013. . . . . | | | |
| **d** From 2014. . . . . | | | |
| **e** From 2015. . . . . | | | |

**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**

**990 Schedule A, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME | MISCELLANEOUS FUNDRAISING EVENTS GAMING ACTIVITIES |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493214014017

# 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

**2015**

**Open to Public Inspection**

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

| | **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|---|
| | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

**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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 17 |
| j | Total Add lines 1c through 1i | | | 17 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | |

## Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

## Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

**2015**

**Open to Public Inspection**

**Name of the organization**
GROSSMONT HOSPITAL FOUNDATION

**Employer identification number**
33-0124488

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on 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 on 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 on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 4,759,731 | 4,948,052 | 3,952,926 | 3,791,203 | 3,277,151 |
| b Contributions | 21,000 | 25,917 | 695,673 | 1,000 | 1,000 |
| c Net investment earnings, gains, and losses | 367,800 | -87,824 | 307,715 | 160,723 | 513,052 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 3,759 | 126,414 | 8,262 | | |
| f Administrative expenses | | | | | |
| g End of year balance | 5,144,772 | 4,759,731 | 4,948,052 | 3,952,926 | 3,791,203 |

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

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

The percentages on 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" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

## Part VI Land, Buildings, and Equipment.

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

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

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on 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 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on 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' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|---|
| (1) DEFERRED PLANNED GIFTS | 2,654,398 |
| (2) LONG-TERM RECEIVABLE FROM SHARP HEALTHCARE FOUNDATION | 618,884 |
| (3) BENEFICIARY TO LIFE INSURANCE POLICY | 4,495 |
| (4) INTERCOMPANY RECEIVABLE | 73,833 |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 15 )* . . . . . ▶ | 3,351,610 |

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

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

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

## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,847,651 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 828,303 | | |
| b | Donated services and use of facilities | 2b | 145,188 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | 476,819 | | |
| e | Add lines **2a** through **2d** | | | 2e | 1,450,310 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,397,341 |
| 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 | 16,898 | | |
| b | Other (Describe in Part XIII ) | 4b | 5,233,556 | | |
| c | Add lines **4a** and **4b** | | | 4c | 5,250,454 |
| 5 | Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12 ) | | | 5 | 6,647,795 |

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,555,110 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | 145,188 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | 485,587 | | |
| e | Add lines **2a** through **2d** | | | 2e | 630,775 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 924,335 |
| 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 | 16,898 | | |
| b | Other (Describe in Part XIII ) | 4b | 4,671,922 | | |
| c | Add lines **4a** and **4b** | | | 4c | 4,688,820 |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 5,613,155 |

## 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 |
|---|---|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## Additional Data

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

**Supplemental Information**

| Return Reference | Explanation |
|---|---|
| PART V, LINE 4 | GROSSMONT HOSPITAL FOUNDATION HOLDS 24 BOARD DESIGNATED AND PERMANENT ENDOWMENTS FOR GROSS MONT HOSPITAL CORPORATION THAT ARE RESTRICTED FOR A VARIETY OF PURPOSES, SUCH AS HOSPICE A ND HOSPICE HOMES, DIABETES, NURSING EDUCATION, CANCER TREATMENT, HOSPITAL EQUIPMENT AND TE CHNOLOGY, AND MORE |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART X, LINE 2 | SHARP RECOGNIZES TAX BENEFITS FROM ANY UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WITH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION SHARP RECORDS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRETE TAX ADJUSTMENTS IN THE FIRST INTERIM PERIOD THAT THE MORE LIKELY THAN NOT THRESHOLD IS NOT MET SHARP RECOGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION CRITERIA AT SEPTEMBER 30, 2016 AND 2015, NO SUCH ASSETS OR LIABILITIES WERE RECORDED |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | DIRECT EXPENSES FOR FUNDRAISING EVENTS & GAMING ACTIVITIES 485,587 UNCOLLECTIBLE PLEDGES/RETURN OF CONTRIBUTION -8,768 |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | BANK FEES NETTED WITH BANK INCOME ON AUDIT 27,688 TEMPORARILY RESTRICTED REVENUE 5,185,49 6 PERMANENTLY RESTRICTED REVENUE 21,000 LOSS ON SALE OF ASSETS -628 |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | DIRECT EXPENSES FOR FUNDRAISING EVENTS & GAMING ACTIVITIES 485,587 |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | BANK FEES NETTED WITH BANK INCOME ON AUDIT 27,688 TEMPORARILY RESTRICTED EXPENSES 4,644,862 LOSS ON SALE OF ASSETS -628 |

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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" on 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

**2015**

**Open to Public Inspection**

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

**Employer identification number**
33-0124488

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

| | | (a) Event #1 GOLF (event type) | (b) Event #2 GALA (event type) | (c) Other events 2 (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 606,535 | 566,265 | 576,464 | 1,749,264 |
| | 2 Less Contributions | 421,045 | 417,434 | 394,925 | 1,233,404 |
| | 3 Gross income (line 1 minus line 2) | 185,490 | 148,831 | 181,539 | 515,860 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 85,901 | 34,205 | 91,935 | 212,041 |
| | 6 Rent/facility costs | 23,952 | | 1,500 | 25,452 |
| | 7 Food and beverages | 37,837 | 86,135 | 96,615 | 220,587 |
| | 8 Entertainment | | 11,628 | 6,550 | 18,178 |
| | 9 Other direct expenses | 6,425 | | 150 | 6,575 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 482,833 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 33,027 |

**Part III Gaming.**
Complete if the organization answered "Yes" on 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 Noncash 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 activity 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 complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|---|---|

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," on 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

**2015**

**Open to Public Inspection**

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

**Employer identification number**
33-0124488

## Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on 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 | | | | | | | |
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| | | | | | | | |

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

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| (1) UNFUNDED PATIENT CARE | 14 | 167,611 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

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

## Additional Data

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

**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 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 |
|---|---|---|---|---|---|---|---|
| GROSSMONT HOSPITAL CORPORATION<br>5555 GROSSMONT CENTER DRIVE<br>LA MESA,CA 91942 | 33-0449527 | 501(C)(3) | 4,303,736 | | | | PROGRAM SERVICE SUPPORT |
| SHARP HEALTHCARE<br>8695 SPECTRUM CENTER BLVD<br>SAN DIEGO,CA<br>921231489 | 95-6077327 | 501(C)(3) | 110,332 | | | | PROGRAM SERVICE 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" on 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

**2015**

**Open to Public Inspection**

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

**Employer identification number**
33-0124488

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on 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," on line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed on 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," on line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed on 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 on 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" on 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 on 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 on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| **1** ELIZABETH MORGANTE<br>VP MAJOR GIFTS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 215,580 | 35,940 | 1,993 | 11,216 | 18,702 | 283,431 | 0 |
| **2** NORMAN TIMMINS<br>PLANNED GVNG/MJR GIFTS OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 138,912 | 603 | 2,324 | 83 | 13,335 | 155,257 | 0 |

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

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

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SCHEDULE M (Form 990)

# Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶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

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

## Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|
| 1 Art—Works of art | X | 5 | 664 | DONOR VALUATION |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 72,190 | DONOR VALUATION |
| 6 Cars and other vehicles | X | 1 | 2,800 | SALE PRICE |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | X | 6 | 2,200 | DONOR VALUATION |
| 19 Food inventory | X | 33 | 8,565 | DONOR VALUATION |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ ( DEFERRED PLANNED GIFTS ) | X | 2 | 1,106,001 | PRESENT VALUE |
| 26 Other ▶ ( FUEL AND OTHER CONSUMABLES ) | X | 21 | 27,733 | DONOR VALUATION |
| 27 Other ▶ ( GIFT CERTIFICATES ) | X | 38 | 24,851 | DONOR VALUATION |
| 28 Other ▶ ( ) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

| | | Yes | No |
|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 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? | | 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? | Yes | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | Yes | |
| b | If "Yes," describe in Part II | | |
| 33 | If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

**Part II** **Supplemental Information.**

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

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

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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

**2015**

**Open to Public Inspection**

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | GROSSMONT HOSPITAL FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE GROSSMONT HOSPITAL FOUNDATION GOVERNING BOARD GROSSMONT HOSPITAL FOUNDATION IS COMMITTED TO PREVENTING ANY PARTICIPANT OF THE CORPORATION FROM GAINING ANY PERSONAL BENEFIT FROM INFORMATION RECEIVED OR FROM ANY TRANSACTION OF SHARP ONE COMPONENT OF THE WRITTEN CONFLICT OF INTEREST POLICY REQUIRES THAT BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS AND CHIEF EXECUTIVE OFFICER(S) SUBMIT A CONFLICT OF INTEREST STATEMENT ANNUALLY TO LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES WHO WILL REVIEW ALL STATEMENTS IN ADDITION, ALL VICE PRESIDENTS AND ANY EMPLOYEES IN THE PURCHASING/SUPPLY CHAIN, AUDIT AND COMPLIANCE, AND CASE MANAGEMENT/DISCHARGE PLANNING DEPARTMENTS ARE REQUIRED TO COMPLETE AN ONLINE CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY THAT IS REVIEWED BY THE CONFLICT REVIEW COMMITTEE COMPRISED OF EMPLOYEES FROM SHARP'S LEGAL, COMPLIANCE, AND INTERNAL AUDIT DEPARTMENTS IN CONNECTION WITH ANY TRANSACTION OR ARRANGEMENT, WHICH MAY CREATE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE PERSON SHALL DISCLOSE IN WRITING THE EXISTENCE AND NATURE OF HIS/HER FINANCIAL INTEREST AND ALL MATERIAL FACTS BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER(S) SHALL MAKE SUCH DISCLOSURES DIRECTLY TO THE CHAIRMAN OF THE BOARD, AND TO THE MEMBERS OF THE COMMITTEE WITH THE BOARD DESIGNATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT UPON DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, THE BOARD MEMBER, CORPORATE OFFICER, SENIOR VICE PRESIDENT OR THE CHIEF EXECUTIVE OFFICER(S) MAKING SUCH DISCLOSURES SHALL LEAVE THE BOARD OR THE COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IN CERTAIN INSTANCES, SUCH AS IF SOMEONE TAKES A BOARD SEAT ON A COMPETITOR'S BOARD OF DIRECTORS OR HAS A ROLE WITH AN ORGANIZATION WHEREBY THE INFORMATION THAT THEY MAY OBTAIN FROM SHARP WOULD PUT THEM IN A CONSISTENT CONFLICT WITH THEIR TWO ROLES, THE CONFLICT COULD CALL FOR THE INDIVIDUAL'S REMOVAL FROM THE BOARD THE BYLAWS FOR THE ORGANIZATION PROVIDE FOR THE ABILITY TO REMOVE DIRECTORS IN ACCORDANCE WITH SECTION 5222 OF THE CALIFORNIA CORPORATIONS CODE THIS CAN GENERALLY BE DONE ON A "FOR CAUSE OR A "NO CAUSE" BASIS BY THE ACTION OF THE MEMBER |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 15 | THE PERSONNEL COMMITTEE OF SHARP HEALTHCARE RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO REVIEW THE TOTAL COMPENSATION PAID TO EXECUTIVE MANAGEMENT (CEO/PRESIDENT, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS) AND COMPARES IT TO THE TOTAL COMPENSATION PAID TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS PRESENTED TO THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS BY THE INDEPENDENT CONSULTANT THE PERSONNEL COMMITTEE IS COMPRISED OF BOARD MEMBERS WHO ARE NOT PHYSICIANS AND WHO ARE NOT COMPENSATED IN ANY WAY BY THE ORGANIZATION THE PERSONNEL COMMITTEE APPROVES THE TOTAL COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND REVIEWS AND APPROVES THE COMPENSATION AND COMPENSATION SALARY RANGES FOR THE REMAINDER OF THE EXECUTIVE TEAM THE PERSONNEL COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE RETAINS MINUTES OF ITS MEETINGS THE COMPENSATION AND BENEFITS DEPARTMENT ENGAGES A THIRD PARTY INDEPENDENT CONSULTANT TO CONDUCT A COMPENSATION STUDY COVERING OFFICERS AND KEY EMPLOYEES THE INDEPENDENT THIRD PARTY COMPARES BASE SALARIES TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS REVIEWED BY THE COMPENSATION AND BENEFITS DEPARTMENT AND IS PRESENTED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS AND THE APPROPRIATE SENIOR VICE PRESIDENT FOR REVIEW AND APPROVAL THE COMPENSATION STUDY WAS LAST CONDUCTED IN NOVEMBER/DECEMBER 2015 |

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART XI, LINE 9 | UNCOLLECTIBLE PLEDGES/RETURN OF CONTRIBUTION -8,768 |

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B | SHARP HEALTHCARE COMMUNITY BENEFIT PLAN AND REPORT FISCAL YEAR 2016 SECTION 1 AN OVERVIEW OF SHARP HEALTHCARE SHARP TEAM MEMBERS - BOTH CURRENT AND THOSE WHO HAVE COME BEFORE US - HAVE BEEN MAKING A DIFFERENCE IN SAN DIEGANS' LIVES FOR MORE THAN 60 YEARS WE HAVE BEEN E NTRUSTED WITH A GREAT RESPONSIBILITY TO BUILD ON THIS LEGACY, AND WE ARE HONORED TO DO ALL WE CAN TO MAKE SHARP THE VERY BEST IT CAN BE. I'M PROUD THAT WE ARE ALWAYS STRIVING TO MA KE OUR PATIENTS, THEIR FAMILIES AND OUR COMMUNITY OUR HIGHEST PRIORITIES - MICHAEL W MUR PHY, PRESIDENT AND CHIEF EXECUTIVE OFFICER, SHARP HEALTHCARE SHARP HEALTHCARE (SHARP OR SH C) IS AN INTEGRATED, REGIONAL HEALTH CARE DELIVERY SY STEM BASED IN SAN DIEGO, CALIF THE S HARP SY STEM INCLUDES FOUR ACUTE CARE HOSPITALS, THREE SPECIALTY HOSPITALS, THREE AFFILIATE D MEDICAL GROUPS, 22 MEDICAL CENTERS, FIVE URGENT CARE CENTERS, THREE SKILLED NURSING FACI LITIES, TWO INPATIENT REHABILITATION CENTERS, HOME HEALTH, HOSPICE, AND HOME INFUSION PROG RAMS, NUMEROUS OUTPATIENT FACILITIES AND PROGRAMS, AND A VARIETY OF OTHER COMMUNITY HEALTH EDUCATION PROGRAMS AND RELATED SERVICES SHARP OFFERS A FULL CONTINUUM OF CARE, INCLUDING EMERGENCY CARE, HOME CARE, HOSPICE CARE, INPATIENT CARE, LONG-TERM CARE, MENTAL HEALTH CA RE, OUTPATIENT CARE, PRIMARY AND SPECIALTY CARE, REHABILITATION AND URGENT CARE SHARP ALS O HAS A KNOX-KEENE-LICENSED CARE SERVICE PLAN, SHARP HEALTH PLAN (SHP) SERVING A POPULATI ON OF APPROXIMATELY 3 2 MILLION IN SAN DIEGO COUNTY (SDC), AS OF SEPTEMBER 30, 2016, SHARP IS LICENSED TO OPERATE 2,084 BEDS AND HAS MORE THAN 2,900 SHARP-AFFILIATED PHY SICIANS AND 18,000 EMPLOY EES FOUR ACUTE CARE HOSPITALS SHARP CHULA VISTA MEDICAL CENTER (343 LICENS ED BEDS) THE LARGEST PROVIDER OF HEALTH CARE SERVICES IN SDC'S RAPIDLY EXPANDING SOUTH BAY , SHARP CHULA VISTA MEDICAL CENTER (SCVMC) OPERATES THE SOUTH BAY'S BUSIEST EMERGENCY DEPA RTMENT (ED) AND IS THE CLOSEST HOSPITAL TO THE BUSIEST INTERNATIONAL BORDER IN THE WORLD SCVMC IS HOME TO THE REGION'S MOST COMPREHENSIVE HEART PROGRAM, SERVICES FOR ORTHOPEDIC CA RE, CANCER TREATMENT, WOMEN'S AND INFANT'S SERVICES, AND THE ONLY BLOODLESS MEDICINE AND S URGERY CENTER IN SDC SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (181 LICENSED BEDS) SH ARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC) PROVIDES SERVICES THAT INCLUDE ACUTE, SUB-ACUTE AND LONG-TERM CARE, REHABILITATION THERAPIES, JOINT REPLACEMENT SURGERY, AND HOS PICE AND EMERGENCY SERVICES SHARP GROSSMONT HOSPITAL (524 LICENSED BEDS) SHARP GROSSMONT HOSPITAL (SGH) IS THE LARGEST PROVIDER OF HEALTH CARE SERVICES IN SAN DIEGO'S EAST COUNTY AND HAS ONE OF THE BUSIEST EDS IN SDC SGH IS KNOWN FOR OUTSTANDING PROGRAMS IN HEART CARE , ONCOLOGY, ORTHOPEDICS, REHABILITATION, STROKE CARE AND WOMEN'S HEALTH SHARP MEMORIAL HO SPITAL (656 LICENSED BEDS) A REGIONAL TERTIARY CARE LEADER, SHARP MEMORIAL HOSPITAL (SMH) PROVIDES SPECIALIZED CARE IN TRAUMA, ONCOLOGY, ORTHOPEDICS, ORGAN TRANSPLANTATION, CARDIOL OGY AND REHABILITATION THREE |

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| FORM 990, PART III, LINE 4B | SPECIALTY CARE HOSPITALS SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (206 LICENSED BED S) A FREESTANDING WOMEN'S HOSPITAL SPECIALIZING IN OBSTETRICS, GYNECOLOGY, GYNECOLOGIC ONC OLOGY AND NEONATAL INTENSIVE CARE, SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (SMBHWN) DELIVERS MORE BABIES THAN ANY OTHER HOSPITAL IN CALIFORNIA SHARP MESA VISTA HOSPITAL (15 8 LICENSED BEDS) AS THE LARGEST PRIVATELY OPERATED PSY CHIATRIC HOSPITAL IN SAN DIEGO, SHAR P MESA VISTA HOSPITAL (SMV) IS A PREMIER PROVIDER OF BEHAVIORAL HEALTH SERVICES SHARP MCD ONALD CENTER (16 LICENSED BEDS) SHARP MCDONALD CENTER (SMC) IS THE ONLY MEDICALLY SUPERVIS ED SUBSTANCE ABUSE RECOVERY CENTER IN SDC OFFERING THE MOST COMPREHENSIVE HOSPITAL-BASED TREATMENT PROGRAM IN SAN DIEGO, SMC PROVIDES SERVICES SUCH AS ADDICTION TREATMENT, MEDICAL LY SUPERVISED DETOXIFICATION AND REHABILITATION, DAY TREATMENT, OUTPATIENT AND INPATIENT P ROGRAMS, AND AFTERCARE. COLLECTIVELY, THE OPERATIONS OF SMH, SMBHWN, SMV AND SMC ARE REPOR TED UNDER THE NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATION OF SMH AND ARE REFERRED TO HEREIN AS THE SHARP METROPOLITAN MEDICAL CAMPUS (SMMC) THE OPERATIONS OF SHARP REES-STEALY (SRS) ARE INCLUDED WITHIN THE NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATION OF SHARP, THE PARENT OR GANIZATION THE OPERATIONS OF SGH ARE REPORTED UNDER THE NOT-FOR-PROFIT PUBLIC BENEFIT COR PORATION OF GROSSMONT HOSPITAL CORPORATION THE OPERATIONS OF SHARP HOSPICECARE ARE REPORT ED WITHIN SGH MISSION STATEMENT IT IS SHARP'S MISSION TO IMPROVE THE HEALTH OF THOSE IT S ERVES WITH A COMMITMENT TO EXCELLENCE IN ALL THAT IT DOES SHARP'S GOAL IS TO OFFER QUALIT Y CARE AND SERVICES THAT SET COMMUNITY STANDARDS, EXCEED PATIENTS' EXPECTATIONS AND ARE PR OVIDED IN A CARING, CONVENIENT, COST-EFFECTIVE AND ACCESSIBLE MANNER VISION SHARP'S VISIO N IS TO BECOME THE BEST HEALTH SYSTEM IN THE UNIVERSE SHARP WILL ATTAIN THIS POSITION BY TRANSFORMING THE HEALTH CARE EXPERIENCE THROUGH A CULTURE OF CARING, QUALITY, SAFETY, SERV ICE, INNOVATION AND EXCELLENCE. SHARP WILL BE RECOGNIZED BY EMPLOY EES, PHY SICIANS, PATIENT S, VOLUNTEERS AND THE COMMUNITY AS THE BEST PLACE TO WORK, THE BEST PLACE TO PRACTICE MEDI CINE AND THE BEST PLACE TO RECEIVE CARE. SHARP WILL BE KNOWN AS AN EXCELLENT COMMUNITY CIT IZEN, EMBODYING AN ORGANIZATION OF PEOPLE WORKING TOGETHER TO DO THE RIGHT THING EVERY DAY TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE IT SERVES VALUES * INTEGRITY - TRUSTWORTHY , RESPECTFUL, SINCERE, AUTHENTIC, COMMITTED TO ORGANIZATIONAL MISSION AND VALUES * CARING - COMPASSIONATE, COMMUNICATIVE, SERVICE ORIENTED, DEDICATED TO TEAMWORK AND COLLABORATION, SERVES OTHERS ABOVE SELF, CELEBRATES WINS, EMBRACES DIVERSITY * SAFETY - RELIABLE, COMPET ENT, INQUIRING, UNWAVERING, RESILIENT, TRANSPARENT, SOUND DECISION MAKING * INNOVATION - C REATIVE, DRIVES FOR CONTINUOUS IMPROVEMENT, INITIATES BREAKTHROUGHS, DEVELOPS SELF, WILLIN G TO ACCEPT NEW IDEAS AND CHANGE * EXCELLENCE - QUALITY FOCUSED, COMPELLED BY OPERATIONAL AND SERVICE EXCELLENCE, COST E |

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| FORM 990, PART III, LINE 4B | FFECTIVE, ACCOUNTABLE CULTURE. THE SHARP EXPERIENCE FOR MORE THAN 16 YEARS, SHARP HAS BEEN ON A JOURNEY TO TRANSFORM THE HEALTH CARE EXPERIENCE FOR PATIENTS AND THEIR FAMILIES, PHY SICIANS AND STAFF THROUGH A SWEEPING ORGANIZATION-WIDE PERFORMANCE-AND-EXPERIENCE-IMPROVE MENT INITIATIVE CALLED THE SHARP EXPERIENCE, THE ENTIRE SHARP TEAM HAS RECOMMITTED TO PURP OSEFUL, WORTHWHILE WORK AND CREATING THE KIND OF HEALTH CARE PEOPLE WANT AND DESERVE THIS WORK HAS ADDED DISCIPLINE AND FOCUS TO EVERY PART OF THE ORGANIZATION, HELPING TO MAKE SH ARP ONE OF THE NATION'S TOP-RANKED HEALTH CARE SYSTEMS SHARP IS SAN DIEGO'S HEALTH CARE L EADER BECAUSE IT REMAINS FOCUSED ON THE MOST IMPORTANT ELEMENT OF THE HEALTH CARE EQUATION THE PEOPLE THROUGH THIS EXTRAORDINARY INITIATIVE, SHARP IS TRANSFORMING THE HEALTH CARE EXPERIENCE IN SAN DIEGO BY STRIVING TO BE * THE BEST PLACE TO WORK ATTRACTING AND RETAI NING HIGHLY SKILLED AND PASSIONATE STAFF MEMBERS WHO ARE FOCUSED ON PROVIDING QUALITY HEAL TH CARE AND BUILDING A CULTURE OF TEAMWORK, RECOGNITION, CELEBRATION, AND PROFESSIONAL AND PERSONAL GROWTH THIS COMMITMENT TO SERVING PATIENTS AND SUPPORTING ONE ANOTHER WILL MAKE SHARP "THE BEST HEALTH SYSTEM IN THE UNIVERSE." * THE BEST PLACE TO PRACTICE MEDICINE. CR EATING AN ENVIRONMENT IN WHICH PHYSICIANS ENJOY POSITIVE, COLLABORATIVE RELATIONSHIPS WITH NURSES AND OTHER CAREGIVERS, EXPERIENCE UNSURPASSED SERVICE AS VALUED CUSTOMERS, HAVE ACC ESS TO STATE-OF-THE-ART EQUIPMENT AND CUTTING-EDGE TECHNOLOGY, AND ENJOY THE CAMARADERIE O F THE HIGHEST-CALIBER MEDICAL STAFF AT SAN DIEGO'S HEALTH CARE LEADER * THE BEST PLACE TO RECEIVE CARE. PROVIDING A NEW STANDARD OF SERVICE IN THE HEALTH CARE INDUSTRY, MUCH LIKE THAT OF A FIVE-STAR HOTEL, EMPLOYING SERVICE-ORIENTED INDIVIDUALS WHO SEE IT AS THEIR PRIV ILEGE TO EXCEED THE EXPECTATIONS OF EVERY PATIENT - TREATING THEM WITH THE UTMOST CARE, CO MPASSION AND RESPECT, AND CREATING HEALING ENVIRONMENTS THAT ARE PLEASANT, SOOTHING, SAFE, IMMACULATE, AND EASY TO ACCESS AND NAVIGATE THROUGH THIS TRANSFORMATION, SHARP WILL CONT INUE TO LIVE ITS MISSION TO CARE FOR ALL PEOPLE, WITH SPECIAL CONCERN FOR THE UNDERSERVED AND SAN DIEGO'S DIVERSE POPULATION THIS IS SOMETHING SHARP HAS BEEN DOING FOR MORE THAN H ALF A CENTURY |

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| FORM 990, PART III, LINE 4B (CONTINUED) | PILLARS OF EXCELLENCE IN SUPPORT OF SHARP'S ORGANIZATIONAL COMMITMENT TO TRANSFORM THE HEA LTH CARE EXPERIENCE, SHARP'S PILLARS OF EXCELLENCE SERVE AS A GUIDE FOR ITS TEAM MEMBERS, PROVIDING FRAMEWORK AND ALIGNMENT FOR EVERYTHING SHARP DOES IN 2014, SHARP HEALTHCARE MAD E AN IMPORTANT DECISION REGARDING THESE PILLARS AS PART OF ITS CONTINUED JOURNEY TOWARD EX CELLENCE EACH YEAR, SHARP INCORPORATES CYCLES OF LEARNING INTO ITS STRATEGIC PLANNING PRO CESS IN 2014, SHARP'S EXECUTIVE STEERING AND BOARD OF DIRECTORS ENHANCED SHARP'S SAFETY F OCUS, FURTHER DRIVING THE ORGANIZATION'S EMPHASIS ON ITS CULTURE OF SAFETY AND INCORPORATI NG THE COMMITMENT TO BECOME A HIGH RELIABILITY ORGANIZATION (HRO) IN ALL ASPECTS OF THE OR GANIZATION AT THE CORE OF HROS ARE FIVE KEY CONCEPTS O SENSITIVITY TO OPERATIONS O A REL UCTANCE TO SIMPLIFY O PREOCCUPATION WITH FAILURE O DEFERENCE TO EXPERTISE O RESILIENCE APP LYING HIGH-RELIABILITY CONCEPTS IN AN ORGANIZATION BEGINS WHEN LEADERS AT ALL LEVELS START THINKING ABOUT HOW THE CARE THEY PROVIDE COULD BECOME BETTER IT BEGINS WITH A CULTURE OF SAFETY WITH THIS LEARNING, SHARP IS A SEVEN-PILLAR ORGANIZATION - QUALITY, SAFETY, SERVI CE, PEOPLE, FINANCE, GROWTH AND COMMUNITY THE FOUNDATIONAL ELEMENTS OF SHARP'S STRATEGIC PLAN HAVE BEEN ENHANCED TO EMPHASIZE SHARP'S DESIRE TO DO NO HARM THIS STRATEGIC PLAN CON TINUES SHARP'S TRANSFORMATION OF THE HEALTH CARE EXPERIENCE, FOCUSING ON SAFE, HIGH-QUALIT Y AND EFFICIENT CARE PROVIDED IN A CARING, CONVENIENT, COST-EFFECTIVE AND ACCESSIBLE MANNE R THE SEVEN PILLARS LISTED BELOW ARE A VISIBLE TESTAMENT TO SHARP'S COMMITMENT TO BECOME THE BEST HEALTH CARE SY STEM IN THE UNIVERSE BY ACHIEVING EXCELLENCE IN THESE AREAS QUALIT Y DEMONSTRATE AND IMPROVE CLINICAL EXCELLENCE TO SET INDUSTRY STANDARDS AND EXCEED CUSTOM ER EXPECTATIONS SAFETY KEEP PATIENTS, EMPLOY EES AND PHY SICIANS SAFE AND FREE FROM HARM SERVICE CREATE EXCEPTIONAL EXPERIENCES AT EVERY TOUCH POINT FOR CUSTOMERS, PHY SICIANS AND PARTNERS BY DEMONSTRATING SERVICE EXCELLENCE PEOPLE CREATE A VALUES-DRIVEN CULTURE THAT ATTRACTS, RETAINS AND PROMOTES THE BEST AND BRIGHTEST PEOPLE, WHO ARE COMMITTED TO SHARP' S MISSION AND VISION FINANCE ACHIEVE FINANCIAL RESULTS TO ENSURE SHARP'S ABILITY TO PROV IDE QUALITY HEALTH CARE SERVICES, NEW TECHNOLOGY AND INVESTMENT IN THE ORGANIZATION GROWT H ACHIEVE CONSISTENT NET REVENUE GROWTH TO ENHANCE MARKET DOMINANCE, SUSTAIN INFRASTRUCTU RE IMPROVEMENTS AND SUPPORT INNOVATIVE DEVELOPMENT COMMUNITY BE AN EXEMPLARY COMMUNITY C ITIZEN BY IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY AND SUPPORTING THE STEWARDS HIP OF OUR ENVIRONMENT AWARDS BELOW PLEASE FIND A SELECTION OF RECOGNITIONS SHARP HAS REC EIVED IN RECENT Y EARS IN 2013, 2014, AND 2016 SHARP WAS RECOGNIZED AS ONE OF THE WORLD'S MOST ETHICAL (WME) COMPANIES BY THE ETHISPHERE INSTITUTE, THE LEADING BUSINESS ETHICS THIN K TANK WME COMPANIES ARE THOSE THAT TRULY EMBRACE ETHICAL BUSINESS PRACTICES AND DEMONSTR ATE INDUSTRY LEADERSHIP, FORCI |

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| FORM 990, PART III, LINE 4B (CONTINUED) | NG PEERS TO FOLLOW SUIT OR FALL BEHIND SHARP WAS RANKED NO 16 OUT OF 500 LARGE EMPLOYERS ON FORBES AMERICA'S BEST EMPLOYERS 2016 LIST SHARP WAS ALSO GIVEN THE NO 2 SPOT ON THE NEWCOMER'S LIST SHARP WAS NAMED "BEST HOSPITAL GROUP" BY U-T SAN DIEGO READERS PARTICIPAT ING IN THE PAPER'S 2015 "BEST OF SAN DIEGO" READERS POLL IN 2016, SHARP RANKED SECOND IN THE SAME CATEGORY, WHILE SMH RANKED SECOND FOR "BEST HOSPITAL AND SMBHWN AND SGH RANKED TH IRD AND FOURTH ALSO IN 2016, SHARP COMMUNITY MEDICAL GROUP (SCMG) AND SRS RANKED FIRST AN D THIRD, RESPECTIVELY, AS SAN DIEGO'S "BEST MEDICAL GROUP" IN 2016, SMH AND SMBHWN WERE N AMED ON THE LEAPFROG GROUP'S TOP 115 HOSPITALS LIST RECOGNIZING FACILITIES THAT MEET THE H IGHEST STANDARDS OF PATIENT SAFETY, CARE QUALITY AND EFFICIENCY SGH AND SMH HAVE BOTH REC EIVED MAGNET(R) DESIGNATION FOR NURSING EXCELLENCE BY THE AMERICAN NURSES CREDENTIALING CE NTER (ANCC) THE MAGNET RECOGNITION PROGRAM IS THE HIGHEST LEVEL OF HONOR BESTOWED BY THE ANCC AND IS ACCEPTED NATIONALLY AS THE GOLD STANDARD IN NURSING EXCELLENCE SMH WAS REDESI GNATED IN MARCH 2013 SHARP WAS NAMED ONE OF THE NATION'S "MOST WIRED" HEALTH CARE SYSTEMS FROM 1999 TO 2009, AND AGAIN FROM 2012 TO 2016 BY HOSPITALS & HEALTH NETWORKS MAGAZINE'S ANNUAL MOST WIRED SURVEY AND BENCHMARK STUDY "MOST WIRED" HOSPITALS ARE COMMITTED TO USIN G TECHNOLOGY TO ENHANCE QUALITY OF CARE FOR BOTH PATIENTS AND STAFF PLANETREE IS A COALIT ION OF MORE THAN 100 HOSPITALS WORLDWIDE THAT IS COMMITTED TO IMPROVING MEDICAL CARE FROM THE PATIENT'S PERSPECTIVE IN 2007 SCHHC BECAME A DESIGNATED PLANETREE PATIENT-CENTERED HO SPITAL AND IS THE ONLY HOSPITAL IN THE STATE TO BE REDESIGNATED TWICE, OCCURRING IN BOTH 2 010 AND 2013 ADDITIONALLY, SCHHC WAS NAMED A PLANETREE-CENTERED HOSPITAL WITH DISTINCTION FOR ITS LEADERSHIP AND INNOVATION IN PATIENT-CENTERED CARE IN 2012, SMH RECEIVED PLANETR EE PATIENT-CENTERED HOSPITAL DESIGNATION IN 2014, SMH ACHIEVED PLANETREE DESIGNATION WITH DISTINCTION AND WAS REDESIGNATED AS A PLANETREE PATIENT-CENTERED HOSPITAL IN 2015 IN 201 4, SCVMC JOINED SCHHC AND SMH IN PLANETREE RECOGNITION IN 2013, BOTH SCHHC AND SCVMC RECE IVED ENERGY STAR (ES) DESIGNATION FROM THE U S ENVIRONMENTAL PROTECTION AGENCY (EPA) FOR OUTSTANDING ENERGY EFFICIENCY BUILDINGS THAT ARE AWARDED ES CERTIFICATION USE AN AVERAGE OF 40 PERCENT LESS ENERGY THAN OTHER BUILDINGS AND RELEASE 35 PERCENT LESS CARBON DIOXIDE (CO2) INTO THE ATMOSPHERE SCHHC FIRST EARNED THE ES CERTIFICATION IN 2007 AND THEN AGAIN EACH YEAR FROM 2010 THROUGH 2013, WHILE SCVMC RECEIVED ES CERTIFICATION IN 2009, 2010, 201 1, 2013 AND 2015 SAN DIEGO GAS & ELECTRIC (SDG&E) RECOGNIZED SHARP FOR OUTSTANDING RESULT S IN ENERGY EFFICIENCY AND CONSERVATION SHARP WAS NAMED SAN DIEGO'S "HEALTHCARE 2014 ENER GY CHAMPION" FOR ITS SUCCESSES IN ENERGY CONSERVATION IN 2013 AND 2015, SHARP WAS NAMED A "RECYCLER OF THE YEAR" AT THE CITY OF SAN DIEGO ENVIRONMENTAL SERVICES DEPARTMENT'S ANNUA L WASTE REDUCTION AND RECYCLIN |

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| FORM 990, PART III, LINE 4B (CONTINUED) | G AWARDS PROGRAM FOR A SUCCESSFUL AND EXTENSIVE RECYCLING PROGRAM SMH AND SMBHWN WERE HON ORED FOR THEIR COMPREHENSIVE WASTE REDUCTION PROGRAMS IN 2013 SHARP WAS ONE OF FIVE AWARD EES IN SAN DIEGO TO RECEIVE A 2016 EMIES UNWASTED FOOD AWARD BY THE SAN DIEGO FOOD SYSTEM ALLIANCE FOR DEVELOPING BEST PRACTICES FOR PREVENTING WASTE, COMPOSTING, RECYCLING, FOOD D ONATION AND SOURCE REDUCTION EFFORTS IN PARTNERSHIP WITH THE SODEXO FOOD AND NUTRITION TEA M THE EMIES, UNWASTED FOOD AWARDS CELEBRATE THE 20TH ANNIVERSARY OF THE BILL EMERSON GOOD SAMARITAN FOOD DONATION ACT TO ENCOURAGE THE DONATION OF FOOD AND GROCERY PRODUCTS TO NON -PROFIT ORGANIZATIONS FOR DISTRIBUTION TO INDIVIDUALS IN NEED IN 2016, SHARP RANKED THIRD ON SAN DIEGO BUSINESS JOURNAL'S LIST OF HEALTHIEST COMPANIES THE HEALTHIEST COMPANIES LI ST HONORS THOSE ORGANIZATIONS THAT HAVE CREATED A SUPPORTIVE ENVIRONMENT FOR THEIR EMPLOYE ES AND FOSTERED A WORK/LIFE BALANCE FOR THEIR FAMILIES IN 2015, SHARP BEST HEALTH RECEIVE D THE AMERICAN HEART ASSOCIATION(R) (AHA) FIT-FRIENDLY WORKSITES HONOR ROLL AWARD (GOLD CA TEGORY) FOR THE THIRD CONSECUTIVE YEAR, WHICH RECOGNIZES EMPLOYERS THAT PROMOTE A CULTURE OF HEALTH AND PHYSICAL ACTIVITY IN THE WORKPLACE OR COMMUNITY FROM 2013 TO 2016, THE PRES S GANEY ORGANIZATION RECOGNIZED MULTIPLE SHC ENTITIES WITH GUARDIAN OF EXCELLENCE AWARDS BASED ON ONE YEAR OF DATA, THIS DESIGNATION RECOGNIZES RECIPIENTS FOR HAVING REACHED THE 9 5TH PERCENTILE FOR PATIENT SATISFACTION, EMPLOYEE ENGAGEMENT, PHYSICIAN ENGAGEMENT SURVEYS OR CLINICAL QUALITY AWARDED SHC ENTITIES INCLUDED SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH OU TPATIENT PAVILION (OPP), SMV, SHC, SHARP HOSPICECARE, SRS, SCMG AND SHARP HOME HEALTH FOR EMPLOYEE ENGAGEMENT, SMBHWN AND THE SHARP SENIOR HEALTH CENTERS AT SMH FOR PATIENT SATISFA CTION, AND SCHHC, SMBHWN AND SMV FOR PHYSICIAN ENGAGEMENT PRESS GANEY ALSO RECOGNIZED MUL TIPLE SHC ENTITIES WITH THE PINNACLE OF EXCELLENCE AWARDSM (FORMERLY NAMED THE BEACON OF E XCELLENCE AWARD) THIS AWARD RECOGNIZES THE TOP THREE PERFORMING HEALTH CARE ORGANIZATIONS THAT HAVE MAINTAINED CONSISTENTLY HIGH LEVELS OF EXCELLENCE OVER THREE YEARS IN THE PRESS GANEY CATEGORIES OF PATIENT EXPERIENCE, EMPLOYEE ENGAGEMENT, PHYSICIAN ENGAGEMENT AND CLI NICAL QUALITY PERFORMANCE IN 2013, 2015 AND 2016, PRESS GANEY RECOGNIZED SMH FOR PATIENT EXPERIENCE. FROM 2013 TO 2015, SHC WAS RECOGNIZED FOR EMPLOYEE ENGAGEMENT IN 2013, SCHHC AND SMV WERE RECOGNIZED FOR PHYSICIAN ENGAGEMENT |

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| FORM 990, PART III, LINE 4B (CONTINUED) | SHP WAS RANKED A TOP 100 U S HEALTH PLAN AND A TOP THREE CALIFORNIA HEALTH PLAN BASED ON THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE'S (NCQA) PRIVATE HEALTH INSURANCE RANKINGS 20 14-2015, WHICH RATED HEALTH INSURANCE PLANS BASED ON CLINICAL QUALITY, MEMBER SATISFACTION AND NCQA ACCREDITATION SURVEY RESULTS SHP ALSO RECEIVED THE HIGHEST LEVEL "EXCELLENT" AC CREDITATION STATUS FROM THE NCQA FOR THE THIRD YEAR IN A ROW (2013-2015) THE NCQA AWARDS ACCREDITATION STATUS BASED ON COMPLIANCE WITH RIGOROUS REQUIREMENTS AND PERFORMANCE ON HEA LTHCARE EFFECTIVENESS DATA AND INFORMATION SET AND CONSUMER ASSESSMENT OF HEALTHCARE PROVI DERS AND SY STEMS (CAHPS) MEASURES SHP WAS ALSO RATED HIGHEST IN CALIFORNIA AMONG REPORTIN G CALIFORNIA HEALTH PLANS FOR RATING OF THE HEALTH PLAN, RATING OF HEALTH CARE, RATING OF PERSONAL DOCTOR, AND RATING OF HEALTH PROMOTION AND EDUCATION IN NCQA'S 2015 QUALITY COMPA SS/CAHPS SURVEY, WHICH PROVIDES STATE, REGIONAL AND NATIONAL BENCHMARKS AS WELL AS INDIVID UAL PLAN PERFORMANCE FROM 2013 TO 2016, SHARP HAS RANKED IN THE TOP 10 OF THE LARGE EMPLO YERS CATEGORY AS ONE OF THE "BEST PLACES TO WORK" FOR INFORMATION TECHNOLOGY PROFESSIONALS BY THE INTERNATIONAL DATA GROUP'S (IDG) COMPUTERWORLD SURVEY THE LIST IS COMPILED USING THE FOLLOWING CRITERIA BENEFITS, TRAINING, RETENTION, CAREER DEVELOPMENT, AVERAGE SALARY INCREASES, EMPLOYEE SURVEYS, WORKPLACE MORALE AND MORE SGH RECEIVED A WOMEN'S CHOICE AWAR D(R) AS ONE OF AMERICA'S BEST HOSPITALS FOR CANCER CARE IN 2015, AND ONE OF AMERICA'S BEST HOSPITALS FOR OBSTETRICS IN 2016 IN 2015, SMBHWN RECEIVED THE AWARD AS ONE OF AMERICA'S BEST HOSPITALS FOR OBSTETRICS THE WOMEN'S CHOICE AWARD(R) IS A SY MBOL OF EXCELLENCE IN CU STOMER EXPERIENCE AWARDED BY THE COLLECTIVE V OICE OF WOMEN FOR THE THIRD YEAR IN A ROW, A ND THE FOURTH TIME IN FIVE YEARS, SHARP WON THE TOP SPOT IN THE MEGA EMPLOY ER CATEGORY IN THE SAN DIEGO ASSOCIATION OF GOVERNMENT'S (SANDAG'S) ICOMMUTE RIDESHARE 2015 CHALLENGE TH E MONTH-LONG CHALLENGE ENCOURAGED THE REPLACEMENT OF SOLO DRIVERS WITH SUSTAINABLE CARPOOL , VANPOOL, BIKE, WALK, OR TRANSIT COMMUTES POWERED BY SANDAG AND IN COOPERATION WITH THE 511 TRANSPORTATION INFORMATION SERVICE, ICOMMUTE IS THE TRANSPORTATION DEMAND MANAGEMENT P ROGRAM FOR THE SAN DIEGO REGION AND ENCOURAGES USE OF TRANSPORTATION ALTERNATIVES TO HELP REDUCE TRAFFIC CONGESTION AND GREENHOUSE GAS EMISSIONS SHARP WAS NAMED THE 2015 MEDICAL P ROVIDER OF THE YEAR AT THE INTERNATIONAL TRAVEL & HEALTH INSURANCE JOURNAL (ITIJ) AWARDS THE ITIJ HONORS COMPANIES THAT HAVE MADE AN OUTSTANDING CONTRIBUTION TO THE GLOBAL TRAVEL AND HEALTH INSURANCE INDUSTRY OVER THE PAST YEAR SHARP'S GLOBAL PATIENT SERVICES PROGRAM COORDINATES PATIENT TRANSFERS AND EVACUATIONS FOR MEDICAL EMERGENCIES FROM AROUND THE WORL D TO A SHARP HOSPITAL PATIENT ACCESS TO CARE PROGRAMS UNINSURED PATIENTS WITHOUT THE ABIL ITY TO PAY AND INSURED PATIENTS WITH INADEQUATE COVERAGE RECEIVE FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY SERVICES T |

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| FORM 990, PART III, LINE 4B (CONTINUED) | HROUGH SHARP'S FINANCIAL ASSISTANCE PROGRAM SHARP DOES NOT REFUSE ANY PATIENT REQUIRING E MERGENCY MEDICAL CARE SHARP PROVIDES SERVICES TO HELP EVERY UNFUNDED PATIENT RECEIVING CA RE IN THE ED FIND OPPORTUNITIES FOR HEALTH COVERAGE THROUGH POINTCARE - A TEAM OF HEALTH C OVERAGE EXPERTS WHOSE MAIN PRODUCT IS A QUICK, WEB-BASED SCREENING, ENROLLMENT AND REPORTI NG TECHNOLOGY DESIGNED TO PROVIDE COMMUNITY MEMBERS WITH HEALTH COVERAGE AND FINANCIAL ASS ISTANCE OPTIONS AT SHARP, PATIENTS USE A SIMPLE ONLINE QUESTIONNAIRE THROUGH POINTCARE TO GENERATE PERSONALIZED COVERAGE OPTIONS THAT ARE FILED IN THEIR ACCOUNT FOR FUTURE REFEREN CE AND ACCESSIBILITY THE RESULTS OF THE QUESTIONNAIRE ALLOW SHARP STAFF TO HAVE AN INFORM ED AND SUPPORTIVE DISCUSSION WITH THE PATIENT ABOUT HEALTH CARE COVERAGE, AND EMPOWER THEM WITH OPTIONS IN FY 2016, SHARP HELPED GUIDE APPROXIMATELY 12,300 SELF-PAY PATIENTS THROU GH THE MAZE OF GOVERNMENT HEALTH COVERAGE PROGRAMS WHILE ENSURING THAT EACH PATIENT'S DIGN ITY WAS MAINTAINED THROUGHOUT THE PROCESS IN 2014, SHARP HOSPITALS IMPLEMENTED AN ON-SITE PROCESS FOR REAL-TIME MEDI-CAL ELIGIBILITY DETERMINATIONS (PRESUMPTIVE ELIGIBILITY), MAKI NG SHARP THE FIRST HOSPITAL SYSTEM IN SDC TO PROVIDE THIS SERVICE. IN FY 2016, SHARP SECUR ED THIS BENEFIT FOR APPROXIMATELY 1,990 UNFUNDED PATIENTS IN THE ED IN SUPPORT OF COVERED CALIFORNIA'S ANNUAL OPEN ENROLLMENT PERIOD, 22 MEMBERS OF SHARP'S REGISTRATION STAFF HAVE BECOME CERTIFIED APPLICATION COUNSELORS IN ORDER TO BETTER ASSIST BOTH PATIENTS AND THE G ENERAL COMMUNITY WITH NAVIGATING THE COVERED CALIFORNIA WEBSITE (COVEREDCA COM) AND PLAN E NROLLMENT IN COLLABORATION WITH SAN DIEGO-BASED CSI FINANCIAL SERVICES, SHARP OFFERS A MO RE AFFORDABLE ALTERNATIVE FOR PATIENTS STRUGGLING TO RESOLVE THEIR HOSPITAL BILLS THROUGH CLEARBALANCE - A SPECIALIZED LOAN PROGRAM FOR PATIENTS FACING HIGH MEDICAL BILLS THROUGH THE PROGRAM, BOTH INSURED AND UNINSURED PATIENTS HAVE THE OPPORTUNITY TO SECURE SMALL BANK LOANS IN ORDER TO PAY OFF THEIR MEDICAL BILLS IN LOW MONTHLY INSTALLMENTS, PREVENTING UNP AID ACCOUNTS FROM GOING TO COLLECTIONS IN ADDITION, THREE SHARP HOSPITALS - SCVMC, SGH AN D SMH - QUALIFY AS COVERED ENTITIES FOR THE 340B DRUG PRICING PROGRAM ADMINISTERED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION HOSPITAL PARTICIPATION IN THE 340B DRUG PRIC ING PROGRAM PERMITS THE PURCHASE OF OUTPATIENT DRUGS AT REDUCED PRICES THE SAVINGS FROM T HIS PROGRAM ARE USED TO OFFSET PATIENT CARE COSTS FOR SHARP'S MOST VULNERABLE PATIENT POPU LATIONS, AS WELL AS TO ASSIST PATIENT ACCESS TO MEDICATIONS THROUGH THE PATIENT ASSISTANCE TEAM THE PATIENT ASSISTANCE TEAM HELPS THOSE IN NEED OF ASSISTANCE GAIN ACCESS TO FREE O R LOW-COST MEDICATIONS PATIENTS ARE IDENTIFIED THROUGH USAGE REPORTS OR REFERRED THROUGH CASE MANAGEMENT, SOCIAL WORK, NURSING, PHYSICIANS OR EVEN OTHER PATIENTS IF ELIGIBLE, UNI NSURED PATIENTS ARE OFFERED ASSISTANCE, WHICH CAN HELP DECREASE READMISSIONS RESULTING FRO M LACK OF ACCESS TO MEDICATION |

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| FORM 990, PART III, LINE 4B (CONTINUED) | THE TEAM MEMBERS RESEARCH ALL AVAILABLE OPTIONS, INCLUDING PROGRAMS OFFERED BY DRUG MANU FACTURERS, GRANT-BASED PROGRAMS OFFERED BY FOUNDATIONS, COPAY ASSISTANCE AND OTHER LOW-COS T ALTERNATIVES ALSO IN 2016, SHARP SUPPORTED AND PROVIDED PAYMENT OPTIONS TO HIGH-RISK, U NINSURED AND UNDERINSURED PATIENTS AT ALL SHARP HOSPITALS WITH AN INABILITY TO PAY THEIR F INANCIAL RESPONSIBILITY AFTER HEALTH INSURANCE. THROUGH THE MAXIMUM OUT OF POCKET PROGRAM, SHARP PROVIDED PATIENTS WITH EDUCATION DURING THEIR HOSPITAL STAY, AND ALSO HELPED THEM T O UNDERSTAND THEIR HEALTH INSURANCE BENEFITS, ACCESS CARE, AS WELL AS PROVIDED PAYMENT OPT IONS PUBLIC RESOURCE SPECIALISTS, NEW TO THE PATIENT FINANCIAL SERVICES (PFS) TEAM, ALSO OFFERED SUPPORT TO UNINSURED AND UNDERINSURED PATIENTS AT ALL SHARP HOSPITALS NEEDING EXTR A GUIDANCE ON AVAILABLE FUNDING OPTIONS THE PUBLIC RESOURCE SPECIALISTS PERFORMED FIELD C ALLS (HOME VISITS) TO PATIENTS WHO LEFT THE HOSPITAL AND REQUIRED ASSISTANCE IN COMPLETING THE COVERAGE APPLICATION PROCESS TO FACILITATE COVERAGE NEW THIS PAST YEAR, SGH'S PFS TE AM WORKED CLOSELY WITH THE HOSPITAL'S CARE TRANSITIONS INTERVENTION PROGRAM TO EVALUATE PA TIENTS FOR CALFRESH/SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) BENEFITS PRIOR TO HOS PITAL DISCHARGE, DRAMATICALLY INCREASING THE LIKELIHOOD THAT PATIENTS COMPLETE CALFRESH AP PLICATIONS AND RECEIVE BENEFITS IN FY 2016, SGH'S PFS TEAM COMPLETED 227 CALFRESH APPLICA TIONS AND 125 PATIENTS WERE GRANTED CALFRESH BENEFITS AS A RESULT OF THE SUCCESS FROM THI S PILOT, IN FEBRUARY 2017 SHARP'S PFS TEAM WILL EXPAND THIS PROGRAM TO THE REMAINING ACUTE CARE HOSPITALS IN SUMMER 2015, A PILOT PROGRAM WAS LAUNCHED AT SMBHWN TO SUPPORT AND PRO VIDE FINANCIAL ASSISTANCE TO BOTH INSURED AND UNFUNDED FAMILIES WITH NEONATAL INTENSIVE CA RE UNITS (NICU) BABIES THIS PROCESS INCLUDED MEETING WITH FAMILIES WHOSE NEWBORN HAD BEEN DIAGNOSED WITH A DEVASTATING MEDICAL CONDITION OR EXTREMELY LOW BIRTH WEIGHT, AND EVALUAT ING THOSE FAMILIES FOR SUPPLEMENTAL SECURITY INCOME (SSI) ELIGIBILITY THE PROGRAM PROVIDE D ASSISTANCE FOR THE NEWBORN'S COSTS OF CARE BOTH WITHIN AND OUTSIDE OF THE HOSPITAL PUBL IC RESOURCE SPECIALISTS HAVE ASSISTED MORE THAN 60 FAMILIES THROUGH THE PROCESS OF APPLYIN G FOR SSI |

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| FORM 990, PART III, LINE 4B (CONTINUED) | IN A TARGETED EFFORT TO PROVIDE EXCEPTIONAL CARE FOR VULNERABLE POPULATIONS, SINCE 2013, S HARP HAS PARTICIPATED IN THE COMMUNITY-BASED CARE TRANSITIONS PROGRAM (CCTP) FOR MEDICARE FEE FOR SERVICE PATIENTS THE PROGRAM BEGAN WITH THE SAN DIEGO CARE TRANSITIONS PARTNERSHI P (SDCTP) UNDER THE HEALTH AND HUMAN SERVICES AGENCY, AGING & INDEPENDENCE SERVICES (AIS), AND INCLUDED SCRIPPS HEALTH, PALOMAR HEALTH, AND UNIVERSITY OF CALIFORNIA SAN DIEGO (UCSD ) HEALTH SYSTEM (11 HOSPITALS WITH A TOTAL OF 13 CAMPUSES) THE PROGRAM WAS GRANT-FUNDED F OR THREE Y EARS BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES TO PROVIDE COMPREHENSIVE PATIENT-CENTERED, HOSPITAL AND COMMUNITY-BASED SERVICES THE GOALS OF CCTP INCLUDED * IMP ROVE TRANSITION FROM THE INPATIENT HOSPITAL SETTING TO COMMUNITY * IMPROVE QUALITY OF CARE * REDUCE READMISSIONS FOR HIGH RISK BENEFICIARIES * DOCUMENT MEASURABLE SAVINGS TO THE ME DICARE PROGRAM CCTP IMPROVES TRANSITION FROM HOSPITAL TO HOME BY PROVIDING PATIENTS WITH T OOLS AND SUPPORT THAT PROMOTE KNOWLEDGE AND SELF-MANAGEMENT OF THEIR CONDITION SHARP'S TR ANSITION COACHES FUNCTIONED AS FACILITATORS, COACHING PATIENTS AND THEIR CAREGIVERS IN ORD ER TO ENCOURAGE SELF-MANAGEMENT AND DIRECT COMMUNICATION BETWEEN PATIENTS, CAREGIVERS AND PROVIDERS THE PROGRAM EXTENDED FOR 30 DAYS PER PATIENT AND INCLUDED A HOSPITAL VISIT, A H OME VISIT AND FOLLOW-UP PHONE CALLS THE CCTP PROGRAM CONCLUDED IN FY 2016 WITH THE ENDING OF THE PROGRAM'S GRANT FUNDING, AND MORE THAN 40,000 PATIENTS WERE SERVED COLLECTIVEL Y TH ROUGH THE PROGRAM IN ADDITION, SHARP PROVIDES POST-ACUTE CARE FACILITATION FOR HIGH-RISK PATIENTS, INCLUDING THE HOMELESS AND PATIENTS LACKING A SAFE HOME ENVIRONMENT PATIENTS MA Y RECEIVE SERVICES SUCH AS ASSISTANCE WITH TRANSPORTATION AND PLACEMENT, CONNECTIONS TO CO MMUNITY RESOURCES, AND FINANCIAL SUPPORT FOR MEDICAL EQUIPMENT AND MEDICATIONS SCHHC, SGH AND SMH WORK WITH THE SAN DIEGO RESCUE MISSION (SDRM) TO IDENTIFY HOMELESS PATIENTS, OR P ATIENTS WHO HAVE EXHAUSTED OTHER COMMUNITY HOUSING RESOURCES, WHO HAVE A CONTINUING MEDICA L NEED AFTER HOSPITAL DISCHARGE ONCE REFERRED TO THE SDRM'S RECUPERATIVE CARE UNIT, PATIE NTS RECEIVE FOLLOW-UP MEDICAL CARE THROUGH SHARP IN A SAFE ENVIRONMENT, AND MAY ALSO RECEI VE PSYCHIATRIC CARE, HELP SCHEDULING SPECIALTY APPOINTMENTS, ASSISTANCE WITH CALFRESH APPL ICATIONS, AND CONNECTIONS TO COMMUNITY RESOURCES INCLUDING PROGRAMS THAT SUPPORT CONTINUED SOBRIETY AND RESIDENTIAL TREATMENT IN ADDITION, A SOCIAL WORKER PROVIDES REFERRALS FOR P ERMANENT HOUSING AND COLLABORATES WITH ST VINCENT DE PAUL VILLAGE TO ASSIST WITH THE SSI APPLICATION PROCESS THROUGH HOPE (HOMELESS OUTREACH PROGRAMS FOR ENTITLEMENT) SAN DIEGO - AN EFFORT TO INCREASE ACCESS TO SSI FOR PEOPLE WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS SHARP IS COMMITTED TO PROVIDING FREE OF CHARGE MEDICAL RECORDS TO SUPPORT AN SSI CLAIM HEALTH PROFESSIONS TRAINING INTERNSHIPS STUDENTS AND RECENT HEALTH CARE GRADUATES ARE A VA LUABLE ASSET TO THE COMMUNITY |

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| FORM 990, PART III, LINE 4B (CONTINUED) | SHARP DEMONSTRATES A DEEP INVESTMENT IN THESE POTENTIAL AND NEWEST MEMBERS OF THE HEALTH CARE WORKFORCE THROUGH INTERNSHIPS, FINANCIAL AID AND CAREER PIPELINE PROGRAMS IN FY 2016 , MORE THAN 4,300 STUDENT INTERNS DEDICATED NEARLY 638,000 HOURS WITHIN THE SHARP SY STEM STUDENTS BELONGED TO A VARIETY OF DISCIPLINES INCLUDING NURSING, ALLIED HEALTH AND PROFESS IONAL EDUCATIONAL PROGRAMS SHARP PROVIDED EDUCATION AND TRAINING PROGRAMS FOR NURSING STU DENTS (E G , CRITICAL CARE, MEDICAL/SURGICAL, BEHAVIORAL HEALTH, WOMEN'S SERVICES, CARDIAC SERVICES AND HOSPICE) AND ALLIED HEALTH PROFESSIONS SUCH AS REHABILITATION THERAPIES (SPE ECH, PHY SICAL AND OCCUPATIONAL THERAPY), PHARMACY, RESPIRATORY THERAPY, IMAGING, CARDIOVAS CULAR, DIETETICS, LAB, RADIATION THERAPY, SURGICAL TECHNOLOGY, PARAMEDIC, SOCIAL WORK, PSY CHOLOGY, BUSINESS, HEALTH INFORMATION MANAGEMENT AND PUBLIC HEALTH STUDENTS CAME FROM LOC AL COMMUNITY COLLEGES SUCH AS GROSSMONT COLLEGE, SAN DIEGO CITY COLLEGE, SAN DIEGO MESA CO LLEGE (MESA COLLEGE) AND SOUTHWESTERN COLLEGE, LOCAL AND NATIONAL UNIVERSITY CAMPUSES SUCH AS POINT LOMA NAZARENE UNIVERSITY (PLNU), SAN DIEGO STATE UNIVERSITY (SDSU), UNIVERSITY O F CALIFORNIA, SAN DIEGO (UCSD), AND UNIVERSITY OF SAN DIEGO (USD), AND VOCATIONAL SCHOOLS SUCH AS CONCORDE CAREER COLLEGE TABLE 1 PRESENTS THE TOTAL NUMBER OF STUDENTS AND STUDENT HOURS AT EACH SHARP ENTITY IN FY 2016 TABLE 1 SHARP HEALTHCARE INTERNSHIPS - FY 2016 SH ARP CHULA VISTA MEDICAL CENTER NURSING 532 STUDENTS 39,642 GROUP HOURS 15,681 PRECEPTED H OURS ANCILLARY 144 STUDENTS 28,058 HOURS TOTAL 676 STUDENTS 83,381 HOURS SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER NURSING 559 STUDENTS 86,102 GROUP HOURS 3,958 PRECEPTED HO URS ANCILLARY 73 STUDENTS 20,778 HOURS TOTAL 632 STUDENTS 110,838 HOURS SHARP GROSSMONT HOSPITAL NURSING 737 STUDENTS 64,689 GROUP HOURS 13,004 PRECEPTED HOURS ANCILLARY 218 ST UDENTS 50,156 HOURS TOTAL 955 STUDENTS 127,849 HOURS SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS NURSING 183 STUDENTS 14,098 GROUP HOURS 4,262 PRECEPTED HOURS ANCILLARY 12 ST UDENTS 3,420 HOURS TOTAL 195 STUDENTS 21,780 HOURS SHARP MEMORIAL HOSPITAL NURSING 449 S TUDENTS 26,736 GROUP HOURS 17,845 PRECEPTED HOURS ANCILLARY 277 STUDENTS 74,501 HOURS TOT AL 726 STUDENTS 119,082 HOURS SHARP MESA VISTA HOSPITAL NURSING 339 STUDENTS 24,802 GROU P HOURS 2,516 PRECEPTED HOURS ANCILLARY 47 STUDENTS 34,371 HOURS TOTAL 386 STUDENTS 61,6 89 HOURS SHARP HOSPICECARE NURSING 88 STUDENTS 920 PRECEPTED HOURS TOTAL 88 STUDENTS 920 HOURS SHARP HEALTHCARE NURSING 451 STUDENTS 69,913 PRECEPTED HOURS ANCILLARY 195 STUDEN TS 42,333 HOURS TOTAL 646 STUDENTS 112,246 HOURS TOTAL NURSING 3,338 STUDENTS 256,069 GR OUP HOURS 128,099 PRECEPTED HOURS ANCILLARY 966 STUDENTS 253,617 HOURS TOTAL 4,304 STUDE NTS 637,785 HOURS IN ADDITION, SHARP OFFERS A GRADUATE LEVEL CLINICAL PASTORAL EDUCATION ( CPE) PROGRAM TO TEACH STUDENTS CLINICAL THEORIES AND SKILLS TO PROVIDE SPIRITUAL CARE TO P ATIENTS AND THEIR FAMILIES IN |

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| FORM 990, PART III, LINE 4B (CONTINUED) | FY 2016, THE PROGRAM SUPERVISED SIX CHAPLAIN RESIDENTS AND EIGHT CHAPLAIN INTERNS ON THE CAMPUSES OF SGH, SMBHWN, SMH, SMV AND SHARP HOME HEALTH SERVICES HEALTH SCIENCES HIGH AND MIDDLE COLLEGE SHARP IS AN INDUSTRY PARTNER WITH CHARTER SCHOOL HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) TO PROVIDE HIGH SCHOOL STUDENTS BROAD EXPOSURE TO HEALTH CARE CAREE RS THROUGH THIS PARTNERSHIP, HSHMC STUDENTS CONNECT WITH SHARP TEAM MEMBERS THROUGH JOB S HADOWING TO EXPLORE REAL-WORLD APPLICATION OF THEIR SCHOOL-BASED KNOWLEDGE AND SKILLS THI S COLLABORATION PREPARES STUDENTS TO ENTER HEALTH, SCIENCE AND MEDICAL TECHNOLOGY CAREERS IN THE FOLLOWING FIVE CAREER PATHWAYS BIOTECHNOLOGY RESEARCH AND DEVELOPMENT, DIAGNOSTIC SERVICES, HEALTH INFORMATICS, SUPPORT SERVICES AND THERAPEUTIC SERVICES THE HIGH SCHOOL C URRICULUM PROVIDES STUDENTS WITH A VARIETY OF SERVICE-LEARNING PROJECTS AND INTERNSHIPS FO CUSED ON CAREERS IN HEALTH CARE STUDENTS EARN HIGH SCHOOL DIPLOMAS, COMPLETE COLLEGE ENTR ANCE REQUIREMENTS AND HAVE OPPORTUNITIES TO EARN COMMUNITY COLLEGE CREDITS, DEGREES OR VOC ATIONAL CERTIFICATES THE HSHMC PROGRAM BEGAN IN 2007 WITH STUDENTS ON THE CAMPUSES OF SGH AND SMH, AND EXPANDED TO INCLUDE SMV AND SMBHWN IN 2009, SCHHC IN 2010, AND SCVMC IN 2011 STUDENTS ALSO DEVOTE TIME TO VARIOUS SRS SITES STUDENTS BEGIN THEIR INTERNSHIP EXPERIEN CE WITH A SYSTEMWIDE ORIENTATION TO SHARP AND THEIR UPCOMING JOB-SHADOWING ACTIVITIES, WHI CH CONSIST OF TWO LEVELS OF TRAINING LEVEL I OF THE HSHMC PROGRAM IS THE ENTRY LEVEL FOR ALL STUDENTS AND IS CONDUCTED OVER AN EIGHT-WEEK PERIOD THROUGH LEVEL I, NINTH-GRADE STUD ENTS SHADOW PRIMARILY NON-NURSING AREAS OF THE HOSPITAL AS WELL AS COMPLETE ADDITIONAL COU RSEWORK IN INFECTION CONTROL, MEDICAL ETHICS, AND INTRODUCTION TO HEALTH PROFESSIONS LEVE L II IS DESIGNED FOR STUDENTS IN GRADES 10 THROUGH 12 AND INCLUDES ENHANCED PATIENT INTERA CTION, COLLEGE-LEVEL CLINICAL ROTATION, AND HANDS-ON EXPERIENCE LEVEL II STUDENTS ARE PLA CED IN A NEW ASSIGNMENT EACH SEMESTER FOR A VARIETY OF PATIENT CARE EXPERIENCES, AND TAKE ADDITIONAL HEALTH-RELATED COURSEWORK AT A COMMUNITY COLLEGE, INCLUDING HEALTH 101, PUBLIC HEALTH, PSYCHOLOGY AND ABNORMAL PSYCHOLOGY, NUTRITION, INTRO TO HEALTH PROFESSIONS, AND HE ALTH AND SOCIAL INJUSTICE |

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| FORM 990, PART III, LINE 4B (CONTINUED) | IN FY 2016, APPROXIMATELY 450 HSHMC STUDENTS - INCLUDING 280 LEVEL I STUDENTS AND 150 LEVE L II STUDENTS - WERE SUPERVISED FOR APPROXIMATELY 57,600 HOURS ON SHARP CAMPUSES STUDENTS ROTATED THROUGH INSTRUCTIONAL PODS IN SPECIALTY AREAS, INCLUDING BUT NOT LIMITED TO NURS ING, EMERGENCY SERVICES, OBSTETRICS AND GYNECOLOGY (OB/GYN), OCCUPATIONAL THERAPY, PHYSICA L THERAPY, BEHAVIORAL HEALTH, PEDIATRICS, MEDICAL/SURGICAL, REHABILITATION, LABORATORY SER VICES, PHARMACY, PATHOLOGY, RADIATION ONCOLOGY, RADIOLOGY, ENDOSCOPY, ENGINEERING, NUTRITI ON, INFECTION CONTROL, PULMONARY SERVICES, AND OPERATIONS STUDENTS NOT ONLY HAD THE OPPOR TUNITY TO OBSERVE PATIENT CARE, BUT ALSO RECEIVED GUIDANCE FROM SHARP STAFF ON CAREER LADD ER DEVELOPMENT AS WELL AS JOB AND EDUCATION REQUIREMENTS IN MAY 2016, THE HSHMC PROGRAM G RADUATED 153 STUDENTS IN ITS SIXTH FULL CLASS EACH YEAR, SHARP REVIEWS AND EVALUATES ITS COLLABORATION WITH HSHMC, INCLUDING OUTCOMES OF STUDENTS AND GRADUATES, TO PROMOTE LONG-TE RM SUSTAINABILITY ALTHOUGH MANY HSHMC STUDENTS FACE FINANCIAL HARDSHIP - THE FREE AND RED UCED-PRICE MEAL ELIGIBILITY RATE IS HIGHER THAN THE AVERAGES FOR SDC AND CALIFORNIA - THE CHARTER SCHOOL EXCELS IN PREPARING STUDENTS FOR HIGH SCHOOL GRADUATION, COLLEGE ENTRANCE A ND A FUTURE CAREER IN 2016, 90 PERCENT OF THE HSHMC GRADUATING CLASS WENT ON TO ATTEND TW O- OR FOUR-YEAR COLLEGES, WHILE 88 PERCENT OF STUDENTS SAID THEY WANTED TO PURSUE CAREERS IN HEALTH CARE. IN ADDITION, HSHMC HAS A 100 PERCENT GRADUATION RATE, WHICH IS HIGHER THAN CALIFORNIA'S 82 3 PERCENT STATE AVERAGE HSHMC RECEIVED THE 2016 IMPACT AWARD FROM THE CL ASSROOM FOR THE FUTURE FOUNDATION AS THE MOST INNOVATIVE EDUCATION PROGRAM IN SDC EACH YE AR, CLASSROOM FOR THE FUTURE FOUNDATION AWARDS EDUCATION PROGRAMS ACROSS SDC IN FOUR CATEG ORIES INNOVATE, INSPIRE, ACHIEVE AND IMPACT HSHMC IS ALSO A 2016 U S NEWS & WORLD REPOR T BEST HIGH SCHOOLS BRONZE AWARD WINNER THE CALIFORNIA DEPARTMENT OF EDUCATION RECOGNIZED HSHMC AS A 2015 CALIFORNIA GOLD RIBBON SCHOOL FOR ITS OUTSTANDING EDUCATION PROGRAMS AND PRACTICES, AND AS A TITLE I ACADEMIC ACHIEVING SCHOOL FOR DEMONSTRATING SUCCESS IN SIGNIFI CANTLY REDUCING THE GAP BETWEEN HIGH- AND LOW-PERFORMING STUDENTS HSHMC WAS ALSO RECOGNIZ ED WITH A 2015 MODEL PROFESSIONAL LEARNING COMMUNITY AT WORK(TM) AWARD BY SOLUTION TREE FO R ITS SUSTAINED SUCCESS IN RAISING STUDENT ACHIEVEMENT PROFESSIONAL LEARNING COMMUNITIES ARE SCHOOLS AND DISTRICTS IN WHICH EDUCATORS RECOGNIZE THE KEY TO IMPROVED LEARNING FOR ST UDENTS IS ON-GOING, JOB-EMBEDDED LEARNING FOR THE ADULTS WHO SERVE THOSE STUDENTS HSHMC W AS ONE IN APPROXIMATELY 200 SCHOOLS AND DISTRICTS IN THE U S AND CANADA, AND THE FIRST SC HOOL IN SDC, TO RECEIVE THIS HONOR IN ADDITION, HSHMC IS A 2014 NATIONAL SCHOOL SAFETY AD VOCACY COUNCIL AWARD WINNER. LECTURES AND CONTINUING EDUCATION SHARP CONTRIBUTES TO THE AC ADEMIC ENVIRONMENT OF COLLEGES AND UNIVERSITIES THROUGHOUT SAN DIEGO IN FY 2016, SHARP ST AFF PROVIDED HUNDREDS OF ACADE |

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| FORM 990, PART III, LINE 4B (CONTINUED) | MIC HOURS IN LECTURES, COURSES AND PRESENTATIONS ON NUMEROUS COLLEGE AND UNIVERSITY CAMPUS ES THIS INCLUDED GUEST LECTURES ON HEALTH INFORMATION TECHNOLOGY AT UCSD AND MESA COLLEGE , ADVANCED HEALTH POLICY AT UCSD, DIABETES, HEALTH LITERACY AND SPIRITUAL CARE IN THE HEAL TH CARE SETTING AT SDSU, ADVANCE CARE PLANNING, PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREAT MENT (POLST), HOSPICE, BIOETHICS AND GOALS OF CARE AT AZUSA PACIFIC UNIVERSITY (APU), SDSU , CALIFORNIA STATE UNIVERSITY SAN MARCOS (CSUSM), UNIVERSITY OF SOUTHERN CALIFORNIA (USC) AND MESA COLLEGE, SPINAL CORD INJURY (SCI) TO PHYSICAL THERAPY STUDENTS AT THE UNIVERSITY OF ST AUGUSTINE IN SAN MARCOS, GRIEF, LOSS AND BEREAVEMENT TO PSYCHIATRIC NURSING STUDENT S FROM CSUSM, AND A VARIETY OF HEALTH ADMINISTRATION LECTURES TO PUBLIC HEALTH GRADUATE ST UDENTS AT SDSU SHARP'S CONTINUING MEDICAL EDUCATION (CME) DEPARTMENT IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION TO PROVIDE CONTINUING MEDICAL EDUC ATION, AS WELL AS BY THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION TO PROVIDE CONTINUIN G PHARMACY EDUCATION SHARP'S CME DEPARTMENT PROVIDES EVIDENCE-BASED AND CLINICALLY RELEVA NT PROFESSIONAL DEVELOPMENT OPPORTUNITIES TO HELP PRACTICING PHYSICIANS AND PHARMACISTS IM PROVE PATIENT SAFETY AND ENHANCE CLINICAL OUTCOMES IN FY 2016, SHARP'S CME DEPARTMENT INV ESTED MORE THAN 1,500 HOURS TO NUMEROUS CME ACTIVITIES FOR SAN DIEGO HEALTH CARE PROVIDERS THIS INCLUDED CONFERENCES ON PRIMARY CARE, VASCULAR DISEASE AND STROKE, MELANOMA, OSTEOP ATHIC MEDICINE, AND ADVANCES IN OB/GYN, AS WELL AS PRESENTATIONS ON SEPSIS, HIP ARTHROSCOP Y, INFECTION PREVENTION AND CLINICAL DOCUMENTATION IMPROVEMENT RESEARCH SHARP CENTER FOR RESEARCH INNOVATION IS CRITICAL TO THE FUTURE OF HEALTH CARE THE SHARP CENTER FOR RESEARC H (CENTER FOR RESEARCH) SUPPORTS INNOVATION THROUGH ITS COMMITMENT TO SAFE, HIGH QUALITY R ESEARCH INITIATIVES THAT PROVIDE VALUABLE KNOWLEDGE TO THE SAN DIEGO HEALTH CARE COMMUNITY , AND POSITIVELY IMPACT PATIENTS AND COMMUNITY MEMBERS THE CENTER FOR RESEARCH INCLUDES T HE HUMAN RESEARCH PROTECTION PROGRAM (HRPP), THE INSTITUTIONAL REVIEW BOARD (IRB) AND THE OUTCOMES RESEARCH INSTITUTE (ORI) HUMAN RESEARCH PROTECTION PROGRAM AND INSTITUTIONAL REV IEW BOARD IN FY 2016, SHARP WAS ONE OF EIGHT ORGANIZATIONS WORLDWIDE TO RECEIVE ACCREDITAT ION BY THE ASSOCIATION FOR THE ACCREDITATION OF HUMAN RESEARCH PROTECTION PROGRAMS THE AC CREDITATION ACTS AS A PUBLIC AFFIRMATION OF THE HRPP'S COMMITMENT TO FOLLOWING RIGOROUS ST ANDARDS FOR ETHICS, QUALITY AND PROTECTION FOR HUMAN RESEARCH TO DATE, SHARP IS THE ONLY HEALTH SYSTEM IN SDC TO RECEIVE THIS ACCREDITATION THE CENTER FOR RESEARCH'S HRPP IS RESP ONSIBLE FOR THE ETHICAL AND REGULATORY COMPLIANT OVERSIGHT OF RESEARCH CONDUCTED AT SHARP THE HRPP INCLUDES THREE COMPONENTS THE ORGANIZATION, THE RESEARCHERS AND THE IRB THE IR B IS THE LARGEST COMPONENT OF THE HRPP AND SEEKS TO PROMOTE A CULTURE OF SAFETY AND RESPEC T FOR THOSE PARTICIPATING IN R |

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| FORM 990, PART III, LINE 4B (CONTINUED) | ESEARCH FOR THE GREATER GOOD OF THE COMMUNITY ALL PROPOSED ENTITY RESEARCH STUDIES WITH H UMAN PARTICIPANTS MUST BE REVIEWED BY THE IRB IN ORDER TO PROTECT PARTICIPANT SAFETY AND M AINTAIN RESPONSIBLE RESEARCH CONDUCT IN FY 2016, A DEDICATED IRB COMMITTEE OF 17 - INCLUD ING PHYSICIANS, PSYCHOLOGISTS, RESEARCH NURSES, PHARMACISTS, AND NON-SCIENTISTS - DEVOTED HUNDREDS OF HOURS TO THE REVIEW AND ANALYSIS OF BOTH NEW AND ONGOING RESEARCH STUDIES RES EARCH IS CONDUCTED DURING ALL PHASES OF DRUG AND DEVICE DEVELOPMENT AND SPANS ACROSS THE L IFE CYCLE - FROM RESEARCH WITH NEWBORNS TO OLDER ADULTS THIS INCLUDES CLINICAL TRIALS THA T INCREASE SCIENTIFIC KNOWLEDGE AND ENABLE HEALTH CARE PROVIDERS TO ASSESS THE SAFETY AND EFFECTIVENESS OF A NEW TREATMENT SHARP PARTICIPATES IN APPROXIMATELY 250 CLINICAL TRIALS AT ANY GIVEN TIME, COVERING MANY AREAS OF MEDICINE, INCLUDING MENTAL HEALTH, EMERGENCY CAR E, INFECTIOUS DISEASE, NEWBORN CARE, HEART AND VASCULAR, NEUROLOGY, ORTHOPEDICS AND ONCOLO GY - THE LATTER OF WHICH COMPRISES THE MAJORITY OF SHARP'S CLINICAL TRIALS THE HRPP PROVI DES EDUCATION AND SUPPORT FOR RESEARCHERS ACROSS SHARP AS WELL AS THE BROADER SAN DIEGO HE ALTH AND RESEARCH COMMUNITIES REGARDING REQUIREMENTS FOR THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS IN ADDITION, AS PART OF ITS MISSION, THE CENTER FOR RESEARCH HOSTS QUARTERLY MEETINGS ON RELEVANT EDUCATIONAL TOPICS FOR COMMUNITY PHYSICIANS, PSYCHOLOGISTS, RESEARCH NURSES, STUDY COORDINATORS AND STUDENTS THROUGHOUT SAN DIEGO RECENT PRESENTATIONS HAVE I NCLUDED INVESTIGATOR QUALITY IMPROVEMENT ACTIVITIES AND ASSESSMENTS, UNDERSTANDING RESEARC H NONCOMPLIANCE, SERIOUS NONCOMPLIANCE AND CONTINUING NONCOMPLIANCE, RESEARCH COMMUNITY OU TREACH, UNDERSTANDING PRIVACY AND CONFIDENTIALITY IN RESEARCH, AND CLINICAL TRIALS COVERAG E ANALYSIS OUTCOMES RESEARCH INSTITUTE (ORI) SHARP'S ORI BEGAN IN 2010 AS A PILOT INITIAT IVE FUNDED BY THE SHARP HEALTHCARE FOUNDATION THE ORI MEASURES THE LONG-TERM RESULTS OF C ARE TO CONTINUE TO DEVELOP AND PROMOTE BEST PRACTICES IN HEALTH CARE DELIVERY THE ORI ENA BLES SHARP TO DEVELOP AND DISSEMINATE NEW KNOWLEDGE TO THE LARGER HEALTH CARE COMMUNITY, A ND HELP IMPROVE THE QUALITY OF CARE DELIVERY ACROSS SDC THE ORI COLLABORATES WITH SHARP T EAM MEMBERS TO FACILITATE THE DESIGN OF PATIENT-CENTERED OUTCOMES RESEARCH PROJECTS, ASSIS T WITH STUDY PROTOCOL DEVELOPMENT, DATA COLLECTION AND ANALYSIS, EXPLORE FUNDING MECHANISM S FOR RESEARCH PROJECTS, AND FACILITATE IRB APPLICATION SUBMISSIONS THE ORI SEEKS GUIDANC E AND EXPERTISE FROM THE LOCAL AND NATIONAL ACADEMIC COMMUNITY ON HOW TO EFFECTIVELY CONDU CT OUTCOMES RESEARCH TO IMPROVE PATIENT AND COMMUNITY HEALTH THIS NETWORKING HAS RESULTED IN COLLABORATIVE RESEARCH PARTNERSHIPS WITH INVESTIGATORS AT SDSU AND NATIONAL UNIVERSITY |

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| FORM 990, PART III, LINE 4B (CONTINUED) | BEGINNING IN SEPTEMBER 2016, THE ORI EXPANDED ITS CAPABILITIES BY ADDING A FULL-TIME POST- DOCTORAL CLINICAL PSY CHOLOGY FELLOWSHIP POSITION AND A HALF-TIME PRACTICUM PLACEMENT FOR A PREDOCTORAL GRADUATE STUDENT EVIDENCE-BASED PRACTICE INSTITUTE SHARP PARTICIPATES IN THE EVIDENCE-BASED PRACTICE INSTITUTE (EBPI), WHICH PREPARES TEAMS OF STAFF FELLOWS AND MENTO RS TO CHANGE AND IMPROVE CLINICAL PRACTICE AND PATIENT CARE THIS EVOLUTION IN PRACTICE AN D CARE OCCURS THROUGH IDENTIFY ING A CARE PROBLEM, DEVELOPING A PLAN TO SOLVE IT AND THEN I NCORPORATING THIS NEW KNOWLEDGE INTO PRACTICE THE EBPI IS PART OF THE CONSORTIUM FOR NURS ING EXCELLENCE, SAN DIEGO, WHICH PROMOTES EVIDENCE-BASED PRACTICE IN THE NURSING COMMUNITY THE CONSORTIUM IS A PARTNERSHIP BETWEEN SHARP, SCRIPPS HEALTH, PALOMAR HEALTH, RADY CHIL DREN'S HOSPITAL - SAN DIEGO, UC SAN DIEGO HEALTH, VA SAN DIEGO HEALTHCARE SYSTEM (VASDHS), ELIZABETH HOSPICE, PLNU, SDSU, APU AND USD SHARP ACTIVELY SUPPORTS THE EBPI BY PROVIDING INSTRUCTORS AND MENTORS AS WELL AS ADMINISTRATIVE COORDINATION THE EBPI INCLUDES SIX FUL L-DAY CLASS SESSIONS FEATURING GROUP ACTIVITIES, SELF-DIRECTED LEARNING PROGRAMS OUTSIDE O F THE CLASSROOM AND STRUCTURED MENTORSHIP THROUGHOUT THE PROGRAM THE EBPI FELLOWS PARTNER WITH THEIR MENTORS AND PARTICIPATE IN A VARIETY OF LEARNING STRATEGIES MENTORS FACILITAT E THE PROCESS OF CONDUCTING AN EVIDENCE-BASED PRACTICE CHANGE AND NAVIGATING THE HOSPITAL SYSTEM TO SUPPORT THE FELLOWS THROUGH THE PROCESS OF EVIDENCE-BASED PRACTICE MENTORS ALSO ASSIST THE FELLOWS IN WORKING COLLABORATIVELY WITH OTHER KEY HOSPITAL LEADERSHIP PERSONNE L THE NINE-MONTH PROGRAM CULMINATED WITH A COMMUNITY CONFERENCE AND GRADUATION CEREMONY I N NOVEMBER, AT WHICH THE PROJECT RESULTS OF ALL EBPI FELLOWS WERE SHARED THIRTY FELLOWS G RADUATED FROM THE EBPI PROGRAM IN FY 2016, COMPLETING PROJECTS THAT ADDRESS THE FOLLOWING ISSUES IN CLINICAL PRACTICE AND PATIENT CARE CREATING AN ACUTE CARE-FRIENDLY ENVIRONMENT FOR ALTERED MENTAL STATUS AND HIGH-RISK FALL PATIENTS, THE EFFECTS OF AROMATHERAPY ON ANXI ETY IN PEDIATRIC POST-OPERATIVE PATIENTS, IMPLEMENTING A HEALTH LITERACY PROTOCOL, DEBRIEF ING AFTER RESUSCITATION, AND BEDSIDE PRESSURE MAPPING FOR ULCER PREVENTION VOLUNTEER SERV ICE SHARP LENDS A HAND IN FY 2016, SHARP CONTINUED ITS SYSTEMWIDE COMMUNITY SERVICE PROGRA M, SHARP LENDS A HAND (SLAH) SHARP TEAM MEMBERS SUGGESTED PROJECT IDEAS THAT WOULD IMPROV E THE HEALTH AND WELL-BEING OF SAN DIEGO IN A BROAD, POSITIVE WAY, RELY SOLELY ON SHARP FO R VOLUNTEER LABOR, AND SUPPORT EXISTING NONPROFIT INITIATIVES, COMMUNITY ACTIVITIES OR OTH ER PROGRAMS THAT SERVE SDC SEVENTEEN PROJECTS WERE SELECTED FOR FY 2016 SAN DIEGO BLOOD BANK, SAN DIEGO FOOD BANK (FOOD BANK), THE AMERICAN DIABETES ASSOCIATION (ADA) TOUR DE CUR E, THE ADA STEP OUT WALK TO STOP DIABETES, THE SSUBI FOUNDATION GREENING FOR GOOD PROJECT, SPECIAL OLYMPICS, HABITAT FOR HUMANITY, FEEDING SAN DIEGO (FSD), SAN DIEGO HALF MARATHON, STAND DOWN FOR HOMELESS VETER |

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| FORM 990, PART III, LINE 4B (CONTINUED) | ANS, LIFE ROLLS ON - THEY WILL SURF AGAIN, I LOVE A CLEAN SAN DIEGO'S COASTAL CLEANUP AND CREEK TO BAY CLEANUP, AND THE SAN DIEGO RIVER PARK FOUNDATION'S POINT LOMA NATIVE PLANT GA RDEN, SAN DIEGO RIVER GARDEN, COASTAL HABITAT RESTORATION AND RIVER KIDS DISCOVERY DAYS M ORE THAN 2,000 SHARP EMPLOY EES, FAMILY MEMBERS AND FRIENDS VOLUNTEERED OVER 6,570 HOURS IN SUPPORT OF THESE PROJECTS WITH MORE THAN 100,000 WALKERS ACROSS 95 CITIES NATIONWIDE, TH E ADA STEP OUT WALK TO STOP DIABETES IS THE SIGNATURE FUNDRAISING WALK OF THE ADA IN OCTO BER 2015, NEARLY 50 SLAH VOLUNTEERS JOINED THE WALK IN POINT LOMA TO ASSIST WITH VOLUNTEER CHECK-IN, WALKER REGISTRATION, T-SHIRT DISTRIBUTION AND THE REFRESHMENT BOOTH BY VOLUNTE ERING THEIR TIME, SLAH PARTICIPANTS HELPED TO ENSURE THAT MORE FUNDS GO TOWARD THE ADA'S M ISSION TO PREVENT, CURE AND IMPROVE THE LIVES OF ALL PEOPLE AFFECTED BY DIABETES SLAH VOL UNTEERS PARTICIPATED IN THE ADA TOUR DE CURE 2016 TO SUPPORT THE MORE THAN 2 4 MILLION SAN DIEGANS WITH DIABETES OR PREDIABETES AND RAISE CRITICAL FUNDS FOR DIABETES RESEARCH, EDUC ATION AND ADVOCACY IN SUPPORT OF THE ADA FOR TWO DAYS IN APRIL, APPROXIMATELY 25 SLAH VOL UNTEERS ASSISTED WITH PRE-EVENT PACKET PICK-UP, DAY-OF EVENT REGISTRATION, T-SHIRT DISTRIB UTION AND FIRST AID THE SSUBI FOUNDATION'S GREENING FOR GOOD PROJECT COLLECTS DISCARDED B UT SAFE AND USABLE SUPPLIES FROM U S HOSPITALS AND DISTRIBUTES THEM TO CLINICS AROUND THE WORLD THAT HAVE LITTLE OR NO MEDICAL RESOURCES IN NOVEMBER, AUGUST AND SEPTEMBER, NEARLY 160 SLAH VOLUNTEERS JOINED THE GREENING FOR GOOD PROJECT TO EVALUATE, SORT, LABEL AND PRE PARE THESE MATERIALS FOR SHIPMENT IN ADDITION TO PROVIDING LIFE-SAVING SERVICES TO PEOPLE IN UNDERSERVED COUNTRIES, THE PROJECT HAS PROTECTED THE ENVIRONMENT BY KEEPING MORE THAN 400,000 POUNDS OF MEDICAL EQUIPMENT AND SUPPLIES OUT OF LOCAL LANDFILLS IN NOVEMBER 2015, APPROXIMATELY 15 SLAH VOLUNTEERS JOINED THE SAN DIEGO CHARGERS FOOTBALL TEAM AT THEIR 37T H ANNUAL BLOOD DRIVE IN MISSION VALLEY THE EVENT SUPPORTED THE SAN DIEGO BLOOD BANK DURIN G THE VITAL HOLIDAY SEASON WHEN PEOPLE TEND TO DONATE LESS BLOOD VOLUNTEERS SPECIFICALLY INCLUDED NURSES AND CERTIFIED PHLEBOTOMISTS WHO ASSISTED WITH BLOOD TY PING (DETERMINING TH E BLOOD TY PE OF AN INDIVIDUAL) THE SPECIAL OLYMPICS SOUTHERN CALIFORNIA - SAN DIEGO COUNT Y PROGRAM OFFERS FREE, Y EAR-ROUND SPORTS TRAINING AND COMPETITION FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES IN DECEMBER 2015, NEARLY 20 SLAH VOLUNTEERS SUPPORTED THE PROGRAM'S BASKETBALL COMPETITION AT BALBOA PARK MUNICIPAL GYM VOLUNTEERS ASSISTED WITH SC ORE-KEEPING, TIME-KEEPING, LUNCH SERVICE AND THE AWARDS CEREMONY IN ADDITION TO BUILDING HOMES IN PARTNERSHIP WITH LOCAL PEOPLE IN NEED, SAN DIEGO HABITAT FOR HUMANITY OPERATES TW O RESTORE RETAIL CENTERS WITH A WIDE VARIETY OF NEW OR GENTLY USED BUILDING MATERIALS AND HOME FURNISHINGS FOR PUBLIC PURCHASE THE RESTORE CENTERS PROVIDE AFFORDABLE MERCHANDISE T O CUSTOMERS WHILE HELPING FUND |

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| FORM 990, PART III, LINE 4B (CONTINUED) | THE CONSTRUCTION OF HABITAT HOMES THROUGHOUT SDC FOR ONE WEEKEND IN DECEMBER, 30 VOLUNTE ERS ORGANIZED DONATED ITEMS AND TOOK INVENTORY OF STOCK FOR THE MISSION VALLEY RESTORE RET AIL CENTER THE FOOD BANK FEEDS SAN DIEGANS IN NEED, ADVOCATES FOR THE HUNGRY, AND EDUCATE S THE PUBLIC ABOUT HUNGER-RELATED ISSUES EACH MONTH, THE FOOD BANK DISTRIBUTES AN AVERAGE OF 22 MILLION POUNDS OF FOOD - EQUIVALENT TO 18 6 MILLION MEALS - TO MORE THAN 400,000 SA N DIEGANS WEEKEND BACKPACKS FULL OF FOOD ARE PROVIDED TO MORE THAN 1,400 CHRONICALLY HUNG RY SCHOOLCHILDREN AT 31 ELEMENTARY SCHOOLS EVERY FRIDAY DURING THE SCHOOL YEAR, AND MORE T HAN 8,400 LOW-INCOME SENIORS RECEIVE A BOX OF GROCERIES AND STAPLE FOOD ITEMS AT 48 DISTRI BUTION SITES THROUGHOUT SDC OVER TWO WEEKS BETWEEN MARCH AND AUGUST 2016, MORE THAN 330 S LAH VOLUNTEERS INSPECTED, CLEANED AND SORTED DONATED FOOD, ASSEMBLED BOXES AND CLEANED THE FOOD BANK WAREHOUSE FOR TWO DAYS IN MARCH, APPROXIMATELY 140 SLAH VOLUNTEERS PROVIDED RE GISTRATION, GEAR-CHECK, WATER STOP AND FINISH-LINE SUPPORT AT THE SAN DIEGO HALF MARATHON THIS PREMIER RACE RAISES MONEY FOR LOCAL COMMUNITY SERVICE PROJECTS AND CHARITABLE CAUSES IN SAN DIEGO, INCLUDING THE SKINNY GENE PROJECT, ALS ASSOCIATION GREATER SAN DIEGO CHAPTE R, HUNTINGTON'S DISEASE SOCIETY OF AMERICA, MAKE-A-WISH FOUNDATION OF SAN DIEGO, NATIONAL FOUNDATION OF AUTISM RESEARCH, SAN DIEGO POLICE OFFICERS ASSOCIATION, WIDOWS AND ORPHANS F UND, TEAM RED, WHITE AND BLUE, TOYS FOR JOY, SIENNA'S PLAY GARDEN, MAMA'S KITCHEN, RACE GUA RDS, AND HOLE HEARTED IN APRIL, SLAH PARTNERED WITH I LOVE A CLEAN SAN DIEGO FOR THE 14TH ANNUAL CREEK TO BAY CLEANUP APPROXIMATELY 25 SLAH VOLUNTEERS PARTICIPATED IN THIS COUNTY WIDE EFFORT TO BEAUTIFY SAN DIEGO'S BEACHES, BAYS, TRAILS, CANYONS AND PARKS IN SEPTEMBER , MORE THAN 120 VOLUNTEERS SUPPORTED I LOVE A CLEAN SAN DIEGO'S CALIFORNIA COASTAL CLEANUP DAY TO ENSURE A CLEAN, SAFE AND HEALTHY COMMUNITY BY REMOVING LITTER FROM OPEN SPACES THR OUGHOUT SDC, INCLUDING SAN ELIJO STATE BEACH, MIRAMAR LAKE, MISSION BAY, PACIFIC BEACH, LA KE MURRAY, MAST PARK, EASTLAKE AND CORONADO CITY BEACH |

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| FORM 990, PART III, LINE 4B (CONTINUED) | SLAH PARTICIPATED IN STAND DOWN FOR HOMELESS VETERANS, AN EVENT SPONSORED BY THE VETERANS VILLAGE OF SAN DIEGO, TO PROVIDE COMMUNITY-BASED SOCIAL SERVICES TO VETERANS WITHOUT A PER MANENT RESIDENCE. ON SEVEN DAYS IN JUNE, APPROXIMATELY 150 VOLUNTEERS SORTED AND ORGANIZED CLOTHING DONATIONS AND SET UP THE EVENT'S CLOTHING TENT DURING THE TWO-DAY EVENT IN JULY , WHICH SERVED MORE THAN 900 VETERANS, 120 SLAH VOLUNTEERS WORKED IN THE CLOTHING TENT TO FIND SUITABLE CLOTHES FOR THE HOMELESS VETERANS IN ADDITION, APPROXIMATELY 70 CLINICAL VO LUNTEERS - INCLUDING SHARP NURSES, DOCTORS, PHARMACISTS AND LICENSED PHARMACY TECHNICIANS - PROVIDED MEDICAL AND PHARMACEUTICAL SERVICES THE LIFE ROLLS ON FOUNDATION IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR YOUNG PEOPLE AFFECTED BY SCI THROUGH THE ORGANIZATIO N'S AWARD-WINNING PROGRAM, THEY WILL SURF AGAIN, PARAPLEGICS AND QUADRIPLEGICS CAN EXPERIE NCE MOBILITY THROUGH SURFING WITH SUPPORT FROM ADAPTIVE EQUIPMENT AND VOLUNTEERS IN SEPTE MBER, AN ESTIMATED 70 SLAH VOLUNTEERS ASSISTED THEY WILL SURF AGAIN WITH EVENT SET-UP AND BREAKDOWN, REGISTRATION, EQUIPMENT DISTRIBUTION, LUNCH SERVICE AND HELPING SURFERS ON LAND AND IN SHALLOW WATER FSD, PART OF THE FEEDING AMERICA NETWORK, IS COMMITTED TO LEADING T HE COMMUNITY IN THE FIGHT AGAINST HUNGER BY EFFICIENTLY PROVIDING ACCESS TO FOOD AND NUTRI TIOUS MEALS FSD RELIES ON THE GENEROUS SUPPORT OF INDIVIDUALS, CORPORATIONS, FOUNDATIONS AND COMMUNITY GROUPS TO SUSTAIN CRITICAL HUNGER-RELIEF AND NUTRITION PROGRAMS THROUGHOUT T HE REGION EVERY WEEK, THE ORGANIZATION FEEDS MORE THAN 63,000 CHILDREN, FAMILIES AND SENI ORS IN NEED ON SEVEN DAYS IN 2016, APPROXIMATELY 340 SLAH VOLUNTEERS CONTRIBUTED THEIR TI ME TO BAG, BOX AND DISTRIBUTE FOOD FOR FSD FOUNDED IN 2001, THE SAN DIEGO RIVER PARK FOUN DATION IS A GRASSROOTS NONPROFIT ORGANIZATION THAT WORKS TO PROTECT THE GREENBELT FROM THE MOUNTAINS TO THE OCEAN ALONG THE 52-MILE SAN DIEGO RIVER APPROXIMATELY 60 SLAH VOLUNTEER S JOINED THE SAN DIEGO RIVER PARK FOUNDATION TO CARE FOR CALIFORNIA NATIVE PLANTS AND TREE S AT THE SAN DIEGO RIVER GARDEN IN MISSION VALLEY IN NOVEMBER AND THE POINT LOMA NATIVE PL ANT GARDEN IN DECEMBER. ACTIVITIES INCLUDED TRAIL MAINTENANCE, WATERING, PRUNING AND OTHER LIGHT GARDENING PROJECTS IN JANUARY, 30 SLAH VOLUNTEERS JOINED THE FOUNDATION ONCE AGAIN FOR THE COASTAL HABITAT RESTORATION EVENT IN OCEAN BEACH THE TEAM WORKED TO SAVE AND RES TORE ONE OF THE LAST REMAINING COASTAL DUNE AND WETLAND HABITATS IN SAN DIEGO BY REMOVING INVASIVE PLANTS AND LITTER, WATERING AND CARING FOR RECENT PLANTINGS AND NATIVE PLANTS, AN D PROVIDING TRAIL MAINTENANCE IN MARCH, MORE THAN 40 VOLUNTEERS PARTICIPATED IN THE SAN D IEGO RIVER PARK FOUNDATION'S SECOND ANNUAL RIVER KIDS DISCOVERY DAYS THIS FREE EVENT PROV IDED RIVER EDUCATION AND SERVICE EVENTS TO TEACH MORE THAN 1,000 KIDS AND FAMILIES ABOUT P ROTECTING THE EARTH'S NATURAL RESOURCES SHARP HUMANITARIAN SERVICE PROGRAM IN FY 2016, TH E SHARP HUMANITARIAN SERVICE P |

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| FORM 990, PART III, LINE 4B (CONTINUED) | ROGRAM FUNDED MORE THAN 50 SHARP EMPLOYEES IN PROGRAMS THAT PROVIDED HEALTH CARE OR OTHER SUPPORTIVE SERVICES TO UNDERSERVED OR ADVERSELY AFFECTED POPULATIONS IN HAITI, JAMAICA, ME XICO, PARAGUAY, PERU AND OTHER COUNTRIES THROUGHOUT THE WORLD A SHARP PHARMACIST PARTICIP ATED IN TWO MEDICAL MISSIONS THROUGH THE PERUVIAN AMERICAN MEDICAL SOCIETY (PAMS), AN ORGA NIZATION DEDICATED TO PROVIDING MEDICAL AND EDUCATIONAL MISSIONS THROUGHOUT PERU DURING A TWO-WEEK TRIP TO THE CITY OF IQUITOS THROUGH PAMS' SELVA IN ACTION PROJECT, PAMS SPECIFIC ALLY PROVIDED ASSISTANCE TO VILLAGERS LIVING ALONG THE RIO MOMON IN THE AMAZON JUNGLE EAC H DAY, THE MISSION TEAM SERVED APPROXIMATELY 75 PATIENTS IN DESPERATE NEED OF MEDICAL ATTE NTION IN ADDITION, IN JUNE, THE TEAM TRAVELED TO THE CITY OF TAMBO IN AYACUCHO, PERU, WHE RE THEY PROVIDED MEDICAL EXAMINATIONS AND MEDICATIONS FOR APPROXIMATELY 75 TO 100 VILLAGER S DAILY FOR ONE WEEK PROJECT COMPASSION IS A SAN DIEGO-BASED MEDICAL MISSION ORGANIZATION THAT ATTENDS TO THE PHYSICAL AND SPIRITUAL NEEDS OF INDIVIDUALS THROUGHOUT THE WORLD FOR ONE WEEK IN FEBRUARY, A SHARP CHAPLAIN JOINED PROJECT COMPASSION ON A MISSION TO PUERTO E SCONDIDO, OAXACA IN MEXICO, ALONG WITH A TEAM OF PHYSICIANS, PHARMACISTS, NURSES, EDUCATOR S AND INTERPRETERS THE TEAM PROVIDED ORAL AND MEDICAL CARE, MEDICATION, GLASSES AND HEALT H EDUCATION TO MORE THAN 200 PATIENTS IN MARCH, A SHARP TEAM MEMBER PARTICIPATED IN A WEE K-AND-A-HALF LONG TRIP TO HAITI THROUGH THE ROCK CHURCH GLOBAL OUTREACH PROGRAM THE MISSI ON TEAM PROVIDED A VARIETY OF SERVICES FOR WOMEN AND CHILDREN IN THE COMMUNITY, INCLUDING A WOMEN'S CONFERENCE TO STRENGTHEN PARTICIPANTS' COURAGE AND FAITH, A SOUP KITCHEN SERVING 250 CHILDREN, OUTREACH TO 25 CHILDREN IN AN ORPHANAGE, AND JEWELRY-MAKING LESSONS TO HELP WOMEN START THEIR OWN BUSINESS AND CREATE A BETTER LIFE FOR THEMSELVES ON A 10-DAY HUMAN ITARIAN TRIP TO KINGSTON, JAMAICA, A SHARP TEAM MEMBER WORKED WITH A TEAM TO REFURBISH THE YOUTH FOR CHRIST HEADQUARTERS AND CARE FOR THE COMMUNITY THE MISSION TEAM HELPED RESTORE THE BUILDING BY CONSTRUCTING A CEMENT WHEELCHAIR RAMP; REPLACING THE STOVE, OVEN, AND REF RIGERATOR, ENHANCING THE KITCHEN AND SERVING AREAS, FIXING THE WATER SUPPLY SYSTEM, ADDING NEW WINDOWS, AND PAINTING VARIOUS AREAS OF THE BUILDING ADDITIONALLY, THE MISSIONARIES S ANG AND PROVIDED MINISTRY IN ALLEYWAYS, CHURCHES AND SCHOOLS AS WELL AS VISITED NURSING HO MES AND A GIRLS ORPHANAGE A SHARP SPEECH PATHOLOGIST ALSO SPENT 10 DAYS IN JAMAICA TO PRO VIDE OUTREACH TO DEAF STUDENTS AND THEIR TEACHERS THROUGH SONGS FOR SOUND, AN ORGANIZATION DEDICATED TO PROTECTING AND RESTORING HEARING THE TEAM INCLUDED A DEAF EDUCATION TEACHER , SPEECH LANGUAGE PATHOLOGISTS, AUDIOLOGISTS, NURSES AND OTHER VOLUNTEERS WHO PROVIDED HEA RING AIDS AND SPEECH AND LANGUAGE SERVICES TO APPROXIMATELY 50 DEAF CHILDREN THE TEAM ALS O TRAINED SIX DEAF TEACHERS ON HOW TO PERFORM SPEECH AND LANGUAGE ACTIVITIES FOR CHILDREN WITH HEARING AIDS IN JULY, A |

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| FORM 990, PART III, LINE 4B (CONTINUED) | SHARP TEAM MEMBER JOINED SU REFUGIO MINISTRIES - AN ORGANIZATION DEDICATED TO CARING FOR O RPHANS AND WIDOWS - TO ASSIST LOCAL DOCTORS AND DENTISTS IN CARING FOR MORE THAN ONE THOUS AND RESIDENTS OF TOBATI, PARAGUAY DURING THE TEN-DAY MISSION, THE TEAM ORGANIZED A COMMUN ITY HEALTH CLINIC TO PROVIDE MEDICAL, VISION, AND DENTAL SERVICES AS WELL AS SPIRITUAL CAR E, SELF-DEFENSE TRAINING FOR HIGH SCHOOL GIRLS, AND A SOCIAL SERVICES FAIR. SINCE 2009, EX PERIENCE CAMP HAS PROVIDED ONE-WEEK CAMPS FOR YOUTH THROUGHOUT THE U S WHO HAVE EXPERIENC ED THE DEATH OF A PARENT, SIBLING OR PRIMARY CAREGIVER THE PROGRAM HELPS BUILD CONFIDENCE , ENCOURAGES LAUGHTER, PROVIDES EMOTIONAL SUPPORT AND ALLOWS YOUTH TO NAVIGATE THEIR GRIEF THROUGH FRIENDSHIP, TEAMWORK, ATHLETICS AND THE COMMON BOND OF LOSS IN FY 2016, A SHARP TEAM MEMBER SERVED AS A CLINICIAN WITH EXPERIENCE CAMP TO HELP DEVELOP PROGRAMS TO MEET TH E EMOTIONAL NEEDS OF THE CAMP'S YOUTH AND PROVIDE SUPPORT FOR OTHER VOLUNTEER CLINICIANS A ND CABIN COUNSELORS COMMUNITY WALKS HEART DISEASE IS THE LEADING CAUSE OF DEATH IN THE U S FOR THE PAST 20 YEARS, SHARP HAS PROUDLY SUPPORTED THE AHA ANNUAL SAN DIEGO HEART & STR OKE WALK IN SEPTEMBER 2016, APPROXIMATELY 1,040 WALKERS REPRESENTED SHARP AT THE 2016 SAN DIEGO HEART & STROKE WALK HELD AT BALBOA PARK MORE THAN 100 TEAMS REPRESENTING ENTITIES ACROSS THE SHARP SYSTEM RAISED FUNDS FOR THE WALK, WHICH PROMOTES PHYSICAL ACTIVITY TO BUI LD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE TEAMS RAISED FUNDS THROUGH NUMEROUS ACTIVITIES, SUCH AS AUCTIONS, DRAWINGS FOR PRIZES AND A KARAOKE COMPETITION SHA RP WAS THE NO 1 TEAM IN SAN DIEGO AND THE NO 2 TEAM IN THE AHA WESTERN REGION AFFILIATES , RAISING MORE THAN $207,700 SHARP VOLUNTEERS VOLUNTEERS ARE A CRITICAL COMPONENT OF SHAR P'S DEDICATION TO THE SAN DIEGO COMMUNITY SHARP PROVIDES MANY VOLUNTEER OPPORTUNITIES FOR INDIVIDUALS TO ASSIST WITH A WIDE VARIETY OF PROGRAMS ACROSS THE SHARP SYSTEM VOLUNTEERS OF ALL AGES AND SKILL LEVEL DEVOTE THEIR TIME AND COMPASSION TO PATIENTS AS WELL AS THE G ENERAL PUBLIC AND ARE AN ESSENTIAL ELEMENT TO MANY OF SHARP'S PROGRAMS, EVENTS AND INITIAT IVES |

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| FORM 990, PART III, LINE 4B (CONTINUED) | SHARP VOLUNTEERS SPEND THEIR TIME WITHIN HOSPITALS AND OUT IN THE COMMUNITY AS WELL AS IN SUPPORT OF THE FOUNDATIONS ON AVERAGE, MORE THAN 1,830 INDIVIDUALS ACTIVELY VOLUNTEERED A T SHARP EACH MONTH IN FY 2016, CONTRIBUTING A TOTAL OF APPROXIMATELY 273,000 HOURS OF SERV ICE TO SHARP AND ITS INITIATIVES THROUGHOUT THE YEAR THIS INCLUDED MORE THAN 1,900 AUXILI ARY MEMBERS AND THOUSANDS OF INDIVIDUAL VOLUNTEERS FROM THE SAN DIEGO COMMUNITY, INCLUDING VOLUNTEERS FOR SHARP'S VARIOUS FOUNDATIONS MORE THAN 17,400 VOLUNTEER HOURS WERE DEDICAT ED TO ACTIVITIES SUCH AS DELIVERING MEALS TO HOMEBOUND SENIORS AND ASSISTING WITH HEALTH F AIRS AND EVENTS TABLE 2 DETAILS THE AVERAGE NUMBER OF ACTIVE VOLUNTEERS PER MONTH AS WELL AS THE TOTAL NUMBER OF VOLUNTEER SERVICE HOURS PROVIDED TO EACH SHARP ENTITY, SPECIFICALL Y FOR PATIENT AND COMMUNITY SUPPORT TABLE 2 SHARP VOLUNTEERS AND VOLUNTEER HOURS - FY 20 16 AVERAGE ACTIVE VOLUNTEERS PER MONTH SHARP CHULA VISTA MEDICAL CENTER 374 SHARP CORONAD O HOSPITAL AND HEALTHCARE CENTER 70 SHARP GROSSMONT HOSPITAL 647 SHARP HOSPICECARE 76 SHAR P METROPOLITAN MEDICAL CAMPUS 632 TOTAL 1,799 TOTAL VOLUNTEER HOURS SHARP CHULA VISTA MED ICAL CENTER 51,877 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 9,224 SHARP GROSSMONT HOS PITAL 111,289 SHARP HOSPICECARE 11,183 SHARP METROPOLITAN MEDICAL CAMPUS 81,426 TOTAL 264, 999 IN SUPPORT OF SHARP'S FOUNDATIONS - INCLUDING THE SHARP HEALTHCARE FOUNDATION, GROSSMO NT HOSPITAL FOUNDATION AND CORONADO HOSPITAL FOUNDATION - VOLUNTEERS SUPPORTED VARIOUS EVE NTS, SUCH AS ANNUAL GOLF TOURNAMENTS AND GALAS IN ADDITION, SHARP OFFERS A SYSTEMWIDE JUN IOR VOLUNTEER PROGRAM FOR HIGH SCHOOL STUDENTS INTERESTED IN GIVING BACK TO THEIR COMMUNIT IES AND EXPLORING FUTURE HEALTH CARE CAREERS PROGRAM REQUIREMENTS VARY, HOWEVER ALL REQUI RE HIGH GRADE POINT AVERAGES AND LONG-TERM COMMITMENTS OF AT LEAST 100 HOURS JUNIOR VOLUN TEERS SERVE IN A WIDE RANGE OF ROLES THROUGHOUT SHARP THEY ENHANCE PATIENT-CENTERED CARE THROUGH HOSPITALITY, SUCH AS GREETING AND ESCORTING PATIENTS AND FAMILIES, ANSWERING QUEST IONS, AND CREATING A WELCOMING AND RELAXING ENVIRONMENT FOR GUESTS THROUGH VOLUNTEERING I N THE GIFT SHOPS AND THRIFT STORE, THEY LEARN ABOUT MERCHANDISING, FUNDRAISING AND RETAIL SALES ON THE INPATIENT UNITS, THEY ARE EXPOSED TO CLINICAL EXPERIENCES THAT PROVIDE A GLI MPSE INTO FUTURE CAREERS IN FY 2016, MORE THAN 515 HIGH SCHOOL STUDENTS CONTRIBUTED A TOT AL OF 57,770 HOURS TO THE JUNIOR VOLUNTEER PROGRAM THIS INCLUDED 62 JUNIOR VOLUNTEERS WHO PROVIDED MORE THAN 5,860 HOURS OF SERVICE AT SMH AND SMBHWN, 169 JUNIOR VOLUNTEERS WHO DE DICATED NEARLY 18,000 HOURS OF SERVICE AT SCVMC, AND 285 JUNIOR VOLUNTEERS WHO CONTRIBUTED NEARLY 34,000 HOURS OF SERVICE AT SGH VOLUNTEERS ON SHARP'S VARIOUS ENTITY BOARDS PROVID E PROGRAM OVERSIGHT, ADMINISTRATION AND DECISION-MAKING REGARDING FINANCIAL RESOURCES IN FY 2016, NEARLY 120 VOLUNTEERS CONTRIBUTED THEIR TIME TO SHARP'S BOARDS SHARP EMPLOYEES A LSO DONATE TIME AS VOLUNTEERS |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | FOR THE SHARP ORGANIZATION, INCLUDING SERVICE ON THE CABRILLO CREDIT UNION SHARP DIVISION BOARD, THE SHARP AND CHILDREN'S MRI BOARD, THE GROSSMONT IMAGING LLC BOARD, AND THE SHARP AND UC SAN DIEGO HEALTH'S JOINT VENTURE BOARD, WHICH OVERSEES THE OPERATIONS OF THEIR JOIN T LIVER TRANSPLANTATION AND BONE MARROW TRANSPLANT PROGRAMS THIS SECTION DESCRIBES THE AC HIEVEMENTS OF VARIOUS SHARP VOLUNTEER PROGRAMS IN FY 2016 SHARP HOSPICECARE VOLUNTEER PRO GRAMS SHARP HOSPICECARE PROVIDED VARIOUS VOLUNTEER TRAINING OPPORTUNITIES IN FY 2016 HOSP ICE VOLUNTEERS ARE OFTEN WORKING TOWARDS A CAREER IN THE MEDICAL FIELD AND GAIN VALUABLE K NOWLEDGE AND EXPERIENCE THROUGH VOLUNTEERING VOLUNTEERS DEDICATE THEIR TIME TO THE HOSPIC E ORGANIZATION AND THOSE THEY SERVE, INCLUDING COMPANIONSHIP TO THOSE NEAR THE END OF LIFE , SUPPORT FOR FAMILIES AND CAREGIVERS, AND HELP WITH COMMUNITY OUTREACH APPROXIMATELY 80 NEW HOSPICE VOLUNTEERS WERE TRAINED IN FY 2016 VOLUNTEERS COMPLETED AN EXTENSIVE 32-HOUR TRAINING PROGRAM TO CONFIRM THEIR UNDERSTANDING OF AND COMMITMENT TO HOSPICE CARE PRIOR TO BEGINNING THEIR VOLUNTEER ACTIVITIES THIRTEEN TEENAGERS PARTICIPATED IN SHARP HOSPICECAR E'S TEEN VOLUNTEER PROGRAM IN FY 2016, THROUGH WHICH TEENS ARE ASSIGNED SPECIAL PROJECTS I N SHARP HOSPICECARE ADMINISTRATION, OR ASSIGNED PATIENTS AT SHARP HOSPICECARE'S LAKEVIEW, PARKVIEW AND BONITAVIEW HOSPICE HOMES TEEN VOLUNTEERS PERFORM GROOMING AND HYGIENE TASKS, OR SIMPLE ACTS OF KINDNESS, SUCH AS SITTING WITH PATIENTS, LISTENING TO THEIR STORIES AND HOLDING THEIR HAND IN ADDITION, 17 PRE-MEDICAL STUDENTS FROM PLNU, SDSU, UCSD AND CSUSM VOLUNTEERED THEIR TIME SUPPORTING FAMILY CAREGIVERS IN PRIVATE HOMES SHARP HOSPICECARE PR OVIDES THE 11TH HOUR PROGRAM TO ENSURE THAT NO PATIENT DIES ALONE. THROUGH THE PROGRAM, A SHARP HOSPICECARE VOLUNTEER ACCOMPANIES PATIENTS WHO ARE IN THEIR FINAL MOMENTS AND WHO DO NOT HAVE FAMILY MEMBERS PRESENT THE VOLUNTEER OFFERS COMFORT BY HOLDING THE PATIENT'S HA ND, READING SOFTLY TO THEM AND SIMPLY BEING BY THEIR SIDE FAMILIES WHO ARE PRESENT WITH T HEIR DYING LOVED ONE MAY ALSO PREFER THE COMFORT OF A VOLUNTEER AS THEIR LOVED ONE PASSES AWAY NEARLY 40 VOLUNTEERS WERE TRAINED THROUGH THE 11TH HOUR PROGRAM IN FY 2016 TO EXPAN D THEIR VOLUNTEERS' SKILLS, IN FY 2016, SHARP HOSPICECARE TRAINED 20 VOLUNTEERS IN INTEGRA TIVE THERAPIES TO PROMOTE RELAXATION AND RESTFUL SLEEP, AND TO ENHANCE THE QUALITY OF LIFE FOR SHARP HOSPICECARE PATIENTS AND THEIR CAREGIVERS INTEGRATIVE THERAPIES INCLUDED HEALI NG TOUCH, A GENTLE ENERGY THERAPY THAT USES THE HANDS TO HELP MANAGE PHYSICAL, EMOTIONAL O R SPIRITUAL PAIN, REIKI, A JAPANESE ENERGY HEALING THERAPY IN WHICH PRACTITIONERS USE THEI R HANDS ON OR ABOVE THE PATIENT'S BODY TO FACILITATE THE HEALING PROCESS, AROMATHERAPY , AN D COMFORT HAND MASSAGE SHARP HOSPICECARE VOLUNTEERS ALSO PARTICIPATE IN THE ORGANIZATION' S PARTNERSHIP WITH WE HONOR VETERANS (WHV) - A NATIONAL PROGRAM DEVELOPED BY THE NATIONAL HOSPICE AND PALLIATIVE CARE OR |

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| FORM 990, PART III, LINE 4B (CONTINUED) | GANIZATION (NHPCO) IN COLLABORATION WITH THE U S DEPARTMENT OF VETERANS AFFAIRS (VA) TO E MPOWER HOSPICE PROFESSIONALS TO MEET THE UNIQUE END-OF-LIFE NEEDS OF VETERANS AND THEIR FA MILIES AS A WHV PARTNER, SHARP HOSPICECARE IS EQUIPPED TO PROVIDE VETERAN-CENTRIC EDUCATI ON AND TRAINING THAT QUALIFIES VOLUNTEERS TO IDENTIFY AND WORK WITH VETERAN PATIENTS AS WE LL AS PROVIDE WEEKLY SUPPORT FOR CAREGIVERS OF VETERANS THIS INCLUDES THE VET-TO-VET VOLU NTEER PROGRAM, WHICH AIMS TO PAIR VOLUNTEERS WITH MILITARY EXPERIENCE WITH VETERAN PATIENT S, AS WELL AS HONORING VETERAN PATIENTS THROUGH SPECIAL PINNING CEREMONIES THAT PRESENT VE TERANS WITH A WHV PIN AND CERTIFICATE OF APPRECIATION FOR THEIR SERVICES IN FY 2016, VOLU NTEERS HELD NEARLY 70 PINNING CEREMONIES FOR VETERANS RECEIVING CARE AT SHARP HOSPICECARE IN ADDITION, SHARP HOSPICECARE CONTINUES TO OFFER THE MEMORY BEAR PROGRAM TO SUPPORT COMM UNITY MEMBERS WHO HAVE LOST A LOVED ONE THROUGH THE PROGRAM, VOLUNTEERS CREATE TEDDY BEAR S OUT OF THE GARMENTS FROM THOSE WHO HAVE PASSED ON THE BEARS SERVE AS SPECIAL KEEPSAKES AND PERMANENT REMINDERS OF THE GRIEVING INDIVIDUAL'S LOVED ONE IN FY 2016, VOLUNTEERS DED ICATED NEARLY 3,000 HOURS TO SEWING MORE THAN 740 BEARS FOR APPROXIMATELY 280 FAMILIES RE COGNIZING THE VALUABLE IMPACT THAT VOLUNTEERS HAVE ON THE EXPERIENCE OF ITS PATIENTS, FAMI LY AND CAREGIVERS, SHARP HOSPICECARE OFFERS A MONTHLY SUPPORT GROUP TO ENHANCE THE SKILLS OF ITS VOLUNTEERS SHARP HOSPICECARE ALSO HONORS ITS VOLUNTEERS FOR THEIR VALUABLE CONTRIB UTIONS DURING NATIONAL VOLUNTEER WEEK IN APRIL AND NATIONAL HOSPICE AND PALLIATIVE CARE MO NTH IN NOVEMBER SHARP METROPOLITAN MEDICAL CAMPUS (SMH, SMBHWN, SMV, SMC) VOLUNTEER PROGR AMS THROUGH THE COMMUNITY CARE PARTNER (CCP) PROGRAM AT SMH, HOSPITAL VOLUNTEERS ARE HAND- SELECTED AND TRAINED TO SERVE AND COMFORT PATIENTS WITHOUT FAMILY OR FRIENDS TO SUPPORT TH EM DURING THEIR HOSPITAL STAY IN FY 2016, THE CCP VOLUNTEERS DEVOTED HUNDREDS OF HOURS TO COMFORTING PATIENTS THROUGH CONVERSATION, READING, WRITING LETTERS, TAKING WALKS AND PLAY ING GAMES IN ADDITION, THE CCP VOLUNTEERS HELPED KEEP PATIENTS SAFE BY NOTIFYING MEDICAL STAFF WHEN NEEDS ARISE - A TASK THAT IS USUALLY PERFORMED BY A FAMILY MEMBER OR FRIEND BUT OFTEN OVERLOOKED FOR PATIENTS WHO LACK A COMPANION |

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| FORM 990, PART III, LINE 4B (CONTINUED) | SINCE FEBRUARY 2010, THE CUSHMAN WELLNESS CENTER COMMUNITY HEALTH LIBRARY AND THE SMH VOLU NTEER DEPARTMENT HAVE OFFERED THE HEALTH INFORMATION AMBASSADOR PROGRAM TO BRING THE LIBRA RY'S SERVICES DIRECTLY TO PATIENTS AND THEIR FAMILIES, AND EMPOWER THEM TO BECOME INVOLVED IN THEIR HEALTH CARE THE HEALTH INFORMATION AMBASSADORS ARE HOSPITAL VOLUNTEERS WHO RECE IVE SPECIALIZED TRAINING THROUGH THE COMMUNITY HEALTH LIBRARY ONCE TRAINED, THE VOLUNTEER S ASK PATIENTS AT SMH, THE SMH REHABILITATION CENTER AND THE PERINATAL SPECIAL CARE UNIT A T SMBHWN, IF THEY OR THEIR FAMILY MEMBERS WOULD LIKE TO RECEIVE ADDITIONAL RESOURCES ON TH EIR DIAGNOSIS INFORMATION REQUESTS ARE BROUGHT TO THE CONSUMER HEALTH LIBRARIAN WHO THEN PRINTS CONSUMER-ORIENTED INFORMATION FROM QUALITY WEBSITES, AND RETURNS THE INFORMATION TO THE PATIENTS THROUGH THE HEALTH INFORMATION AMBASSADORS PATIENTS OR FAMILY MEMBERS WHO H AVE ALREADY CONDUCTED THEIR OWN RESEARCH ARE OFFERED ONLINE ACCESS TO A DATABASE OF RELIAB LE HEALTH INFORMATION PATIENTS AND FAMILIES ARE WELCOME TO KEEP IN TOUCH WITH THE LIBRARY AFTER DISCHARGE TO ENSURE THEY HAVE ACCESS TO QUALITY HEALTH INFORMATION AT HOME IN FY 2 016, THE HEALTH INFORMATION AMBASSADORS VISITED APPROXIMATELY 2,000 PATIENT ROOMS AND FILL ED APPROXIMATELY 700 INFORMATION REQUESTS AT SMMC, THE ARTS FOR HEALING PROGRAM USES ART AND MUSIC TO REDUCE FEELINGS OF FEAR, STRESS, PAIN AND ISOLATION AMONG PATIENTS FACING SIG NIFICANT MEDICAL CHALLENGES AND THEIR LOVED ONES THE PROGRAM BRINGS A VARIETY OF ACTIVITI ES TO PATIENTS AT THEIR BEDSIDE - INCLUDING PAINTING, BEADING, CREATIVE WRITING, CARD-MAKI NG, SEASONAL CRAFTS, SCRAPBOOKING, QUILTING, MUSIC AND THEATER - TO HELP IMPROVE EMOTIONAL AND SPIRITUAL HEALTH, AND PROMOTE A FASTER RECOVERY THE PROGRAM ALSO ENGAGES VISITORS AN D MEMBERS OF THE COMMUNITY DURING HOSPITAL AND COMMUNITY EVENTS FUNDED COMPLETELY BY DONA TIONS, ARTS FOR HEALING IS LED BY SHARP'S SPIRITUAL CARE DEPARTMENT AND IS IMPLEMENTED WIT H HELP FROM LICENSED MUSIC AND ART THERAPISTS AS WELL AS A TEAM OF TRAINED VOLUNTEERS AT SMH, ARTS FOR HEALING TYPICALLY SERVES PATIENTS WHO ARE RECEIVING CANCER TREATMENT, RECOVE RING FROM SURGERY OR STROKE, AWAITING ORGAN TRANSPLANTATION, RECEIVING PALLIATIVE CARE, OR FACING LIFE WITH NEWLY ACQUIRED DISABILITIES FOLLOWING CATASTROPHIC EVENTS AT SMBHWN, AR TS FOR HEALING SUPPORTS MOTHERS WITH HIGH-RISK PREGNANCIES WHO ARE SUSCEPTIBLE TO STRESS A ND LONELINESS DURING EXTENDED HOSPITAL STAYS PRIOR TO CHILDBIRTH MUSIC THERAPY IS ALSO PR OVIDED IN THE NICU TO PROMOTE DEVELOPMENT IN PREMATURE BABIES AT SMV AND SMC, ARTS FOR HE ALING OFFERS SEVERAL ART AND MUSIC THERAPY GROUPS, INCLUDING GROUPS FOR PATIENTS RECOVERIN G FROM DRUG ADDICTION, PATIENTS RECEIVING TREATMENT FOR MOOD AND ANXIETY DISORDERS, AND OL DER ADULTS RECEIVING TREATMENT FOR DEMENTIA AND DEPRESSION IN FY 2016, ARTS FOR HEALING L ED ART AND MUSIC ACTIVITIES FOR HUNDREDS OF PATIENTS AND COMMUNITY MEMBERS IN RECOGNITION OF VARIOUS HOLIDAYS AND SHARP |

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| FORM 990, PART III, LINE 4B (CONTINUED) | EVENTS, INCLUDING SATURDAY WITH SANTA, A PUBLIC EVENT HOSTED EACH DECEMBER BY THE SMH AUX ILIARY, VALENTINE'S DAY, NATIONAL HOSPITAL WEEK IN MAY, CANCER AWARENESS WEEK IN JUNE, THE ANNUAL SHARP WOMEN'S HEALTH CONFERENCE, AND SHARP'S ANNUAL DISASTER PREPAREDNESS EXPO AD DITIONALLY, IN COLLABORATION WITH SMMC'S SOCIAL WORKERS AND PALLIATIVE CARE NURSES, ARTS F OR HEALING FACILITATED THE DONATION OF MORE THAN 220 BLANKETS AND QUILTS TO PATIENTS RECEI VING END-OF-LIFE CARE AT SMH SEVENTEEN OF THE BLANKETS WERE KNITTED AND CROCHETED BY PATI ENTS AT SMV'S EAST COUNTY OUTPATIENT PROGRAM, AN ACTIVITY THAT COULD ALSO REDUCE ANXIETY A ND DEPRESSION FOR THOSE CRAFTING AND DONATING THE BLANKETS IN FY 2016, 38 VOLUNTEERS, INC LUDING STUDENTS FROM VARIOUS COLLEGES AND UNIVERSITIES, FACILITATED ART ACTIVITIES FOR PAT IENTS AND THEIR LOVED ONES THROUGH ARTS FOR HEALING SINCE 2008, MORE THAN 83,000 PATIENTS , GUESTS AND STAFF HAVE BENEFITTED FROM THE TIME AND TALENT PROVIDED BY THE ARTS FOR HEALI NG TEAM SHARP EMPLOYEE VOLUNTEER EFFORTS IN FY 2016, SHARP STAFF VOLUNTEERED THEIR TIME A ND PASSION TO A NUMBER OF UNIQUE INITIATIVES, UNDERSCORING SHARP'S COMMITMENT TO THE HEALT H AND WELFARE OF SAN DIEGANS BELOW ARE JUST A FEW EXAMPLES OF HOW SHARP EMPLOYEES SERVED THE COMMUNITY THIS PAST YEAR THE SGH ENGINEERING DEPARTMENT ENGAGED IN A VARIETY OF VOLUN TEER INITIATIVES IN FY 2016 THE TEAM CONTINUED THIS BUD'S FOR YOU, A SPECIAL PROGRAM THAT DELIVERS HAND-PICKED FLOWERS FROM THE CAMPUS' ABUNDANT GARDENS TO UNSUSPECTING PATIENTS A ND THEIR LOVED ONES EACH WEEK, THE SGH LANDSCAPE TEAM GROWS, CUTS, BUNDLES AND DELIVERS C OLORFUL BOUQUETS TO VISITORS OF BOTH THE HOSPITAL AND SHARP'S HOSPICE HOMES THE TEAM ALSO REGULARLY OFFERS SINGLE-STEM ROSES IN A SMALL BUD VASE TO PASSERS-BY IN FY 2016, THE TEA M DELIVERED THREE TO FIVE VASES OF FLOWERS EACH DAY TO PATIENT ROOMS, WITH AS MANY AS 10 V ASES OR MORE DURING PEAK FLOWER SEASON AND UPON ADDITIONAL REQUESTS IN ADDITION, MORE THA N 30 VASES OF FLOWERS WERE DELIVERED TO NEW MOTHERS IN THE HOSPITAL ON MOTHER'S DAY THE T EAM ALSO SUPPORTS THE SGH SENIOR RESOURCE CENTER AND MEALS-ON-WHEELS PARTNERSHIP BY PROVID ING FLORAL CENTERPIECES FOR THEIR FUNDRAISING EVENTS TO BENEFIT EAST COUNTY SENIORS, AS WE LL AS OFFERS ROSES FOR SGH'S ANNUAL PATIENT REMEMBRANCE SERVICE. NOW IN ITS SIXTH YEAR, TH IS BUD'S FOR YOU HAS BECOME A NATURAL PART OF THE LANDSCAPE TEAM'S DAY - AN ACT THAT IS SI MPLY PART OF WHAT THEY DO TO ENHANCE THE EXPERIENCE OF VISITORS TO THE HOSPITAL THE SGH E NGINEERING DEPARTMENT FURTHER EXTENDS THE SPIRIT OF CARING THROUGH THE CREATION OF CHEERS BOUQUETS FOR PATIENTS OR VISITORS THAT APPEAR TO NEED ENCOURAGEMENT OR CHEER WITH HELP FR OM SODEXO - THE HOSPITAL'S FOOD SERVICE, HOUSEKEEPING AND ENGINEERING VENDOR - A BOUQUET I S QUICKLY ASSEMBLED WITH BALLOONS, RIBBON, A TEDDY BEAR OR SODEXO FOOTBALL AND AN INSPIRAT IONAL QUOTE, AND IS DELIVERED IN FY 2016, THE TEAM ASSEMBLED UP TO EIGHT CHEERS BOUQUETS PER MONTH, AS WELL AS PROVIDED |

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| FORM 990, PART III, LINE 4B (CONTINUED) | MORE THAN 40 BOUQUETS TO NEW FATHERS ON FATHER'S DAY WEEKEND FOR THE PAST SIX YEARS, THE SGH ENGINEERING DEPARTMENT, LANDSCAPE TEAM, SGH AUXILIARY AND LOCAL BUSINESSES HAVE COLLA BORATED TO BRING THE SHIRT OFF OUR BACKS PROGRAM TO COMMUNITY MEMBERS IN NEED DURING THE H OLIDAYS THROUGH THE PROGRAM, VOLUNTEERS COLLECT AND DONATE A VARIETY OF ITEMS TO HELP MEE T THE BASIC NEEDS OF HOMELESS OR LOW-INCOME CHILDREN AND ADULTS IN FY 2016, VOLUNTEERS FI LLED THREE TRUCKS WITH DONATED FOOD AND OTHER ESSENTIAL ITEMS, INCLUDING 200 HANDMADE SAND WICHES, 500 WATER BOTTLES, CLOTHING, SOCKS, SHOES, HY GIENE KITS, PET FOOD, CHILDREN'S TOYS , TOWELS, BLANKETS AND OTHER HOUSEHOLD ITEMS THE SGH LANDSCAPE TEAM ALSO CREATED THE AWAR D-WINNING HEART 2 HEART PROJECT THROUGH WHICH THE TEAM PLACES STONE HEARTS ETCHED WITH REF LECTIONS AROUND THE HOSPITAL CAMPUS FOR PATIENTS, VISITORS AND STAFF TO SEARCH FOR AND REF LECT UPON THE HEART 2 HEART PROJECT EARNED THE TEAM THE 2016 SPIRIT OF SODEXO AWARD FOR N ORTH AMERICA AFTER COMPETING AGAINST 1,100 NOMINATIONS FROM ACROSS ALL SODEXO BUSINESS UNI TS IN THE U S AND CANADA AS THE GOLD LEVEL FINALIST - THE COMPANY'S HIGHEST HONOR - THE SGH LANDSCAPE TEAM DEMONSTRATES SODEXO'S COMMITMENT TO CLIENTS AND CUSTOMERS AS THE HEART OF BUSINESS FOR MORE THAN 30 YEARS, SGH HAS PROVIDED ITS ANNUAL SANTA'S KORNER GIVING EVE NT TO PROVIDE FOR THOSE IN NEED DURING THE HOLIDAYS THROUGH THIS EFFORT, VARIOUS HOSPITAL DEPARTMENTS ADOPT A FAMILY - WHO HAS BEEN VETTED AND REFERRED BY LOCAL SERVICE AGENCIES - AND DEDICATE PERSONAL TIME TO MAKING THE HOLIDAYS THE BEST THEY CAN BE FOR EACH FAMILY S PECIAL HOLIDAY GIFTS, INCLUDING GROCERY GIFT CARDS, CLOTHING, TOILETRIES, HOUSEHOLD ITEMS, MOVIE TICKETS, BICYCLES, CHILDREN'S TOYS AND A HOLIDAY MEAL, ARE PURCHASED FOR THE FAMILI ES BY HOSPITAL STAFF USING PRIMARILY THEIR PERSONAL RESOURCES AND THROUGH OCCASIONAL FUNDR AISERS SANTA'S KORNER SERVED 28 FAMILIES - EQUIVALENT TO 119 INDIVIDUALS - DURING THE 201 5 HOLIDAY SEASON |

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| FORM 990, PART III, LINE 4B (CONTINUED) | IN AUGUST, SGH NURSES HELD THEIR ANNUAL BACKPACK DRIVE IN COLLABORATION WITH CHRISTIE'S PL ACE, A NON-PROFIT THAT SUPPORTS WOMEN, CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS (HUMAN I MMUNODEFICIENCY VIRUS/ACQUIRED IMMUNODEFICIENCY SYNDROME), TO PREPARE CHILDREN AND TEENS F OR ACADEMIC SUCCESS NEARLY 300 BACKPACKS WERE FILLED WITH SCHOOL SUPPLIES AND DISTRIBUTED TO YOUTH DURING A BACK-TO-SCHOOL PARTY IN BALBOA PARK SIMILARLY, THE LABOR AND DELIVERY DEPARTMENT AT SMBHWN IS COMMITTED TO THE FIGHT AGAINST HUNGER THROUGH PARTICIPATION IN THE INTERNATIONAL RELIEF TEAM'S (IRT) FSD'S KIDS PROJECT BASED IN SAN DIEGO, IRT IS A RELIEF ORGANIZATION PROVIDING WORLDWIDE SUPPORT THAT COMBINES BOTH SHORT-TERM RELIEF EFFORTS AND LONG-TERM PROGRAMS TO SAVE AND CHANGE LIVES THROUGH FSD'S KIDS, NUTRITIOUS FOOD IS PROVI DED TO CHILDREN IN THE LINDA VISTA ELEMENTARY SCHOOL NUTRITION CLUB, A GROUP SPECIFICALLY FOR CHILDREN WHO HAVE BEEN IDENTIFIED AS HOMELESS BY THE SCHOOL NURSE EVERY WEEK, LABOR A ND DELIVERY TEAM MEMBERS FILL BACKPACKS WITH NONPERISHABLE, NUTRITIOUS FOOD THAT CAN FEED A FAMILY OF FOUR OVER THE WEEKEND THE BACKPACKS ARE ALSO FILLED WITH WEEKLY NUTRITION-REL ATED PRIZES TO ENCOURAGE STUDENTS AND FAMILIES TO LEARN AND PARTICIPATE IN THEIR OWN NUTRI TION AS WELL AS WITH OCCASIONAL HOLIDAY-RELATED GIFTS SINCE THE START OF THE PROGRAM IN M AY 2013, THE TEAM HAS DEDICATED MORE THAN 180 WEEKS OF SERVICE TO FILLING 4,500 BACKPACKS FOR APPROXIMATELY 25 ELEMENTARY SCHOOL CHILDREN AND THEIR FAMILIES PER SCHOOL YEAR MORE T HAN 467,000 PEOPLE IN SDC FACE THE THREAT OF HUNGER EVERY DAY EACH MONTH, THE FOOD BANK D ISTRIBUTES EMERGENCY FOOD TO APPROXIMATELY 400,000 CHILDREN AND FAMILIES, ACTIVE DUTY MILI TARY, AND FIXED INCOME SENIORS LIVING IN POVERTY FOR NEARLY 10 YEARS NOW, SHARP HAS SUPPO RTED THE FOOD BANK'S TREMENDOUS EFFORTS THROUGH A HOLIDAY FOOD DRIVE DURING THE 2015 HOLI DAY SEASON, SHARP DEMONSTRATED ITS COMMITMENT TO FIGHTING HUNGER BY HOSTING A FOOD DRIVE T O SUPPORT THE FOOD BANK THROUGH THE FOOD DRIVE, TEAM MEMBERS DONATED NEARLY 1,600 POUNDS OF FOOD, WHICH SUPPLIED MORE THAN 1,300 MEALS TO THOSE IN NEED ALL WAYS GREEN INITIATIVE AS SAN DIEGO'S LARGEST PRIVATE EMPLOYER AND LEADING HEALTH CARE PROVIDER, SHARP IS COMMITT ED TO IMPROVING THE HEALTH OF THE ENVIRONMENT AND THEREFORE THE COMMUNITIES IT SERVES UND ERSTANDING THAT A HEALTHY ENVIRONMENT CAN INFLUENCE INDIVIDUAL WELL-BEING, SHARP HELPS MIN IMIZE ADVERSE IMPACTS ON THE ENVIRONMENT BY CREATING HEALTHY GREEN PRACTICES FOR ITS EMPLO YEES, PHYSICIANS AND PATIENTS SHARP PROMOTES A CULTURE OF ENVIRONMENTAL RESPONSIBILITY TH ROUGH EDUCATION, OUTREACH, AND COLLABORATION WITH SAN DIEGO EARTH-FRIENDLY BUSINESSES TO H ELP IDENTIFY BEST PRACTICES, REDUCE THE COST OF GREEN PRACTICES, AND FACILITATE THE IMPLEM ENTATION OF SUSTAINABLE INITIATIVES THE ALL WAYS GREEN(TM) LOGO WAS CREATED IN 2009 TO BR AND SHARP'S ENVIRONMENTAL ACTIVITIES AND COMMUNICATE SUSTAINABILITY THROUGHOUT THE ORGANIZ ATION AND THE SAN DIEGO COMMUN |

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| FORM 990, PART III, LINE 4B (CONTINUED) | ITY SHARP'S SYSTEMWIDE ALL WAYS GREEN(TM) COMMITTEE IS CHARGED WITH IDENTIFYING, CREATING AND EVALUATING OPPORTUNITIES AND BEST PRACTICES IN FIVE DISTINCT AREAS (1) ENERGY EFFICI ENCY, (2) WATER CONSERVATION, (3) WASTE MINIMIZATION, (4) COMMUTER SOLUTIONS, AND (5)SUSTA INABLE FOOD PRACTICES SHARP'S ENVIRONMENTAL POLICY SERVES TO GUIDE THE ORGANIZATION IN ID ENTIFYING AND IMPLEMENTING GREEN PRACTICES WITHIN THE HEALTH CARE SYSTEM ESTABLISHED GREE N TEAMS AT EACH SHARP ENTITY ARE RESPONSIBLE FOR DEVELOPING NEW PROGRAMS THAT EDUCATE AND MOTIVATE EMPLOYEES TO CONSERVE NATURAL RESOURCES AND REDUCE, REUSE AND RECYCLE ENERGY CON SERVATION THE U S DEPARTMENT OF ENERGY INFORMATION AGENCY STATES THAT HOSPITALS AND HEALT H CARE FACILITIES ACCOUNT FOR MORE THAN EIGHT PERCENT OF THE NATION'S ANNUAL ENERGY CONSUM PTION AND GENERATE NEARLY EIGHT PERCENT OF THE COUNTRY'S CO2 EMISSIONS UNLIKE OTHER INDUS TRIES, HOSPITALS MUST OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK, AND PROVIDE SERVICE DURIN G POWER OUTAGES, NATURAL DISASTERS AND OTHER EMERGENCIES THE EPA ESTIMATES THAT 30 PERCEN T OF THE HEALTH CARE SECTOR'S CURRENT ENERGY USE CAN BE REDUCED WITHOUT SACRIFICING QUALIT Y OF CARE THROUGH A SHIFT TOWARD ENERGY EFFICIENCY AND USE OF RENEWABLE ENERGY SOURCES SH ARP HAS RESPONDED BY IMPLEMENTING NUMEROUS ENERGY CONSERVATION INITIATIVES, INCLUDING THE RETRO-COMMISSIONING OF HEATING, VENTILATION AND AIR CONDITIONING (HVAC) SYSTEMS, LIGHTING RETROFITS, PIPE INSULATIONS, INFRASTRUCTURE CONTROL INITIATIVES, OCCUPANCY SENSOR INSTALLA TION, ENERGY AUDITS, ELEVATOR MODERNIZATION, AND ENERGY-EFFICIENT MOTOR AND PUMP REPLACEME NTS SHARP REMAINS FIRMLY COMMITTED TO IDENTIFY ING ENERGY CONSERVATION OPPORTUNITIES THAT BRING VALUE TO THE SYSTEM AND THE COMMUNITY, AS EVERY DOLLAR SAVED ON GREEN PRACTICES CAN SUPPORT THE PROVISION OF QUALITY HEALTH CARE AND COMMUNITY-BASED INITIATIVES SHARP'S ENER GY CONSERVATION GUIDELINE HELPS MANAGE ENERGY UTILIZATION PRACTICES THROUGHOUT THE SYSTEM SINCE 2013, SHARP HAS SUCCESSFULLY DECREASED ENERGY UTILIZATION BY ONE PERCENT (ON A PER- SQUARE-FOOT BASIS), RESULTING IN ENERGY COST SAVINGS OF NEARLY SIX PERCENT, DESPITE AN INC REASE IN ENERGY FEES IN TOTAL, SHARP'S ENERGY INITIATIVES HAVE REDUCED THE SYSTEM'S CARBO N FOOTPRINT EQUAL TO THE REMOVAL OF ALMOST 18,000 METRIC TONS OF CO2 EACH YEAR IN 2013, S HARP WAS THE FIRST HEALTH CARE SYSTEM IN SAN DIEGO TO IMPLEMENT A COMPUTER POWER MANAGEMEN T PROGRAM, WHICH ENABLES COMPUTERS AND MONITORS TO GO INTO A LOW-POWER SLEEP MODE AFTER A PERIOD OF INACTIVITY THIS SOFTWARE PROGRAM HAS BEEN INSTALLED ON MORE THAN 16,000 COMPUTE RS, RESULTING IN ANNUAL ENERGY SAVINGS IN EXCESS OF 1 6 MILLION KILOWATT-HOURS (KWH) THIS INITIATIVE EARNED SHARP A CERTIFICATE OF RECOGNITION FROM THE EPA IN 2013 IN JULY 2015, SHARP IMPLEMENTED TSO LOGIC SOFTWARE, AN INNOVATIVE SYSTEM THAT IDENTIFIES OPPORTUNITIES F OR REPLACING INEFFICIENT HARDWARE WITH ENERGY EFFICIENT HARDWARE IN SHARP'S CENTRALIZED DA TA CENTER IN ADDITION, THE SO |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | FTWARE IDENTIFIES UNDERUTILIZED HARDWARE, WHICH CAN BE PERMANENTLY SHUT DOWN OR PUT TO RES T DURING PERIODS OF NON-UTILIZATION IN MAY 2014, SHARP WAS NAMED SAN DIEGO'S HEALTHCARE E NERGY CHAMPION BY SDG&E IN RECOGNITION OF THE INNOVATIVE PROGRAMS THAT HAVE BEEN IMPLEMENT ED TO REDUCE ITS CARBON FOOTPRINT FURTHERING ITS DEDICATION TO ENERGY EFFICIENCY, SHARP P ARTICIPATES IN SDG&E'S MAJOR CUSTOMER ADVISORY PANEL, A GROUP OF SDG&E'S LARGEST CUSTOMERS WHO MEET QUARTERLY TO RECEIVE ENERGY UPDATES FROM SDG&E AND PROVIDE FEEDBACK ON IMPORTANT REGIONAL ENERGY ISSUES IN ADDITION, IN JUNE 2016, SHARP JOINED OTHER MAJOR SAN DIEGO HOS PITALS IN THE INAUGURAL SAN DIEGO HEALTHCARE SUSTAINABILITY COLLABORATIVE, LED BY SDG&E T HIS INITIATIVE CREATES A PLATFORM FOR SAN DIEGO HEALTH CARE PROVIDERS TO ADVANCE ENERGY CO NSERVATION PRACTICES THROUGH BEST PRACTICE-SHARING AND NEW TECHNOLOGY VALIDATION, WITH A G OAL OF REDUCING OPERATING COSTS AND IMPROVING THE HEALTH CARE FACILITY ENVIRONMENT FOR PAT IENTS AND PROVIDERS FURTHERMORE, SDG&E STAFF PARTICIPATE ON SHARP'S NATURAL RESOURCE SUB- COMMITTEE TO HELP SHARP IDENTIFY OPPORTUNITIES TO CONSERVE ENERGY AS WELL AS ASSOCIATED RE BATES AND INCENTIVES TO REDUCE THE OVERALL COSTS OF THESE EFFORTS ALL SHARP ENTITIES PART ICIPATE IN THE EPA'S ES DATABASE AND MONITOR THEIR ES SCORES ON A MONTHLY BASIS ES IS AN INTERNATIONAL STANDARD FOR ENERGY EFFICIENCY CREATED BY THE EPA BUILDINGS CERTIFIED BY ES MUST EARN A 75 OR HIGHER ON THE EPA'S ENERGY PERFORMANCE SCALE, INDICATING THAT THE BUILD ING PERFORMS BETTER THAN AT LEAST 75 PERCENT OF SIMILAR BUILDINGS NATIONWIDE WITHOUT SACRI FICING COMFORT OR QUALITY ACCORDING TO THE EPA, BUILDINGS THAT QUALIFY FOR THE ES CERTIFI CATION TYPICALLY USE 35 PERCENT OR LESS ENERGY THAN BUILDINGS OF SIMILAR SIZE AND FUNCTION AS A RESULT OF SHARP'S COMMITMENT TO SUPERIOR ENERGY PERFORMANCE AND RESPONSIBLE USE OF NATURAL RESOURCES, SCHHC FIRST EARNED THE ES CERTIFICATION IN 2007, AND THEN AGAIN EACH YE AR FROM 2010 THROUGH 2013, WHILE SCVMC RECEIVED ES CERTIFICATION IN 2009, 2010, 2011, 2013 AND 2015, AND IS EXPECTED TO RECEIVE THE AWARD AGAIN FOR 2016 IN ADDITION, SHARP'S SRS D OWNTOWN MEDICAL OFFICE BUILDING IS ONE OF THE FIRST MEDICAL OFFICE BUILDINGS IN SAN DIEGO TO MEET LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) SILVER CERTIFICATION SPECIFIC ATIONS |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | IN APRIL 2016, SGH VIRTUALLY ELIMINATED DEPENDENCY ON ELECTRICAL UTILITY BY REPLACING A 30 -YEAR-OLD COGENERATION TURBINE GENERATOR WITH A NEW STATE-OF-THE-ART CENTRAL ENERGY PLANT (CEP) THE CEP CONTAINS A 52-TON, 4 4-MEGAWATT COMBUSTION TURBINE GENERATOR, WHICH GENERAT ES ENOUGH ELECTRICITY TO MEET UP TO 95 PERCENT OF SGH'S ELECTRICAL NEEDS AND REDUCES GREEN HOUSE GASES BY UP TO 90 PERCENT THE CEP ALSO CONVERTS HEAT TO STEAM FOR THE OPERATION OF MEDICAL EQUIPMENT, SPACE HEATING AND AIR CONDITIONING THE NEW CEP FULLY COMPLIES WITH STA TE AND LOCAL STANDARDS FOR AIR EMISSIONS TABLE 3 BELOW HIGHLIGHTS SHARP'S ENERGY CONSERVA TION PROJECTS TABLE 3 ENERGY CONSERVATION PROJECTS BY SHARP HEALTHCARE ENTITY ESTABLISH ENERGY USE BASELINE SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - Y ES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES ENERGY AUDITS - 2016 SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - NO SHP - NO SMH/SMBHWN - YES SMV/SMC - YES SRS - NO ENER GY STAR PARTICIPATION SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - NO SHP - NO SMH/SMBHWN - YES SMV/SMC - YES SRS - NO AIR HANDLER PROJECTS SCHHC - YES SCVMC - NO SG H - NO SHARP SYSTEM SERVICES - NO SHP - NO SMH/SMBHWN - NO SMV/SMC - YES SRS - NO COGENERA TION PLANT SCHHC - NO SCVMC - NO SGH - YES SHARP SYSTEM SERVICES - NO SHP - NO SMH/SMBHWN - NO SMV/SMC - NO SRS - NO EVC STATIONS SCHHC - NO SCVMC - YES SGH - NO SHARP SYSTEM SER VICES - YES SHP - NO SMH/SMBHWN - YES SMV/SMC - NO SRS - NO ENERGY-EFFICIENT KITCHEN/CAFE APPLIANCES SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - NO SMH/SMB HWN - YES SMV/SMC - NO SRS - NO ENERGY-EFFICIENT CHILLERS/ MOTORS SCHHC - YES SCVMC - NO SGH - YES SHARP SYSTEM SERVICES - YES SHP - NO SMH/SMBHWN - YES SMV/SMC - NO SRS - NO HVAC PROJECTS SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMB HWN - YES SMV/SMC - YES SRS - YES LIGHT-EMITTING DIODE (LED) LIGHTING SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES OCCUPANCY SENSORS SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES WATER CONSERVATION ACCORDING TO THE EPA, HOS PITAL WATER USE CONSTITUTES SEVEN PERCENT OF THE TOTAL WATER USED IN COMMERCIAL AND INSTIT UTIONAL BUILDINGS IN THE U S ON ANY GIVEN DAY, SHARP USES AN AVERAGE OF 650,000 GALLONS O F WATER OF THIS, APPROXIMATELY 35 PERCENT IS USED FOR DOMESTIC PURPOSES SUCH AS SINKS, TO ILETS AND SHOWERS, WHILE THE REMAINING 75 PERCENT HELPS COOL SHARP'S BUILDINGS, STERILIZE EQUIPMENT, PREPARE FOOD AND WATER THE LANDSCAPE BELOW ARE SOME OF THE NUMEROUS INFRASTRUC TURE CHANGES AND MONITORING EFFORTS SHARP HAS IMPLEMENTED TO REDUCE ITS WATER CONSUMPTION * INSTALLATION OF MOTION-SENSING FAUCETS AND TOILETS IN PUBLIC RESTROOMS * LOW-FLOW SHOWE RHEADS AND TOILETS IN PATIENT AND LOCKER ROOMS * MIST ELIMINATORS, MICRO-FIBER MOPS AND OT HER WATER-SAVING DEVICES * INS |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | TALLATION OF HIGH-EFFICIENCY, LOW WATER USE DISHWASHERS * INSTALLATION OF WATER-EFFICIENT CHILLERS * WATER MONITORING AND CONTROL SYSTEMS * WATER PRACTICE AND UTILIZATION EVALUATIO NS * REGULAR ROUNDING TO IDENTIFY LEAKS * INSTALLATION OF LOW-WATER STERILE PROCESSING EQU IPMENT TO COMPLY WITH MANDATORY WATER RESTRICTIONS ISSUED FOR CALIFORNIA ON APRIL 1, 2015, SHARP MADE SIGNIFICANT MODIFICATIONS TO ITS LANDSCAPE MAINTENANCE PRACTICES, INCLUDING AD JUSTING IRRIGATION SCHEDULES, PROPERLY SIZING SPRINKLER HEADS, INSTALLING WATER-SENSING EQ UIPMENT AND DRIP IRRIGATION SYSTEMS, XERISCAPING, HARDSCAPING, PLANTING SUCCULENTS AND OTH ER DROUGHT-TOLERANT PLANTS, AND REDUCING WATERING TIMES AND FREQUENCY AT ALL SITES EACH Y EAR SHARP USES OVER EIGHT MILLION POUNDS OF TEXTILES SUCH AS SHEETS, TOWELS, SCRUBS AND PA TIENT GOWNS GIVEN THE SIGNIFICANT AMOUNT OF LAUNDRY GENERATED, SHARP SELECTED EMERALD TEX TILES AS ITS ENVIRONMENT-FRIENDLY LAUNDRY AND LINEN PROVIDER EMERALD TEXTILES OPERATES A STATE-OF-THE-ART PLANT DESIGNED TO DECREASE UTILITY CONSUMPTION AND PRESERVE NATURAL RESOU RCES THIS INCLUDES A REDUCTION OF APPROXIMATELY 40 MILLION GALLONS OF WATER PER YEAR (50 PERCENT OF TOTAL USAGE) THROUGH AN ADVANCED WATER FILTRATION SYSTEM, SAVINGS OF MORE THAN 71,000 KWH OF ELECTRICITY THROUGH ENERGY-EFFICIENT LIGHTING, AND SAVINGS OF MORE THAN 700, 000 THERMS OF GAS BY USING ENERGY-EFFICIENT LAUNDRY EQUIPMENT TABLE 4 BELOW HIGHLIGHTS SH ARP'S WATER-SAVING INITIATIVES TABLE 4 WATER CONSERVATION INITIATIVES BY SHARP HEALTHCAR E ENTITY ESTABLISH WATER USE BASELINE SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERV ICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES DRIP IRRIGATION SYSTEMS SCH HC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/ SMC - YES SRS - YES DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND SCHHC - YES SCVMC - Y ES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YE S ELECTRONIC LOW-FLOW FAUCETS SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - Y ES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES EVALUATION OF WATER UTILIZATION PRAC TICES SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES FAUCET AND TOILET RETROFITS SCHHC - YES SCVMC - YES SGH - Y ES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES HARDSCAP ING SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES MIST ELIMINATORS SCHHC - YES SCVMC - YES SGH - YES SHARP SYST EM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES MOISTURE-SENSITIVE SP RINKLER CONTROLS SCHHC - YES SCVMC - NO SGH - YES SHARP SYSTEM SERVICES - NO SHP - NO SMH /SMBHWN - YES SMV/SMC - NO SRS - NO PLUMBING PROJECTS TO ADDRESS WATER LEAKS SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES RAIN WATER COLLECTI |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | ON FOR USE IN FOUNTAINS SCHHC - NO SCVMC - NO SGH - YES SHARP SYSTEM SERVICES - NO SHP - NO SMH/SMBHWN - NO SMV/SMC - NO SRS - NO WATER DISPENSERS TO REPLACE BOTTLED WATER SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES WATER-EFFICIENT DISHWASHING/ EQUIP WASHING/ CHEMICAL DISPENSING SYSTEM SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - NO SHP - NO SMH/SMBHWN - YES SMV /SMC - NO SRS - NO |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | WASTE MINIMIZATION ACCORDING TO THE PRACTICE GREENHEALTH HEALTHIER HOSPITALS INITIATIVE ( HHI), HOSPITALS GENERATE AN AVERAGE OF 26 POUNDS OF WASTE PER STAFFED BED EACH DAY, APPROX IMATELY 15 PERCENT OF THIS WASTE IS CONSIDERED HAZARDOUS MATERIAL SHARP HAS CREATED A COM PREHENSIVE WASTE MINIMIZATION PROGRAM TO SIGNIFICANTLY REDUCE WASTE AT EACH ENTITY AND EXT END THE LIFESPAN OF LOCAL LANDFILLS OVERSEEN BY A SYSTEMWIDE, MULTI-DISCIPLINARY WASTE MI NIMIZATION COMMITTEE, THE PROGRAM INCLUDES PROPER WASTE SEGREGATION AND ENHANCED RECYCLING EFFORTS SHARP WAS AN EARLY ADOPTER IN THE COMMITMENT TO WASTE DIVERSION AND NOW DIVERTS MORE THAN 40 PERCENT OF WASTE THROUGH RECYCLING, DONATING, COMPOSTING, REPROCESSING, AND R EUSING PROGRAMS SHARP'S WASTE MINIMIZATION EFFORTS HAVE RESULTED IN MORE THAN 4 7 THOUSAN D TONS OF WASTE DIVERTED FROM THE LANDFILL (EQUIVALENT TO THE WEIGHT OF 12 LOADED BOEING 7 47 AIRCRAFTS) SHARP MADE THE FOLLOWING ACHIEVEMENTS IN WASTE MINIMIZATION IN FY 2016 * S CVMC AND SGH GENERATED NEARLY 44,000 POUNDS OF GREEN WASTE THROUGH THE IMPLEMENTATION OF G REEN WASTE RECYCLING * MORE THAN 2 7 MILLION POUNDS OF TRASH WERE DIVERTED FROM THE LANDF ILL THROUGH RECYCLING OF NON-CONFIDENTIAL PAPER, CARDBOARD, EXAM TABLE PAPER, PLASTIC, ALU MINUM CANS AND GLASS CONTAINERS * APPROXIMATELY 75,000 POUNDS OF SURGICAL INSTRUMENTS WER E COLLECTED, REPROCESSED AND STERILIZED FOR FURTHER USE * MORE THAN 153,000 POUNDS OF PLA STIC AND CARDBOARD WERE DIVERTED FROM THE LANDFILL THROUGH THE USE OF REUSABLE SHARPS CONT AINERS * MORE THAN 200,000 POUNDS OF SURGICAL BLUE WRAP (RECYCLED AT ALL HOSPITAL ENTITIE S) AND DISPOSABLE PRIVACY CURTAINS (RECYCLED AT SCVMC) WERE DIVERTED FROM THE LANDFILL * SHARP CONTINUED TO COLLABORATE WITH SSUBI IS HOPE, A NONPROFIT CHARITY ORGANIZATION THAT C OLLECTS DONATED EXPIRED (THOUGH STILL SAFE AND USABLE) MEDICAL EQUIPMENT, TO SUPPORT A HEA LTH CENTER IN RURAL UGANDA SSUBI IS HOPE HAS COLLECTED MORE THAN 25 TONS OF SUPPLIES FROM SHARP FACILITIES * SHARP CONTINUED TO PARTICIPATE IN OFFICE DEPOT'S GREENEROFFICE(TM) DE LIVERY SERVICE THROUGH THE PROGRAM, PAPER BAGS COMPOSED OF 40 PERCENT POSTCONSUMER RECYCL ED MATERIAL ARE USED IN PLACE OF SMALL AND MIDSIZED CARDBOARD BOXES THE PAPER BAGS ARE TH EN RETURNED TO OFFICE DEPOT FOR REUSE IN ADDITION, OFFICE DEPOT AND SHARP HAVE ARRANGED F OR 30 PERCENT RECYCLED COPY PAPER TO BE USED AT ALL SHARP ENTITIES * SHARP DONATED NEARLY 113,000 POUNDS OF OLDER COMPUTER EQUIPMENT THROUGH THE TECHNOLOGY TRAINING FOUNDATION OF AMERICA, AN ORGANIZATION THAT PROVIDES DONATED COMPUTERS TO SCHOOLS AND NONPROFIT ORGANIZA TIONS IN UNDERSERVED COMMUNITIES * SHARP EMPLOYEES AND HOSPITAL VISITORS DONATED APPROXIM ATELY 150 PAIRS OF EYEWEAR TO PEOPLE IN NEED, BOTH LOCALLY AND GLOBALLY, THROUGH THE LION' S CLUB RECYCLE SIGHT PROGRAM AS A RESULT OF ITS INNOVATIVE WASTE MINIMIZATION EFFORTS, SH ARP RECEIVED THE RECYCLER OF THE YEAR AWARD IN 2013 AND 2015 THROUGH THE CITY OF SAN DIEGO ENVIRONMENTAL SERVICES DEPART |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | MENT'S WASTE REDUCTION AND RECYCLING AWARDS PROGRAM SEE TABLE 5 FOR WASTE DIVERSION RATES , AND TABLE 6 FOR SPECIFIC WASTE MINIMIZATION EFFORTS, AT SHARP IN FY 2016 TABLE 5 SHARP HEALTHCARE WASTE DIVERSION - FY 2016 SHARP CHULA VISTA MEDICAL CENTER RECYCLED WASTE PER YEAR (LBS ) 1,089,472 TOTAL WASTE PER YEAR (LBS ) 3,138,051 PERCENT RECYCLED 35% SHARP CO RONADO HOSPITAL AND HEALTHCARE CENTER RECYCLED WASTE PER YEAR (LBS ) 273,929 TOTAL WASTE PER YEAR (LBS ) 1,347,238 PERCENT RECYCLED 20% SHARP GROSSMONT HOSPITAL RECYCLED WASTE PE R YEAR (LBS ) 2,263,496 TOTAL WASTE PER YEAR (LBS ) 5,931,577 PERCENT RECYCLED 38% SHARP M EMORIAL HOSPITAL AND SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS RECYCLED WASTE PER YE AR (LBS ) 2,539,524 TOTAL WASTE PER YEAR (LBS ) 7,177,426 PERCENT RECYCLED 35% SHARP MESA VISTA HOSPITAL RECYCLED WASTE PER YEAR (LBS ) 437,214 TOTAL WASTE PER YEAR (LBS ) 735,503 PERCENT RECYCLED 59% SHARP REES-STEALY MEDICAL CENTERS RECYCLED WASTE PER YEAR (LBS ) 1, 360,812 TOTAL WASTE PER YEAR (LBS ) 3,014,080 PERCENT RECYCLED 45% SHARP CORPORATE SITES RECYCLED WASTE PER YEAR (LBS ) 1,557,524 TOTAL WASTE PER YEAR (LBS ) 2,441,115 PERCENT REC YCLED 64% TOTAL SHARP HEALTHCARE RECYCLED WASTE PER YEAR (LBS ) 9,521,971 TOTAL WASTE PER YEAR (LBS ) 23,784,990 PERCENT RECYCLED 40% TABLE 6 WASTE MINIMIZATION EFFORTS BY SHARP HEALTHCARE ENTITY ESTABLISH WASTE DIVERSION BASELINE SCHHC - YES SCVMC - YES SGH - YES SH ARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES SINGLE-STREAM RECYCLING SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SM BHWN - YES SMV/SMC - YES SRS - YES RECYCLED PAPER SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES BLUE-WRAP RECYCL ING SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - NO SHP - NO SMH/SMBHWN - YE S SMV/SMC - NO SRS - NO COMPOSTING SCHHC - NO SCVMC - YES SGH - NO SHARP SYSTEM SERVICES - NO SHP - NO SMH/SMBHWN - YES SMV/SMC - YES SRS - NO CONSTRUCTION DEBRIS RECYCLING SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SM C - YES SRS - YES ELECTRONIC CAFE MENUS SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SE RVICES - YES SHP - NO SMH/SMBHWN - YES SMV/SMC - YES SRS - NO ELECTRONIC PATIENT BILLS AND PAPERLESS PAYROLL SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YE S SMH/SMBHWN - YES SMV/SMC - YES SRS - YES ELECTRONIC AND PHARMACEUTICAL WASTE RECYCLING E VENTS SCHHC - NO SCVMC - NO SGH - NO SHARP SYSTEM SERVICES - YES SHP - NO SMH/SMBHWN - NO SMV/SMC - NO SRS - NO ORGANIC WASTE (GREEN WASTE) RECYCLING SCHHC - NO SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - NO SHP - NO SMH/SMBHWN - NO SMV/SMC - NO SRS - NO RECYCLE BIN S DISTRIBUTION SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SM H/SMBHWN - YES SMV/SMC - YES SRS - YES REPURPOSING OF UNUSED MEDICAL SUPPLIES AND EQUIPMEN T SCHHC - YES SCVMC - YES SGH |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | - YES SHARP SYSTEM SERVICES - YES SHP - NO SMH/SMBHWN - YES SMV/SMC - NO SRS - YES REUSAB LE SHARPS CONTAINERS SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - NO SHP - N O SMH/SMBHWN - YES SMV/SMC - NO SRS - NO SINGLE SERVE PAPER NAPKINS AND PLASTIC CUTLERY DI SPENSERS SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBH WN - YES SMV/SMC - YES SRS - NO SURGICAL INSTRUMENT REPROCESSING SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - NO SHP - NO SMH/SMBHWN - YES SMV/SMC - YES SRS - NO SUST AINABLE FOOD PRACTICES SHARP BELIEVES THE PROMOTION OF HEALTHY FOOD CHOICES IS NECESSARY T O IMPROVE THE HEALTH OF PATIENTS, EMPLOYEES AND THE COMMUNITY SHARP'S RECOMMITMENT TO HEA LTHY FOOD AND SUSTAINABLE NUTRITION PRACTICES BEGAN MORE THAN FIVE YEARS AGO WITH A STRATE GY TO INCREASE THE AVAILABILITY OF HEALTHY FOOD OPTIONS AT SHARP FACILITIES SINCE THAT TI ME, SHARP, IN COLLABORATION WITH SODEXO - SHARP'S FOOD SERVICE PARTNER - HAS BEEN AN INNOV ATOR AND EARLY ADOPTER OF A VARIETY OF SUSTAINABLE, HEALTHY PRACTICES TO HELP EDUCATE AND MOTIVATE CONSUMERS TO ADOPT HEALTHIER EATING HABITS, COMBAT OBESITY AND MINIMIZE WASTE |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | THE GOAL OF SHARP'S FOOD AND NUTRITION BEST HEALTH COMMITTEE IS TO PROMOTE ITS FOOD SUSTAI NABILITY EFFORTS THROUGHOUT THE HEALTH CARE SYSTEM AND WITHIN THE GREATER SAN DIEGO COMMUN ITY THIS INCLUDES A FOCUS ON SHARP'S MINDFUL FOOD PROGRAM TO PROVIDE EDUCATION AND HEALTH Y FOOD OPTIONS TO IMPROVE THE HEALTH OF SHARP'S PATIENTS, STAFF, COMMUNITY AND ENVIRONMENT THE MINDFUL FOOD PROGRAM INCLUDES REDUCING MEAT CONSUMPTION BY PROMOTING MEATLESS MONDAY S, INCREASED PURCHASING OF BEEF AND POULTRY RAISED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, COLOR-CODED MENU LABELING TO HIGHLIGHT THE HEALTHIEST FOOD OPTIONS, PARTICIPATION IN COMM UNITY SUPPORTED AGRICULTURE (CSA) - A COMMUNITY OF INDIVIDUALS WHO PLEDGE SUPPORT TO A FAR M OPERATION IN ORDER FOR IT TO BECOME, EITHER LEGALLY OR SPIRITUALLY, THE COMMUNITY'S FARM - TO INCREASE THE PERCENTAGE OF LOCALLY SOURCED FRESH, ORGANIC AND SUSTAINABLE FOOD, FOOD COMPOSTING, INCREASED RECYCLING ACTIVITIES, PROMOTION OF SUGARLESS BEVERAGES, AND USE OF POST-CONSUMER RECYCLED PACKAGING SOLUTIONS ADDITIONAL FOOD SUSTAINABILITY EFFORTS AT SHAR P IN FY 2016 ARE DESCRIBED BELOW * IN AUGUST, SHARP PARTNERED WITH THE SDRM AND THE FOOD BANK TO BEGIN AN INNOVATIVE FOOD RECOVERY PROGRAM THAT DONATES IMPERFECT, YET STILL EDIBLE AND SAFE, FOOD FROM ITS KITCHENS TO NEARLY TWO DOZEN HUNGER RELIEF ORGANIZATIONS IN SDC AN ESTIMATED AVERAGE OF 1,100 POUNDS OF FOOD WILL BE DONATED TO THE COMMUNITY EACH WEEK TH ROUGH THE PROGRAM SHARP IS THE FIRST HEALTH CARE SYSTEM IN SDC TO DONATE FOOD TO THOSE IN NEED IN SAN DIEGO ON SUCH A WIDE-SCALE LEVEL * IN FEBRUARY, SHARP LAUNCHED A SOUP STOCK PROGRAM WHICH TURNS PREVIOUSLY UNUSED VEGETABLE SCRAPS INTO SOUP STOCK AND SAVES AN AVERAG E OF 174 POUNDS OF FOOD EACH WEEK * EACH MONTH, SHARP'S IMPERFECT PRODUCE PROGRAM PURCHAS ES AN AVERAGE OF 700 POUNDS OF SURPLUS FRUITS AND VEGETABLES THAT ARE NUTRIENT-RICH AND FU LL OF FLAVOR BUT WOULD OTHERWISE BE THROWN AWAY * SCVMC STARTED A FOOD WASTE COMPOSTING P ROGRAM THROUGH THE OTAY LANDFILL, JOINING SMH AND SMV (PARTICIPANTS THROUGH THE MIRAMAR GR EENERY SITE SINCE 2015) THROUGH THE PROGRAM, FOOD WASTE IS PROCESSED INTO A RICH COMPOST PRODUCT AND IS PROVIDED TO RESIDENTS AT NO CHARGE FOR VOLUMES OF UP TO TWO CUBIC YARDS TH E COMPOST OFFERS SEVERAL BENEFITS INCLUDING IMPROVING THE HEALTH AND FERTILITY OF SOIL, RE DUCING THE NEED TO PURCHASE COMMERCIAL FERTILIZERS, INCREASING THE SOIL'S ABILITY TO RETAI N WATER AND HELPING THE ENVIRONMENT BY RECYCLING VALUABLE ORGANIC MATERIALS IN TOTAL, SHA RP'S COMPOSTING EFFORTS HAVE DIVERTED APPROXIMATELY 358,000 POUNDS OF WASTE FROM LANDFILLS ACCORDING TO THE CITY OF SAN DIEGO, SUCH WASTE DIVERSION PROGRAMS HELP EXTEND THE LIFESP AN OF THE LANDFILL FROM 2012 TO AT LEAST 2022 * SHARP'S COOKING OIL RECYCLING PROGRAM COL LECTED 11,824 POUNDS OF OIL FOR CONVERSION INTO SAFE BIODIESEL OIL * SCHHC, SMV AND SMH C ONTINUED TO OPERATE THE FIRST COUNTY-APPROVED HOSPITAL-BASED ORGANIC GARDENS PRODUCE FROM THE GARDENS IS USED IN MEALS |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | SERVED AT THE HOSPITAL CAFES * SHARP INCREASED PURCHASING OF 100 PERCENT RECYCLED GOODS A T ALL SITES AS WELL AS CONTINUED ITS SYSTEMWIDE RECYCLING CAMPAIGN * SHARP HAS IMPLEMENTE D SELF-AUDIT CHECKLISTS TO HELP KITCHEN TEAMS BE MINDFUL OF WASTE BETWEEN FOOD PREPARATION AND CLEANUP IN RECOGNITION OF THESE INITIATIVES, THE SAN DIEGO FOOD SYSTEM ALLIANCE AWAR DED SHARP AND SODEXO THE INAUGURAL 2016 EMIES UNWASTED FOOD AWARD NAMED AFTER THE EMERSON GOOD SAMARITAN FOOD DONATION ACT, THE AWARD WAS CREATED TO ENCOURAGE FOOD DONATION TO NON PROFIT ORGANIZATIONS BY MINIMIZING LIABILITY SHARP WAS AMONG FIVE ORGANIZATIONS IN SDC TO RECEIVE THE AWARD FOR DEMONSTRATING EXEMPLARY PRACTICES IN WASTE PREVENTION, FOOD DONATIO N, AND COMPOSTING AND RECYCLING SHARP IS AN ACTIVE MEMBER OF SAN DIEGO'S NUTRITION IN HEA LTHCARE LEADERSHIP TEAM, A SUBCOMMITTEE OF THE SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATI VE AND FACILITATED BY COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) IN DECEMBER 2015, SEVE N SDC HOSPITAL REPRESENTATIVES EXPERIENCED A "MINDFUL MEAL" AT SCHHC'S NEWLY RENOVATED CAF ETERIA TO LEARN HOW THEY CAN IMPLEMENT SIMILAR BEST PRACTICE FOOD INITIATIVES AT THEIR ORG ANIZATIONS SHARP PARTICIPATES IN THE HEALTHIER FOOD INITIATIVE SPONSORED BY PRACTICE GREE NHEALTH'S HHI AS A PARTICIPANT, SHARP MANAGES AND MEASURES THE IMPACT OF ITS FOOD INITIAT IVES BY (1) REDUCING THE PURCHASE OF ANIMAL PROTEIN, (2) OF THE ANIMAL PROTEIN THAT IS PU RCHASED, INCREASING THE PERCENTAGE THAT IS SUSTAINABLE, AND (3) INCREASING THE PURCHASE OF LOCALLY-GROWN FOOD THE RESULTS OF THESE EFFORTS IN FY 2016 ARE DESCRIBED BELOW 1) SHARP REDUCED ANIMAL PROTEIN PURCHASES BY MORE THAN 150,000 POUNDS FROM FY 2015, AND BY MORE TH AN 465,000 POUNDS FROM FY 2014 THIS REPRESENTS AN OVERALL REDUCTION IN ANIMAL PROTEIN PUR CHASES OF 25 5 PERCENT SINCE FY 2014 2) SHARP AND SODEXO HAVE MADE A CONCERTED EFFORT TO INCREASE THE AMOUNT OF LOCALLY GROWN PRODUCE IN ORDER TO SUPPORT COMMUNITY-BASED FARMERS A ND REDUCE THE TIME AND MILES REQUIRED TO RECEIVE THESE PRODUCTS IN SHARP'S KITCHENS APPRO XIMATELY 303,000 POUNDS OF LOCALLY SOURCED PRODUCE WERE USED IN SHARP'S KITCHENS IN FY 201 6, REPRESENTING AN INCREASE OF 16,200 POUNDS OF LOCALLY SOURCED PRODUCE COMPARED TO FY 201 5 (AN INCREASE OF 5 6 PERCENT) SHARP EXPECTS TO INCREASE ITS FOCUS IN THIS AREA OVER THE NEXT FIVE YEARS AS MORE FARMERS ARE IDENTIFIED AND CERTIFIED TO PROVIDE LOCALLY SOURCED PR ODUCE 3) SHARP PURCHASED APPROXIMATELY 102,000 POUNDS OF SUSTAINABLE ANIMAL PROTEIN (INCL UDING BEEF AND CAGE-FREE CHICKEN THAT ARE GRASS-FED AND ANTIBIOTIC AND HORMONE FREE), REPR ESENTING A TWO PERCENT INCREASE FROM FY 2015 AND A 16 3 PERCENT INCREASE FROM FY 2014 COM MUTER SOLUTIONS SHARP SUPPORTS RIDE SHARING, PUBLIC TRANSIT PROGRAMS AND OTHER TRANSPORTAT ION EFFORTS TO REDUCE TRANSPORTATION EMISSIONS GENERATED BY SHARP AND ITS EMPLOYEES SHARP REPLACED HIGHER FUEL-CONSUMING CARGO VANS WITH ECONOMY FORD TRANSIT VEHICLES, SAVING APPR OXIMATELY FIVE MILES PER GALLO |

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| FORM 990, PART III, LINE 4B (CONTINUED) | N SHARP'S EMPLOYEE PARKING LOTS OFFER CARPOOL PARKING SPACES, DESIGNATED BIKE RACKS AND L OCKERS, AND MOTORCYCLE SPACES EMPLOYEES CAN ALSO PURCHASE DISCOUNTED MONTHLY BUS PASSES AS PART OF THE NATIONWIDE ELECTRIC VEHICLE PROJECT, SHARP INSTALLED 34 ELECTRIC VEHICLE CH ARGERS (EVCS) AT ITS CORPORATE OFFICE LOCATION, SCVMC AND SMMC SHARP WAS THE FIRST HEALTH CARE SYSTEM IN SAN DIEGO TO OFFER EVCS, SUPPORTING THE CREATION OF A NATIONAL INFRASTRUCT URE REQUIRED FOR THE PROMOTION OF EVCS TO REDUCE CARBON EMISSIONS AND DEPENDENCE ON FOREIG N OIL THE USE OF EVCS AT SHARP HAS RESULTED IN A REDUCTION OF APPROXIMATELY 20,000 POUNDS OF CO2 AND 3,700 GALLONS OF FUEL SAVED DURING FY 2016 SHARP WILL CONTINUE ITS EFFORTS TO EXPAND EVCS AT OTHER ENTITIES IN ITS LONG-STANDING PARTNERSHIP WITH SANDAG, SHARP OFFERS SANDAG'S ICOMMUTE FREE ONLINE RIDE-MATCHING TOOL, RIDEMATCHER, TO HELP EMPLOYEES FIND CON VENIENT CARPOOL AND VANPOOL PARTNERS AND PROMOTE SUSTAINABLE COMMUTING IN ADDITION, EMPLO YEES CAN USE ICOMMUTE'S TRIPTRACKER TOOL TO LOG TRIPS AND MONITOR THE COST AND CARBON SAVI NGS RESULTING FROM THEIR ALTERNATE COMMUTING METHODS IN RECOGNITION OF RIDESHARE MONTH EV ERY OCTOBER, SHARP PARTICIPATES IN SANDAG'S ICOMMUTE RIDESHARE CORPORATE CHALLENGE WHERE E MPLOYEES EARN POINTS FOR REPLACING THEIR SOLO DRIVE WITH A GREENER COMMUTE CHOICE, SUCH AS BIKING, WALKING, CARPOOLING, VANPOOLING, AND PUBLIC TRANSIT SIXTY-NINE ORGANIZATIONS IN SDC, REPRESENTING MORE THAN 178,000 EMPLOYEES, COMPETED IN THE CHALLENGE IN FY 2016 SHARP WON THE TOP SPOT IN THE MEGA EMPLOYER CATEGORY FOR THE THIRD YEAR IN A ROW AND FOR THE FO URTH TIME IN FIVE YEARS THROUGH THE CHALLENGE, SHARP EMPLOYEES LOGGED MORE THAN 8,000 TRI PS, REDUCED CO2 EMISSIONS BY APPROXIMATELY 177 TONS, AND SAVED MORE THAN $104,000 IN COMMU TING COSTS |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | TO FURTHER REDUCE THE NUMBER OF CARS ON THE ROAD, SHARP'S COMMUTER SOLUTIONS SUBCOMMITTEE CONTINUOUSLY WORKS TO DEVELOP INNOVATIVE ACCESSIBLE PROGRAMS AND MARKETING CAMPAIGNS TO ED UCATE EMPLOY EES ON THE BENEFITS OF RIDE SHARING AND OTHER ALTERNATIVE MODES OF TRANSPORTAT ION THE COMMITTEE HAS OVERSEEN THE IMPLEMENTATION OF BIKE RACKS AND DESIGNATED CAR POOL S POTS, AS WELL AS A BICYCLE COMMUTER BENEFIT, WHICH PROVIDES EMPLOY EES WHO BIKE TO WORK UP TO $20 PER MONTH TO USE TOWARD QUALIFIED COSTS ASSOCIATED WITH BICYCLE PURCHASE, IMPROVEME NT, REPAIR AND STORAGE SHARP PARTICIPATES IN SANDAG'S BIKE TO WORK DAY EACH Y EAR IN MAY 2016, SHARP EMPLOY EES WERE AMONG NEARLY 10,000 SAN DIEGANS WHO OPTED TO RIDE THEIR BIKE TO WORK DURING THE EVENT, SHARP PROVIDED FOOD AND BEVERAGES AT SEVERAL PIT STOPS LOCATED TH ROUGHOUT SDC FURTHERING SHARP'S COMMITMENT TO BETTER COMMUTING SOLUTIONS FOR ITS EMPLOY EE S, SHARP SUPPLIES AND SUPPORTS THE HARDWARE AND SOFTWARE FOR NEARLY 500 EMPLOY EES WHO ARE ABLE TO EFFICIENTLY AND EFFECTIVELY TELECOMMUTE TO WORK THESE EMPLOY EES WORK IN AREAS THA T DO NOT REQUIRE AN ONSITE PRESENCE, SUCH AS INFORMATION TECHNOLOGY SUPPORT, TRANSCRIPTION , AND HUMAN RESOURCES SHARP ALSO PROVIDES COMPRESSED WORK SCHEDULE OPTIONS TO ELIGIBLE FU LL-TIME EMPLOY EES ENABLING THEM TO COMPLETE THE BASIC EIGHTY-HOUR BIWEEKLY WORK REQUIREMEN T IN LESS THAN TEN WORKDAY S, THUS REDUCING COMMUTE COSTS, LOWERING PARKING DEMAND, AND HEL PING THE ENVIRONMENT SHARP'S ONGOING EFFORTS TO PROMOTE ALTERNATIVE COMMUTE CHOICES IN TH E WORKPLACE HAS LED TO RECOGNITION AS A SANDAG ICOMMUTE DIAMOND AWARD WINNER CONSISTENTLY BETWEEN 2001 AND 2010, AND AGAIN FROM 2013 THROUGH 2016 EDUCATION, COMMUNICATION AND COMM UNITY OUTREACH SHARP CONDUCTED THE FOLLOWING ENVIRONMENTAL COMMUNITY EDUCATION AND OUTREAC H ACTIVITIES IN FY 2016 * SHARP SHARED E-NEWSLETTERS WITH EMPLOY EES THROUGHOUT THE Y EAR T O HIGHLIGHT THE ORGANIZATION'S RECYCLING EFFORTS AND ACCOMPLISHMENTS, AS WELL AS TO PROVID E REMINDERS FOR PROPER WORKPLACE RECYCLING, CARPOOLING, AND ENERGY AND WATER CONSERVATION * IN APRIL 2016, SHARP HELD ITS ANNUAL SYSTEMWIDE ALL WAYS GREEN(TM) EARTH WEEK CELEBRATI ON, INCLUDING EARTH FAIRS AT EACH SHARP HOSPITAL AND SYSTEM OFFICE DURING THE FAIRS, EMPL OYEES LEARNED HOW TO HELP PRESERVE THE PLANET AND ITS PRECIOUS RESOURCES MANY OF SHARP'S KEY VENDOR PARTNERS PARTICIPATED IN THE FAIRS TO HELP RAISE AWARENESS OF VARIOUS GREEN INI TIATIVES AT SHARP * SHARP CONTINUED TO PARTICIPATE IN SDG&E'S MAJOR CUSTOMER ADVISORY PAN EL AND HEALTH CARE COLLABORATIVE TO PROVIDE INPUT AND EDUCATION RELATING TO ENERGY RELIABI LITY, FEES AND COST STRUCTURE AND THEIR IMPACTS ON THE HEALTH CARE ENVIRONMENT * IN PARTN ERSHIP WITH THE COUNTY, SHARP HOSTED A COMPLIMENTARY COMMUNITY WORKSHOP ON PHARMACEUTICAL WASTE MANAGEMENT TO EDUCATE MEDICAL PROVIDERS, PHARMACY AND HOSPITAL PERSONNEL, AND OTHER PARTICIPANTS ABOUT SAFE AND PROPER PHARMACEUTICAL WASTE DISPOSAL, INCLUDING PHARMACEUTICAL WASTE LIABILITY, REGULATORY C |

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| FORM 990, PART III, LINE 4B (CONTINUED) | OMPLIANCE AND COST-EFFECTIVE DISPOSAL STRATEGIES * SHARP PROVIDED CONFIDENTIAL PAPER SHRE DDING THROUGH SHRED-IT(R), A SECURE PAPER SHREDDING AND DOCUMENT DESTRUCTION SERVICE, AT S HARP'S ANNUAL DISASTER EXPO * SHARP'S CORPORATE OFFICE LOCATION SERVED AS A DROP-OFF LOCA TION DURING NATIONAL DRUG TAKE BACK DAY, A DAY DEDICATED TO CURBING PRESCRIPTION DRUG THEF T AND ABUSE BY PROVIDING SAFE, CONVENIENT AND RESPONSIBLE METHODS OF DRUG DISPOSAL * SHAR P CONTINUED TO PARTICIPATE IN SAN DIEGO'S GATHERING OF GREEN TEAMS WITH OTHER SAN DIEGO BU SINESS LEADERS TO IDENTIFY AND DISCUSS SUSTAINABLE BEST PRACTICES THAT CAN BE REPLICATED A CROSS INDUSTRIES * SHARP CONTINUED TO PARTICIPATE IN SAN DIEGO COUNTY'S HAZMAT STAKEHOLDE R MEETINGS TO DISCUSS BEST PRACTICES FOR MEDICAL WASTE MANAGEMENT WITH OTHER HOSPITAL LEAD ERS IN SDC * SCVMC IS A MEMBER OF THE CITY OF CHULA VISTA'S CLEAN BUSINESS PROGRAM, DEMON STRATING ITS COMMITMENT TO REDUCING ENERGY USE, WATER USE AND WASTE, AND PURCHASING MORE S USTAINABLE PRODUCTS TABLE 7 HIGHLIGHTS SHARP'S EDUCATION AND OUTREACH TO STAFF AND THE CO MMUNITY TABLE 7 ENVIRONMENTAL COMMUNITY EDUCATION AND OUTREACH BY SHARP HEALTHCARE ENTIT Y AMERICA RECYCLES DAY SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES BIKE TO WORK DAY SCHHC - YES SCVMC - YES S GH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES EA RTH WEEK ACTIVITIES SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - Y ES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES ENVIRONMENTAL POLICY SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES G REEN TEAM SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMB HWN - YES SMV/SMC - YES SRS - YES NO SMOKING POLICY SCHHC - YES SCVMC - YES SGH - YES SHA RP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES ORGANIC FARMER 'S MARKET SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - NO SMH/SMBH WN - YES SMV/SMC - YES SRS - NO ORGANIC GARDENS SCHHC - YES SCVMC - NO SGH - NO SHARP SYS TEM SERVICES - NO SHP - NO SMH/SMBHWN - YES SMV/SMC - NO SRS - NO RECYCLING EDUCATION SCH HC - YES SCVMC - YES SGH - YES SHARP SYSTEM SERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/ SMC - YES SRS - YES RISE SHARE PROMOTION SCHHC - YES SCVMC - YES SGH - YES SHARP SYSTEM S ERVICES - YES SHP - YES SMH/SMBHWN - YES SMV/SMC - YES SRS - YES SUCCESS MEASUREMENT ALL W AYS GREEN UTILIZES A SUSTAINABILITY REPORT CARD TO EVALUATE THE ANNUAL BENCHMARKS OF EACH OF ITS SUSTAINABILITY EFFORTS AGAINST A BASELINE MEASUREMENT ENTITY GREEN TEAMS USE THE R EPORT CARD TO COMMUNICATE STRATEGIC SUSTAINABILITY INITIATIVES, MONITOR RESULTS AND GAIN I NPUT FROM STAFF IN ORDER TO UNDERSTAND AND MITIGATE BARRIERS AND ESTABLISH MORE EFFECTIVE SUSTAINABILITY PRACTICES IN FY 2016, SHARP MET OVER 90 PERCENT OF ITS SUSTAINABILITY GOAL S ALL WAYS GREEN(TM) REMAINS |

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| FORM 990, PART III, LINE 4B (CONTINUED) | COMMITTED TO ESTABLISHING SUSTAINABLE AND HEALTHY PRACTICES THAT MINIMIZE SHARP'S IMPACT O N THE ENVIRONMENT AND PROMOTE THE HEALTH OF PATIENTS, EMPLOYEES, PHYSICIANS, AND THE BROAD ER COMMUNITY EMERGENCY AND DISASTER PREPAREDNESS SHARP CONTRIBUTES TO THE HEALTH AND SAFE TY OF THE SAN DIEGO COMMUNITY THROUGH ESSENTIAL EMERGENCY AND DISASTER-PLANNING ACTIVITIES AND SERVICES IN FY 2016, SHARP CONTINUED TO EDUCATE STAFF, COMMUNITY MEMBERS AND COMMUNI TY HEALTH PROFESSIONALS AND PARTNERED WITH NUMEROUS STATE AND LOCAL ORGANIZATIONS TO PREPA RE FOR AN EMERGENCY OR DISASTER SHARP'S EMERGENCY PREPAREDNESS TEAM OFFERED EDUCATIONAL C OURSES TO HEALTH CARE PROVIDERS AND FIRST RESPONDERS THROUGHOUT SDC THIS INCLUDED A STAND ARDIZED, ON-SCENE FEDERAL EMERGENCY MANAGEMENT TRAINING FOR HOSPITAL MANAGEMENT TITLED NAT IONAL INCIDENT MANAGEMENT SYSTEM/INCIDENT COMMAND SYSTEM/HOSPITAL INCIDENT COMMAND SYSTEM, AND TRAINING IN WEB EMERGENCY OPERATIONS CENTER, A CRISIS INFORMATION MANAGEMENT SYSTEM T HAT PROVIDES SECURE REAL-TIME INFORMATION SHARING IN FY 2016, SHARP'S EMERGENCY PREPAREDN ESS LEADERSHIP DONATED THEIR TIME TO STATE AND LOCAL ORGANIZATIONS AND COMMITTEES INCLUDIN G THE SAN DIEGO COUNTY CIVILIAN/MILITARY LIAISON WORK GROUP, SAN DIEGO COUNTY UNIFIED DISA STER COUNCIL, COUNTY OF SAN DIEGO EMERGENCY MEDICAL CARE COMMITTEE (EMCC) AND THE CALIFORN IA HOSPITAL ASSOCIATION (CHA) EMERGENCY MANAGEMENT ADVISORY COMMITTEE THE LEADERSHIP TEAM ALSO LED THE SAN DIEGO HEALTHCARE DISASTER COALITION SUBCOMMITTEE, A COUNTYWIDE WORK GROU P THAT REVIEWS HOSPITAL EVACUATION PLANNING AND IDENTIFIES AND SHARES BEST PRACTICES IN A DDITION, SHARP'S EMERGENCY PREPAREDNESS LEADERSHIP CONTINUED TO PARTICIPATE IN THE STATEWI DE MEDICAL AND HEALTH EXERCISE PROGRAM - A WORK GROUP OF REPRESENTATIVES FROM LOCAL, REGIO NAL AND STATE AGENCIES INCLUDING HEALTH DEPARTMENTS, EMERGENCY MEDICAL SERVICES, ENVIRONME NTAL HEALTH DEPARTMENTS, HOSPITALS, LAW ENFORCEMENT, FIRE SERVICES AND MORE - TO GUIDE LOC AL EMERGENCY PLANNERS IN DEVELOPING, PLANNING AND CONDUCTING EMERGENCY RESPONSES |

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| FORM 990, PART III, LINE 4B (CONTINUED) | THROUGH PARTICIPATION IN THE U S DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH EMER GENCY HOSPITAL PREPAREDNESS PROGRAM (HPP) GRANT, SHARP CREATED THE SHARP HEALTHCARE HPP DI SASTER PREPAREDNESS PARTNERSHIP THE PARTNERSHIP INCLUDES SCVMC, SCHHC, SGH, SMH, SRS URGE NT CARE CENTERS AND CLINICS, SAN DIEGO'S RONALD MCDONALD HOUSE, RADY CHILDREN'S HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, KAISER HOSPITAL, ALVARADO HOSPITAL, PARADISE VALLEY HO SPITAL, UC SAN DIEGO HEALTH, PALOMAR HEALTH, THE COUNCIL OF COMMUNITY CLINICS, NAVAL AIR S TATION NORTH ISLAND/NAVAL MEDICAL SERVICES, SAN DIEGO COUNTY SHERIFFS, MARINE CORPS AIR ST ATION MIRAMAR FIRE DEPARTMENT AND FRESENIUS MEDICAL CENTERS THE PARTNERSHIP SEEKS TO CONT INUALLY IDENTIFY AND DEVELOP RELATIONSHIPS WITH HEALTH CARE ENTITIES, NONPROFIT ORGANIZATI ONS, LAW ENFORCEMENT, MILITARY INSTALLATIONS AND OTHER ORGANIZATIONS THAT SERVE SDC AND AR E LOCATED NEAR PARTNER HEALTH CARE FACILITIES THROUGH NETWORKING, PLANNING, AND THE SHARI NG OF RESOURCES, TRAININGS AND INFORMATION, THE PARTNERS WILL BE BETTER PREPARED FOR A COL LABORATIVE RESPONSE TO AN EMERGENCY OR DISASTER AFFECTING SDC SHARP SUPPORTS SAFETY EFFOR TS OF CALIFORNIA AND THE CITY OF SAN DIEGO THROUGH MAINTENANCE AND STORAGE OF A COUNTY DEC ONTAMINATION TRAILER AT SGH TO BE USED IN RESPONSE TO A MASS DECONTAMINATION EVENT ADDITI ONALLY, ALL SHARP HOSPITALS ARE PREPARED FOR AN EMERGENCY WITH BACKUP WATER SUPPLIES THAT LAST UP TO 96 HOURS IN THE EVENT THE SY STEM'S NORMAL WATER SUPPLY IS INTERRUPTED IN SEPTE MBER, SHARP HOSTED ITS FIFTH ANNUAL DISASTER PREPAREDNESS EXPO TO EDUCATE SAN DIEGO RESIDE NTS ON EFFECTIVE DISASTER PREPAREDNESS AND RESPONSE IN THE EVENT OF AN EARTHQUAKE, FIRE, P OWER OUTAGE OR OTHER EMERGENCY HELD AT BALBOA PARK, THE FREE EVENT PROVIDED APPROXIMATELY 500 COMMUNITY MEMBERS WITH A VARIETY OF DISASTER EXHIBITORS, DEMONSTRATIONS AND DISPLAYS, AS WELL AS EDUCATION ON PERSONAL AND FAMILY DISASTER PLANNING, AND CONFIDENTIAL DOCUMENT SHREDDING FROM SHRED-IT IN RECENT Y EARS, GLOBAL ENDEMIC EVENTS HAD THE POTENTIAL TO IMPAC T PUBLIC HEALTH IN THE LOCAL SAN DIEGO COMMUNITY SHARP CONTINUES TO PARTNER WITH COMMUNIT Y AGENCIES, SDC PUBLIC HEALTH SERVICES AND FIRST RESPONDERS TO DEVELOP PROTOCOLS, PROVIDE JOINT TRAININGS, AND ESTABLISH SAFE TREATMENT METHODS AND LOCATIONS THIS ALLOWS FOR THE C ONTINUED DELIVERY OF UNINTERRUPTED CARE TO THE COMMUNITY IN THE FACE OF PUBLIC HEALTH THRE ATS EMPLOY EE WELLNESS SHARP BEST HEALTH SHARP RECOGNIZES THAT IMPROVING THE HEALTH OF IT S TEAM MEMBERS BENEFITS THE HEALTH OF THE BROADER COMMUNITY SINCE 2010, THE SHARP BEST HE ALTH EMPLOY EE WELLNESS PROGRAM HAS CREATED WELLNESS INITIATIVES TO IMPROVE THE OVERALL HEA LTH, HAPPINESS AND PRODUCTIVITY OF SHARP'S WORKFORCE SHARP BEST HEALTH ENCOURAGES TEAM ME MBERS TO INCORPORATE HEALTHY HABITS INTO THEIR LIFESTY LES AND SUPPORTS THEM ON THEIR JOURN EY TO ATTAIN THEIR PERSONAL HEALTH GOALS EACH SHARP HOSPITAL AS WELL AS SRS HAS A DEDICAT ED BEST HEALTH COMMITTEE THAT |

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| FORM 990, PART III, LINE 4B (CONTINUED) | WORKS TO PROMOTE WELLNESS AT THEIR INDIVIDUAL WORK SITE TEAM MEMBERS ARE ENCOURAGED TO PA RTICIPATE IN ON-SITE FITNESS CLASSES, MEDITATION WORKSHOPS, MICRO-STRETCH BREAKS, AND RELA XATION AND STRESS MANAGEMENT WORKSHOPS IN ADDITION, SHARP BEST HEALTH OFFERS WEB-BASED RE SOURCES TO HELP TEAM MEMBERS STAY FIT AND HEALTHY, INCLUDING INTERACTIVE BLOGGING, RECIPES , AS WELL AS EDUCATION ON BIOMETRIC SCREENINGS, HEALTH RISK ASSESSMENTS, MINDFULNESS, HEAL THY EATING AND ACTIVE LIFESTYLE DEVELOPMENT SINCE 2013, SHARP BEST HEALTH HAS OFFERED ANN UAL EMPLOYEE HEALTH SCREENINGS TO RAISE AWARENESS OF IMPORTANT BIOMETRIC HEALTH MEASURES A ND HELP TEAM MEMBERS LEARN HOW TO REDUCE THEIR RISK OF RELATED HEALTH ISSUES IN FY 2016, MORE THAN 10,000 EMPLOYEES RECEIVED HEALTH SCREENINGS FOR BLOOD PRESSURE, CHOLESTEROL, BOD Y MASS INDEX (BMI), BLOOD SUGAR AND TOBACCO USE. SHARP BEST HEALTH HOSTED A VARIETY OF WEL LNESS PROGRAMS AND EVENTS IN FY 2016 FOR ITS EMPLOYEES, FAMILY AND FRIENDS, INCLUDING WALK ING AND HIKING CLUBS THE WALKING CLUBS VARIED BY LOCATION WITH EITHER STRUCTURED MEETING POINTS OR VARIOUS SMALL WALKING GROUPS, AND 15 SYSTEMWIDE HIKES SERVED MORE THAN 250 ATTEN DEES OVER THE PAST YEAR IN FEBRUARY, SHARP'S BEST HEALTH COMMITTEES COLLABORATED TO HOST THE 2ND ANNUAL 5K THE SHARP WAY FUN FAMILY WALK/RUN AT TIDELANDS PARK IN CORONADO, ENGAGI NG APPROXIMATELY 300 EMPLOYEES AND THEIR FAMILIES SHARP BEST HEALTH ALSO PARTICIPATED IN COMMUNITY HEALTH EVENTS THROUGHOUT THE YEAR, INCLUDING THE AMERICAN CANCER SOCIETY (ACS) G REAT AMERICAN SMOKE OUT, NATIONAL NUTRITION MONTH, NATIONAL FRESH FRUITS & VEGETABLES MONT H, THE ADA TOUR DE CURE BIKE RIDE AND NATIONAL WALKING DAY THROUGHOUT 2016, SHARP CONTINU ED ITS SYSTEMWIDE MINDFUL HEALTHY FOOD INITIATIVE IN PARTNERSHIP WITH SODEXO WITH THE MIN DFUL PROGRAM, SHARP'S CAFETERIA MENUS WERE REDESIGNED TO INCLUDE SUSTAINABLE, NUTRITIOUS A ND ENTICING FOOD OPTIONS THAT FOSTER A HEALTHY LIFESTYLE AMONG PATIENTS, VISITORS AND STAF F IN COLLABORATION WITH SODEXO AND SPECIALTY PRODUCE - A LOCAL PRODUCE WHOLESALE DISTRIBU TOR - SHARP BEST HEALTH OFFERED THE GREEN GROCERS DELIVERED TO YOU PROGRAM AT SIX SHARP WO RK SITES IN FY 2016 THROUGH THE PROGRAM, EMPLOYEES CAN ORDER SEASONALLY AVAILABLE, LOCALL Y-GROWN AND ORGANIC PRODUCE ONLINE AND HAVE IT DELIVERED TO THEIR WORKPLACE TWICE A MONTH FOR A LOW COST THE PROGRAM PROVIDES A CONVENIENT METHOD FOR EMPLOYEES AND THEIR FAMILIES TO INCORPORATE MORE FRUITS AND VEGETABLES INTO THEIR DIET, WHILE THE PURCHASE OF LOCALLY-G ROWN PRODUCE HELPS SUPPORT LOCAL FARMERS AND IS CONSIDERED A CSA SERVICE SHARP BEST HEALT H'S FREE NUTRITION EDUCATION PROGRAMS HELP SUPPORT EMPLOYEES AND THEIR FAMILY MEMBERS WITH DEVELOPING HEALTHIER EATING HABITS IN FY 2016, PROGRAMS INCLUDED CLASSROOM-STYLE WORKSHO PS WITH COOKING DEMONSTRATIONS LED BY REGISTERED DIETITIANS (RDS), AND FOUR GROCERY STORE TOURS FACILITATED BY AN RD TO HELP PARTICIPANTS UNDERSTAND NUTRITION LABELS AND MAKE HEALT HIER FOOD CHOICES SHARP BEST |

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| FORM 990, PART III, LINE 4B (CONTINUED) | HEALTH ALSO HOSTED RECIPE-SHARING AND TASTING EVENTS FOR EMPLOYEES, AS WELL AS PROVIDED HE ALTHY FOOD OPTIONS AT SYSTEM EVENTS SECTION 2 EXECUTIVE SUMMARY THIS EXECUTIVE SUMMARY PR OVIDES AN OVERVIEW OF COMMUNITY BENEFIT PLANNING AT SHARP HEALTHCARE (SHARP), A LISTING OF COMMUNITY NEEDS ADDRESSED IN THIS COMMUNITY BENEFIT PLAN AND REPORT, AND A SUMMARY OF COM MUNITY BENEFIT PROGRAMS AND SERVICES PROVIDED BY SHARP IN FISCAL YEAR (FY) 2016 (OCTOBER 1 , 2015, THROUGH SEPTEMBER 30, 2016) IN ADDITION, THE SUMMARY REPORTS THE ECONOMIC VALUE O F COMMUNITY BENEFIT PROVIDED BY SHARP, ACCORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED IN SENATE BILL (SB) 697, FOR THE FOLLOWING ENTITIES * SHARP CHULA VISTA MEDICAL CENTER * SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER * SHARP GROSSMONT HOSPITAL * SHARP MARY BIRC H HOSPITAL FOR WOMEN & NEWBORNS * SHARP MEMORIAL HOSPITAL * SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER * SHARP HEALTH PLAN COMMUNITY BENEFIT PLANNING AT SHARP HEALTHCARE S HARP BASES ITS COMMUNITY BENEFIT PLANNING ON ITS TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSME NTS (CHNA) COMBINED WITH THE EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL FO R DETAILS ON SHARP'S CHNA PROCESS PLEASE SEE SECTION 3 COMMUNITY BENEFIT PLANNING PROCESS LISTING OF COMMUNITY NEEDS ADDRESSED IN THE SHARP HEALTHCARE COMMUNITY BENEFIT PLAN AND REPORT, FY 2016 THE FOLLOWING COMMUNITY NEEDS ARE ADDRESSED BY ONE OR MORE SHARP HOSPITALS IN THIS COMMUNITY BENEFIT REPORT * ACCESS TO CARE FOR INDIVIDUALS WITHOUT A MEDICAL PROV IDER AND SUPPORT FOR HIGH-RISK, UNDERSERVED AND UNDERFUNDED PATIENTS * EDUCATION AND SCREE NING PROGRAMS ON HEALTH CONDITIONS, SUCH AS HEART AND VASCULAR DISEASE, STROKE, CANCER, DI ABETES, PRETERM DELIVERY, UNINTENTIONAL INJURIES AND BEHAVIORAL HEALTH * HEALTH EDUCATION, SUPPORT AND SCREENING ACTIVITIES FOR SENIORS * WELFARE OF SENIORS AND DISABLED PEOPLE * S PECIAL SUPPORT SERVICES FOR HOSPICE PATIENTS AND THEIR LOVED ONES, AND FOR THE COMMUNITY * SUPPORT OF COMMUNITY NONPROFIT HEALTH ORGANIZATIONS |

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| FORM 990, PART III, LINE 4B (CONTINUED) | * EDUCATION AND TRAINING OF COMMUNITY HEALTH CARE PROFESSIONALS * STUDENT AND INTERN SUPER VISION AND SUPPORT * COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE C AREERS * CANCER EDUCATION, PATIENT NAVIGATION SERVICES AND PARTICIPATION IN CLINICAL TRIAL S * WOMEN'S AND PRENATAL HEALTH SERVICES AND EDUCATION * MEETING THE NEEDS OF NEW MOTHERS AND THEIR LOVED ONES * MENTAL HEALTH AND SUBSTANCE ABUSE EDUCATION AND SUPPORT FOR THE COM MUNITY HIGHLIGHTS OF COMMUNITY BENEFIT PROVIDED BY SHARP IN FY 2016 THE FOLLOWING ARE EXAM PLES OF COMMUNITY BENEFIT PROGRAMS AND SERVICES PROVIDED BY SHARP HOSPITALS AND ENTITIES I N FY 2016 * UNREIMBURSED MEDICAL CARE SERVICES INCLUDED UNCOMPENSATED CARE FOR PATIENTS W HO ARE UNABLE TO PAY FOR SERVICES, AND THE UNREIMBURSED COSTS OF PUBLIC PROGRAMS SUCH AS M EDI-CAL, MEDICARE, SAN DIEGO COUNTY INDIGENT MEDICAL SERVICES, CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE U S DEPARTMENT OF VETERANS AFFAIRS (CHAMPVA), AND TRICARE - THE REGIONALL Y MANAGED HEALTH CARE PROGRAM FOR ACTIVE-DUTY, NATIONAL GUARD AND RESERVE MEMBERS, RETIREE S, THEIR LOVED ONES AND SURVIVORS, AND UNREIMBURSED COSTS OF WORKERS' COMPENSATION PROGRAM S THIS ALSO INCLUDED FINANCIAL SUPPORT FOR ON-SITE WORKERS TO PROCESS MEDI-CAL ELIGIBILIT Y FORMS * OTHER BENEFITS FOR VULNERABLE POPULATIONS INCLUDED VAN TRANSPORTATION FOR PATIE NTS TO AND FROM MEDICAL APPOINTMENTS, FLU VACCINATIONS AND SERVICES FOR SENIORS, FINANCIAL AND OTHER SUPPORT TO COMMUNITY CLINICS TO ASSIST IN PROVIDING AND IMPROVING ACCESS TO HEA LTH SERVICES, PROJECT HELP, PROJECT CARE, MEALS ON WHEELS, CONTRIBUTION OF TIME TO STAND D OWN FOR HOMELESS VETERANS, THE SAN DIEGO FOOD BANK (FOOD BANK), AND FEEDING SAN DIEGO (FSD ), FINANCIAL AND OTHER SUPPORT TO THE SHARP HUMANITARIAN SERVICE PROGRAM, AND OTHER ASSIST ANCE FOR VULNERABLE AND HIGH-RISK COMMUNITY MEMBERS * OTHER BENEFITS FOR THE BROADER COMM UNITY INCLUDED HEALTH EDUCATION AND INFORMATION, AND PARTICIPATION IN COMMUNITY HEALTH FAI RS AND EVENTS ADDRESSING THE UNIQUE NEEDS OF THE COMMUNITY, AS WELL AS PROVIDING FLU VACCI NATIONS, HEALTH SCREENINGS AND SUPPORT GROUPS TO THE COMMUNITY SHARP COLLABORATED WITH LO CAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS AND MADE ITS FACILITIES AVAILABLE F OR USE BY COMMUNITY GROUPS AT NO CHARGE SHARP EXECUTIVE LEADERSHIP AND STAFF ALSO ACTIVEL Y PARTICIPATED IN NUMEROUS COMMUNITY ORGANIZATIONS, COMMITTEES AND COALITIONS TO IMPROVE T HE HEALTH OF THE COMMUNITY SEE APPENDIX A FOR A LISTING OF SHARP'S INVOLVEMENT IN COMMUNI TY ORGANIZATIONS IN ADDITION, THE CATEGORY INCLUDED COSTS ASSOCIATED WITH PLANNING AND OP ERATING COMMUNITY BENEFIT PROGRAMS, SUCH AS COMMUNITY HEALTH NEEDS ASSESSMENTS AND ADMINIS TRATION * HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS INCLUDED EDUCATION AND TRAININ G PROGRAMS FOR MEDICAL, NURSING AND OTHER HEALTH CARE STUDENTS AND PROFESSIONALS, AS WELL AS SUPERVISION AND SUPPORT FOR STUDENTS AND INTERNS, AND TIME DEVOTED TO GENERALIZABLE HEA LTH-RELATED RESEARCH PROJECTS |

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| FORM 990, PART III, LINE 4B (CONTINUED) | THAT WERE MADE AVAILABLE TO THE BROADER HEALTH CARE COMMUNITY ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED IN FY 2016 IN FY 2016, SHARP PROVIDED A TOTAL OF $319,497,417 IN COMMUNI TY BENEFIT PROGRAMS AND SERVICES THAT WERE UNREIMBURSED TABLE 8 DISPLAYS A SUMMARY OF UNR EIMBURSED COSTS BASED ON THE CATEGORIES SPECIFICALLY IDENTIFIED IN SB 697 IN FY 2015 THE STATE OF CALIFORNIA AND THE CENTERS FOR MEDICARE AND MEDICAID SERVICES APPROVED A MEDI-CAL HOSPITAL FEE PROGRAM FOR THE TIME PERIOD OF JANUARY 1, 2014 THROUGH DECEMBER 31, 2016 TH IS RESULTED IN AN INCREASED REIMBURSEMENT OF $164 2 MILLION AND AN ASSESSMENT OF A QUALITY ASSURANCE FEE AND PLEDGE TOTALING $103 1 MILLION IN FY 2016 THE NET IMPACT OF THE PROGRA M TOTALING $61 1 MILLION REDUCED THE AMOUNT OF UNREIMBURSED MEDICAL CARE SERVICE FOR THE M EDI-CAL POPULATION THIS REIMBURSEMENT HELPED OFFSET PRIOR YEARS' UNREIMBURSED MEDICAL CAR E SERVICES, HOWEVER THE ADDITIONAL FUNDS RECORDED IN FY 2016 UNDERSTATE THE TRUE UNREIMBUR SED MEDICAL CARE SERVICES PERFORMED FOR THE PAST FISCAL YEAR TABLE 8 SHARP HEALTHCARE TO TAL COMMUNITY BENEFIT - FY 2016 NOTE THE TABLE SHOWS ESTIMATED FY 2016 UNREIMBURSED COSTS AND THE DATA IS PRESENTED BY SB 697 CATEGORY AND BY PROGRAMS AND SERVICES INCLUDED IN SB 697 CATEGORY MEDICAL CARE SERVICES SHORTFALL IN MEDI-CAL - $79,239,017 NOTE METHODOLOGY FOR CALCULATING SHORTFALLS IN PUBLIC PROGRAMS IS BASED ON SHARP'S PAYOR-SPECIFIC COST-TO-C HARGE RATIOS, WHICH ARE DERIVED FROM THE COST ACCOUNTING SYSTEM, OFFSET BY THE ACTUAL PAYM ENTS RECEIVED COSTS FOR PATIENTS PAID THROUGH THE MEDICARE PROGRAM ON A PROSPECTIVE BASIS ALSO INCLUDE PAYMENTS TO THIRD PARTIES RELATED TO THE SPECIFIC POPULATION SHORTFALL IN M EDICARE - $192,175,656 NOTE METHODOLOGY FOR CALCULATING SHORTFALLS IN PUBLIC PROGRAMS IS BASED ON SHARP'S PAYOR-SPECIFIC COST-TO-CHARGE RATIOS, WHICH ARE DERIVED FROM THE COST ACC OUNTING SYSTEM, OFFSET BY THE ACTUAL PAYMENTS RECEIVED COSTS FOR PATIENTS PAID THROUGH TH E MEDICARE PROGRAM ON A PROSPECTIVE BASIS ALSO INCLUDE PAYMENTS TO THIRD PARTIES RELATED T O THE SPECIFIC POPULATION SHORTFALL IN SAN DIEGO COUNTY INDIGENT MEDICAL SERVICES - $6,33 2,460 NOTE METHODOLOGY FOR CALCULATING SHORTFALLS IN PUBLIC PROGRAMS IS BASED ON SHARP'S PAYOR-SPECIFIC COST-TO-CHARGE RATIOS, WHICH ARE DERIVED FROM THE COST ACCOUNTING SYSTEM, O FFSET BY THE ACTUAL PAYMENTS RECEIVED COSTS FOR PATIENTS PAID THROUGH THE MEDICARE PROGRA M ON A PROSPECTIVE BASIS ALSO INCLUDE PAYMENTS TO THIRD PARTIES RELATED TO THE SPECIFIC PO PULATION SHORTFALL IN CHAMPVA/TRICARE - $6,642,585 NOTE METHODOLOGY FOR CALCULATING SHOR TFALLS IN PUBLIC PROGRAMS IS BASED ON SHARP'S PAYOR-SPECIFIC COST-TO-CHARGE RATIOS, WHICH ARE DERIVED FROM THE COST ACCOUNTING SYSTEM, OFFSET BY THE ACTUAL PAYMENTS RECEIVED COSTS FOR PATIENTS PAID THROUGH THE MEDICARE PROGRAM ON A PROSPECTIVE BASIS ALSO INCLUDE PAYMEN TS TO THIRD PARTIES RELATED TO THE SPECIFIC POPULATION CHARITY CARE - $18,989,615 NOTE C HARITY CARE REFLECTS THE UNREI |

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| FORM 990, PART III, LINE 4B (CONTINUED) | MBURSED COSTS OF PROVIDING SERVICES TO PATIENTS WITHOUT THE ABILITY TO PAY FOR SERVICES AT THE TIME THE SERVICES WERE RENDERED BAD DEBT - $196,523 NOTE BAD DEBT REFLECTS THE UNRE IMBURSED COSTS OF PROVIDING SERVICES TO PATIENTS WITHOUT THE ABILITY TO PAY FOR SERVICES A T THE TIME THE SERVICES WERE RENDERED OTHER BENEFITS FOR VULNERABLE POPULATIONS PATIENT TRANSPORTATION AND OTHER ASSISTANCE FOR THE NEEDY - $2,702,467 NOTE UNREIMBURSED COSTS MA Y INCLUDE AN HOURLY RATE FOR LABOR AND BENEFITS PLUS COSTS FOR SUPPLIES, MATERIALS AND OTH ER PURCHASED SERVICES ANY OFFSETTING REVENUE (SUCH AS FEES, GRANTS OR EXTERNAL DONATIONS) IS DEDUCTED FROM THE COSTS OF PROVIDING SERVICES UNREIMBURSED COSTS WERE ESTIMATED BY EA CH DEPARTMENT RESPONSIBLE FOR PROVIDING THE PROGRAM OR SERVICE OTHER BENEFITS FOR THE BRO ADER COMMUNITY HEALTH EDUCATION AND INFORMATION, SUPPORT GROUPS, HEALTH FAIRS, MEETING RO OM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZATIONS AND COST OF FUNDRAISING FOR COMMUNI TY EVENTS - $2,062,814 NOTE UNREIMBURSED COSTS MAY INCLUDE AN HOURLY RATE FOR LABOR AND B ENEFITS PLUS COSTS FOR SUPPLIES, MATERIALS AND OTHER PURCHASED SERVICES ANY OFFSETTING RE VENUE (SUCH AS FEES, GRANTS OR EXTERNAL DONATIONS) IS DEDUCTED FROM THE COSTS OF PROVIDING SERVICES UNREIMBURSED COSTS WERE ESTIMATED BY EACH DEPARTMENT RESPONSIBLE FOR PROVIDING THE PROGRAM OR SERVICE HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS EDUCATION AND TR AINING PROGRAMS FOR STUDENTS, INTERNS AND HEALTH CARE PROFESSIONALS - $5,019,420 NOTE UNR EIMBURSED COSTS MAY INCLUDE AN HOURLY RATE FOR LABOR AND BENEFITS PLUS COSTS FOR SUPPLIES, MATERIALS AND OTHER PURCHASED SERVICES ANY OFFSETTING REVENUE (SUCH AS FEES, GRANTS OR E XTERNAL DONATIONS) IS DEDUCTED FROM THE COSTS OF PROVIDING SERVICES UNREIMBURSED COSTS WE RE ESTIMATED BY EACH DEPARTMENT RESPONSIBLE FOR PROVIDING THE PROGRAM OR SERVICE TOTAL $ 319,497,417 TABLE 9 SHOWS A LISTING OF THESE UNREIMBURSED COSTS PROVIDED BY EACH SHARP ENT ITY TABLE 9 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED BY SHARP HEALTHCARE ENTIT IES - FY 2016 ESTIMATED FY 2016 UNREIMBURSED COSTS SHARP CHULA VISTA MEDICAL CENTER - $60 ,805,123 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER - $13,791,050 SHARP GROSSMONT HOSPI TAL - $98,464,086 SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS - $6,128,274 SHARP MEMORI AL HOSPITAL - $125,218,185 SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER - $15,015,6 99 SHARP HEALTH PLAN - $75,000 TOTAL FOR ALL ENTITIES - $319,497,417 |

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| FORM 990, PART III, LINE 4B (CONTINUED) | TABLE 10 INCLUDES A SUMMARY OF UNREIMBURSED COSTS FOR EACH SHARP HOSPITAL ENTITY BASED ON THE CATEGORIES SPECIFICALLY IDENTIFIED IN SB 697 FOR A DETAILED SUMMARY OF UNREIMBURSED C OSTS OF COMMUNITY BENEFIT PROVIDED BY EACH SHARP ENTITY IN FY 2016, SEE TABLES PRESENTED I N SECTIONS 4 THROUGH 5 TABLE 10 FY 2016 DETAILED ECONOMIC VALUE OF SB BILL 697 CATEGORIE S NOTE TABLE SHOWS ESTIMATED FY 2016 UNREIMBURSED COSTS AND IS PRESENTED BY SHARP HEALTHC ARE ENTITY AND BY SB 697 CATEGORY ECONOMIC VALUE IS BASED ON UNREIMBURSED COSTS SHARP CH ULA VISTA MEDICAL CENTER MEDICAL CARE SERVICES - $59,362,219 OTHER BENEFITS FOR VULNERABL E POPULATIONS - $318,613 OTHER BENEFITS FOR THE BROADER COMMUNITY - $248,531 HEALTH RESEAR CH, EDUCATION AND TRAINING PROGRAMS - $875,760 TOTAL ESTIMATED FY 2016 UNREIMBURSED COSTS - $60,805,123 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER MEDICAL CARE SERVICES - $13,34 6,669 OTHER BENEFITS FOR VULNERABLE POPULATIONS - $32,822 OTHER BENEFITS FOR THE BROADER C OMMUNITY - $64,013 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $347,546 TOTAL ESTIM ATED FY 2016 UNREIMBURSED COSTS - $13,791,050 SHARP GROSSMONT HOSPITAL MEDICAL CARE SERVI CES - $95,687,226 OTHER BENEFITS FOR VULNERABLE POPULATIONS - $850,000 OTHER BENEFITS FOR THE BROADER COMMUNITY - $627,388 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $1,299 ,472 TOTAL ESTIMATED FY 2016 UNREIMBURSED COSTS - $98,464,086 SHARP MARY BIRCH HOSPITAL FO R WOMEN & NEWBORNS MEDICAL CARE SERVICES - $5,455,562 OTHER BENEFITS FOR VULNERABLE POPUL ATIONS - $51,104 OTHER BENEFITS FOR THE BROADER COMMUNITY - $300,746 HEALTH RESEARCH, EDUC ATION AND TRAINING PROGRAMS - $320,862 TOTAL ESTIMATED FY 2016 UNREIMBURSED COSTS - $6,128 ,274 SHARP MEMORIAL HOSPITAL MEDICAL CARE SERVICES - $122,118,736 OTHER BENEFITS FOR VULN ERABLE POPULATIONS - $828,317 OTHER BENEFITS FOR THE BROADER COMMUNITY - $549,428 HEALTH R ESEARCH, EDUCATION AND TRAINING PROGRAMS - $1,721,704 TOTAL ESTIMATED FY 2016 UNREIMBURSED COSTS - $125,218,185 SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER MEDICAL CARE SE RVICES - $13,742,304 OTHER BENEFITS FOR VULNERABLE POPULATIONS - $608,878 OTHER BENEFITS F OR THE BROADER COMMUNITY - $213,934 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $45 0,583 TOTAL ESTIMATED FY 2016 UNREIMBURSED COSTS - $15,015,699 SHARP HEALTH PLAN MEDICAL CARE SERVICES - $- OTHER BENEFITS FOR VULNERABLE POPULATIONS - $12,733 OTHER BENEFITS FOR THE BROADER COMMUNITY - $58,774 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $3,493 TOTAL ESTIMATED FY 2016 UNREIMBURSED COSTS - $75,000 ALL ENTITIES MEDICAL CARE SERVICES - $309,712,716 OTHER BENEFITS FOR VULNERABLE POPULATIONS - $2,702,467 OTHER BENEFITS FOR TH E BROADER COMMUNITY - $2,062,814 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $5,019 ,420 TOTAL ESTIMATED FY 2016 UNREIMBURSED COSTS - $319,497,417 SECTION 3 COMMUNITY BENEFIT PLANNING PROCESS AN EXCEPTIONAL COMMUNITY CITIZEN LISTENS TO THEIR COMMUNITY'S NEEDS, BAR RIERS TO SERVICE AND VISION OF |

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| FORM 990, PART III, LINE 4B (CONTINUED) | THEIR FUTURE AND HELPS THEM TRANSLATE THAT INTO A REALITY THROUGH ADVOCACY, OUTREACH AND ACTION - LISA MILLS, BUSINESS DEVELOPMENT SPECIALIST, SHARP MESA VISTA HOSPITAL FOR THE PAST 20 YEARS, SHARP HEALTHCARE (SHARP) HAS BASED ITS COMMUNITY BENEFIT PLANNING ON FINDING S FROM ITS TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS CHNA FINDINGS ARE U SED IN COMBINATION WITH THE EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL, AS WELL AS KNOWLEDGE OF THE POPULATIONS AND COMMUNITIES SERVED BY THOSE HOSPITALS, TO PROVIDE A FOUNDATION FOR COMMUNITY BENEFIT PROGRAM PLANNING AND IMPLEMENTATION METHODOLOGY TO CO NDUCT THE 2016 SHARP HEALTHCARE COMMUNITY HEALTH NEEDS ASSESSMENTS SHARP HAS BEEN A LONGTI ME PARTNER IN THE PROCESS OF IDENTIFYING AND RESPONDING TO THE HEALTH NEEDS OF THE SAN DIE GO COMMUNITY SINCE 1995, SHARP HAS PARTICIPATED IN A COUNTYWIDE COLLABORATIVE THAT INCLUD ES A BROAD RANGE OF HOSPITALS, HEALTH CARE ORGANIZATIONS AND COMMUNITY AGENCIES TO CONDUCT A TRIENNIAL CHNA THAT IDENTIFIES AND PRIORITIZES HEALTH NEEDS FOR SAN DIEGO COUNTY (SDC) IN ADDITION, TO ADDRESS THE REQUIREMENTS FOR NOT-FOR-PROFIT HOSPITALS UNDER THE PATIENT P ROTECTION AND AFFORDABLE CARE ACT, SHARP HAS DEVELOPED CHNAS FOR EACH OF ITS INDIVIDUALLY LICENSED HOSPITALS SINCE 2013 THIS PROCESS GATHERS BOTH SALIENT HOSPITAL DATA AND THE PER SPECTIVES OF HEALTH LEADERS AND RESIDENTS IN ORDER TO IDENTIFY AND PRIORITIZE HEALTH NEEDS FOR COMMUNITY MEMBERS ACROSS THE COUNTY, WITH A SPECIAL FOCUS ON VULNERABLE POPULATIONS FURTHER, THE PROCESS SEEKS TO HIGHLIGHT HEALTH NEEDS THAT HOSPITALS COULD IMPACT THROUGH P ROGRAMS, SERVICES AND COLLABORATION FOR THE 2016 CHNA PROCESS, SHARP ACTIVELY PARTICIPATE D IN A COLLABORATIVE CHNA EFFORT LED BY THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) AND IN CONTRACT WITH THE INSTITUTE FOR PUBLIC HEALTH (IPH) AT SAN DIEG O STATE UNIVERSITY (SDSU) THE PROCESS AND FINDINGS OF THE COLLABORATIVE HASD&IC 2016 CHNA SIGNIFICANTLY INFORMED THE PROCESS AND FINDINGS OF SHARP'S INDIVIDUAL HOSPITAL CHNAS THE COMPLETE HASD&IC 2016 CHNA IS AVAILABLE FOR PUBLIC VIEWING AND DOWNLOAD AT HTTP://WWW HAS DIC ORG TO DEVELOP ITS INDIVIDUAL HOSPITAL CHNAS, SHARP ANALYZED HOSPITAL-SPECIFIC DATA A ND CONTRACTED SEPARATELY WITH IPH TO CONDUCT COMMUNITY ENGAGEMENT ACTIVITIES EXPRESSLY FOR THE PATIENTS AND COMMUNITY MEMBERS IT SERVES IN ACCORDANCE WITH FEDERAL REGULATIONS, THE SHARP MEMORIAL HOSPITAL (SMH) 2016 CHNA ALSO INCLUDES NEEDS IDENTIFIED FOR COMMUNITIES SE RVED BY SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (SMBHWN), AS THE TWO HOSPITALS SHAR E A LICENSE, AND REPORT ALL UTILIZATION AND FINANCIAL DATA AS A SINGLE ENTITY TO THE OFFIC E OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) AS SUCH, THE SMH 2016 CHNA SUMMARI ZES THE PROCESSES AND FINDINGS FOR COMMUNITIES SERVED BY BOTH HOSPITAL ENTITIES THE 2016 CHNAS FOR EACH SHARP HOSPITAL HELP INFORM CURRENT AND FUTURE COMMUNITY BENEFIT PROGRAMS AN D SERVICES, ESPECIALLY FOR COM |

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| FORM 990, PART III, LINE 4B (CONTINUED) | MUNITY MEMBERS FACING INEQUITIES THIS SECTION DESCRIBES THE GENERAL METHODOLOGY EMPLOYED FOR SHARP HEALTHCARE'S 2016 CHNAS CHNA COMMITTEE THE HASD&IC BOARD OF DIRECTORS CONVENED A CHNA COMMITTEE TO PLAN AND IMPLEMENT THE COLLABORATIVE 2016 CHNA PROCESS THE CHNA COMMI TTEE IS COMPRISED OF REPRESENTATIVES FROM ALL SEVEN PARTICIPATING HOSPITALS AND HEALTH CAR E SYSTEMS * KAISER FOUNDATION HOSPITAL - SAN DIEGO * PALOMAR HEALTH * RADY CHILDREN'S HOS PITAL - SAN DIEGO * SCRIPPS HEALTH (CHAIR) * SHARP HEALTHCARE (VICE CHAIR) * TRI-CITY MEDI CAL CENTER * UNIVERSITY OF CALIFORNIA, SAN DIEGO HEALTH CHNA OBJECTIVES IN RESPONSE TO COM MUNITY FEEDBACK ON THE 2013 CHNA PROCESS AND FINDINGS, AND IN RECOGNITION OF THE CHALLENGE S THAT HEALTH PROVIDERS, COMMUNITY ORGANIZATIONS AND RESIDENTS FACE IN THEIR EFFORTS TO PR EVENT, DIAGNOSE AND MANA GE CHRONIC CONDITIONS, THE HASD&IC 2016 CHNA PROCESS FOCUSED ON GA INING DEEPER INSIGHT INTO THE TOP HEALTH NEEDS IDENTIFIED FOR SDC THROUGH THE 2013 CHNA PR OCESS TOP 15 HEALTH NEEDS BASED ON 2013 INITIAL QUANTITATIVE ANALY SIS INCLUDED * ACUTE R ESPIRATORY INFECTIONS * ASTHMA * BACK PAIN * BREAST CANCER * CARDIOVASCULAR DISEASE * COLO RECTAL CANCER * DEMENTIA AND ALZHEIMER'S * DIABETES (TYPE 2) * HIGH RISK PREGNANCY * LUNG CANCER * MENTAL HEALTH/MENTAL ILLNESS * OBESITY * PROSTATE CANCER * SKIN CANCER * UNINTENT IONAL INJURIES SHARP'S 2013 CHNA PROCESS AND FINDINGS WERE SIGNIFICANTLY INFORMED BY THE C OLLABORATIVE HASD&IC CHNA MODEL CONSEQUENTLY, SHARP'S 2016 CHNA PROCESS SOUGHT TO GAIN FU RTHER INSIGHT INTO THE NEEDS IDENTIFIED ACROSS ITS DIFFERENT HOSPITALS IN 2013, INCLUDING (IN ALPHABETICAL ORDER) BEHAVIORAL HEALTH, CANCER, CARDIOVASCULAR DISEASE, TYPE 2 DIABETES , HIGH-RISK PREGNANCY, OBESITY AND SENIOR HEALTH SPECIFIC OBJECTIVES OF SHARP'S 2016 CHNA PROCESS INCLUDED * GATHER IN-DEPTH FEEDBACK TO AID IN THE UNDERSTANDING OF THE MOST SIGN IFICANT HEALTH NEEDS IMPACTING COMMUNITY MEMBERS IN SDC, PARTICULARLY SHARP PATIENTS * CO NNECT THE IDENTIFIED HEALTH NEEDS WITH ASSOCIATED SOCIAL DETERMINANTS OF HEALTH (SDOH) TO FURTHER UNDERSTAND THE CHALLENGES THAT COMMUNITY MEMBERS AND SHARP PATIENTS - PARTICULARLY THOSE IN COMMUNITIES OF HIGH NEED - FACE IN THEIR ATTEMPTS TO ACCESS HEALTH CARE AND MAIN TAIN HEALTH AND WELL-BEING * IDENTIFY CURRENTLY AVAILABLE COMMUNITY RESOURCES THAT SUPPOR T IDENTIFIED HEALTH CONDITIONS AND HEALTH CHALLENGES * PROVIDE A FOUNDATION OF INFORMATIO N TO BEGIN DISCUSSIONS OF OPPORTUNITIES FOR PROGRAMS, SERVICES AND COLLABORATIONS THAT COU LD FURTHER ADDRESS THE IDENTIFIED HEALTH NEEDS AND CHALLENGES FOR THE COMMUNITY |

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| FORM 990, PART III, LINE 4B (CONTINUED) | STUDY AREA DEFINED FOR THE PURPOSES OF THE COLLABORATIVE HASD&IC 2016 CHNA, THE STUDY AREA IS THE ENTIRE COUNTY OF SAN DIEGO DUE TO A BROAD REPRESENTATION OF HOSPITALS IN THE AREA WITH MORE THAN THREE MILLION RESIDENTS, SDC IS SOCIALLY AND ETHNICALLY DIVERSE INFORMATI ON ON KEY DEMOGRAPHICS, SOCIOECONOMIC FACTORS, ACCESS TO CARE, HEALTH BEHAVIORS, AND THE P HY SICAL ENVIRONMENT CAN BE FOUND IN THE FULL HASD&IC 2016 CHNA REPORT AT HTTP //HASDIC OR G AS THE STUDY AREA FOR BOTH THE COLLABORATIVE HASD&IC 2016 AND SHARP 2016 CHNAS COVER SD C, THE HASD&IC 2016 CHNA PROCESS AND FINDINGS SIGNIFICANTLY INFORMED SHARP'S CHNA PROCESS/ FINDINGS, AND AS SUCH, ARE DESCRIBED AS APPLICABLE THROUGHOUT SHARP'S CHNAS FOR COMPLETE DETAILS ON THE HASD&IC 2016 CHNA PROCESS, PLEASE VISIT THE HASD&IC WEBSITE OR CONTACT LIND SEY WADE, VICE PRESIDENT, PUBLIC POLICY AT HASD&IC AT LWADE@HASDIC ORG FOR THE COLLABORAT IVE HASD&IC 2016 CHNA PROCESS, THE IPH EMPLOY ED A RIGOROUS METHODOLOGY USING BOTH COMMUNIT Y INPUT AND QUANTITATIVE ANALY SIS TO PROVIDE A DEEPER UNDERSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SDC THE 2016 CHNA PROCESS BEGAN WITH A COMPREHENSIVE SCAN OF RECENT COMMUN ITY HEALTH STATISTICS IN ORDER TO VALIDATE THE REGIONAL SIGNIFICANCE OF THE TOP FOUR HEALT H NEEDS IDENTIFIED IN THE HASD&IC 2013 CHNA QUANTITATIVE DATA FOR BOTH THE HASD&IC 2016 C HNA AND SHARP 2016 CHNAS INCLUDED 2013 OSHPD DEMOGRAPHIC DATA FOR HOSPITAL INPATIENT, EMER GENCY DEPARTMENT (ED), AND AMBULATORY CARE ENCOUNTERS TO UNDERSTAND THE HOSPITAL PATIENT P OPULATION CLINIC DATA WAS ALSO GATHERED FROM OSHPD AND INCORPORATED IN ORDER TO PROVIDE A MORE HOLISTIC VIEW OF HEALTH CARE UTILIZATION IN SDC ADDITIONAL VARIABLES ANALY ZED IN TH E 2016 CHNA PROCESSES ARE INCLUDED IN TABLE 11 BELOW, VARIABLES WERE ANALY ZED AT THE ZIP C ODE LEVEL WHEREVER POSSIBLE TABLE 11 DATA VARIABLES IN THE HASD&IC AND SHARP 2016 CHNAS * HOSPITAL UTILIZATION INPATIENT DISCHARGES, ED AND AMBULATORY CARE ENCOUNTERS * COMMUNIT Y CLINIC VISITS * DEMOGRAPHIC DATA (SOCIO-ECONOMIC INDICATORS) * MORTALITY AND MORBIDITY D ATA * REGIONAL PROGRAM DATA (CHILDHOOD OBESITY TRENDS AND COMMUNITY RESOURCE REFERRAL PATT ERNS) * SOCIAL DETERMINANTS OF HEALTH AND HEALTH BEHAVIORS (EDUCATION, INCOME, INSURANCE, PHYSICAL ENVIRONMENT, PHY SICAL ACTIVITY, DIET AND SUBSTANCE ABUSE) BASED ON THE RESULTS OF THE COMMUNITY HEALTH STATISTICS SCAN AND FEEDBACK FROM COMMUNITY PARTNERS RECEIVED DURING THE 2016 CHNA PLANNING PROCESS, A NUMBER OF COMMUNITY ENGAGEMENT ACTIVITIES WERE CONDUCTE D ACROSS SDC, AS WELL AS SPECIFIC TO SHARP PATENTS, IN ORDER TO PROVIDE A MORE COMPREHENSI VE UNDERSTANDING OF IDENTIFIED HEALTH NEEDS, INCLUDING THEIR ASSOCIATED SDOH AND POTENTIAL SY STEM AND POLICY CHANGES THAT MAY POSITIVELY IMPACT THEM IN ADDITION, A DETAILED ANALY S IS OF HOW THE TOP HEALTH NEEDS IMPACT THE HEALTH OF SAN DIEGO RESIDENTS WAS CONDUCTED THE NUMBER AND TY PE OF COMMUNITY ENGAGEMENT ACTIVITIES CONDUCTED AS PART OF THE COLLABORATIVE HASD&IC 2016 CHNA, INCLUDING |

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| FORM 990, PART III, LINE 4B (CONTINUED) | KEY INFORMANT INTERVIEWS, FACILITATED DISCUSSIONS WITH CARE COORDINATORS (COMMUNITY PARTNE R DISCUSSIONS), AND COMMUNITY RESIDENT INPUT THROUGH A HEALTH ACCESS AND NAVIGATION SURVEY , ARE OUTLINED BELOW HASD&IC 2016 CHNA COMMUNITY ENGAGEMENT ACTIVITIES * 3 BEHAVIORAL HE ALTH DISCUSSIONS * 19 KEY INFORMANT INTERVIEWS * 87 COMMUNITY PARTNER DISCUSSION PARTICIPA NTS * 91 HHSA REGIONAL LIVE WELL SURVEYS * 235 HEALTH ACCESS & NAVIGATION SURVEYS IN ADDIT ION, SHARP CONTRACTED WITH IPH TO COLLECT ADDITIONAL COMMUNITY INPUT THROUGH THREE PRIMARY METHODS FACILITATED DISCUSSIONS, KEY INFORMANT INTERVIEWS, AND THE HEALTH ACCESS AND NAV IGATION SURVEY WITH PATIENTS AND COMMUNITY MEMBERS THIS INPUT FOCUSED ON BEHAVIORAL HEALT H, CANCER, CARDIOVASCULAR HEALTH, DIABETES, HIGH-RISK PREGNANCY, SENIOR HEALTH AND THE NEE DS OF HIGHLY VULNERABLE PATIENTS AND COMMUNITY MEMBERS IN ADDITION, SHARP CONDUCTED SPECI FIC OUTREACH TO COMMUNITY PROMOTERS, AND MEMBERS OF SHARP'S PATIENT FAMILY ADVISORY COUNCI LS - COMMUNITY MEMBERS WHO ARE ALSO CURRENT OR FORMER SHARP PATIENTS MORE THAN 40 SHARP P ROVIDERS AND NEARLY 150 SHARP PATIENTS OR COMMUNITY MEMBERS WERE REACHED THROUGH THESE ENG AGEMENT EFFORTS FINDINGS THE COLLABORATIVE HASD&IC 2016 CHNA PRIORITIZED THE TOP HEALTH N EEDS FOR SDC THROUGH APPLICATION OF THE FOLLOWING FIVE CRITERIA 1 MAGNITUDE OR PREVALENC E 2 SEVERITY 3 HEALTH DISPARITIES 4 TRENDS 5 COMMUNITY CONCERN USING THESE CRITERIA, I PH CREATED A SUMMARY MATRIX FOR REVIEW BY THE CHNA COMMITTEE AS A RESULT, THE CHNA COMMIT TEE IDENTIFIED BEHAVIORAL HEALTH AS THE NUMBER ONE HEALTH NEED IN SDC IN ADDITION, CARDIO VASCULAR DISEASE, TYPE 2 DIABETES, AND OBESITY WERE IDENTIFIED AS HAVING EQUAL IMPORTANCE DUE TO THEIR INTERRELATEDNESS HEALTH NEEDS WERE FURTHER BROKEN DOWN INTO PRIORITY AREAS D UE TO THE OVERWHELMING AGREEMENT AMONG ALL DATA SOURCES AND IN RECOGNITION OF THE COMPLEXI TIES WITHIN EACH HEALTH NEED AS THE HASD&IC 2016 CHNA PROCESS INCLUDED ROBUST REPRESENTAT ION FROM THE COMMUNITIES SERVED BY SHARP, THE FINDINGS OF THE PRIORITIZATION PROCESS APPLI ED TO THE SAME FOUR PRIORITY HEALTH NEEDS IDENTIFIED FOR SHARP (BEHAVIORAL HEALTH, CARDIOV ASCULAR, TYPE 2 DIABETES, AND OBESITY) IN ADDITION, FINDINGS FROM SHARP'S 2016 CHNAS CONT INUED TO PRIORITIZE CANCER, HIGH-RISK PREGNANCY AND SENIOR HEALTH AMONG THE TOP HEALTH NEE DS FOR ITS COMMUNITY IN ADDITION, ANALYSIS OF FEEDBACK FROM THE 2016 CHNA COMMUNITY ENGAG EMENT ACTIVITIES IDENTIFIED SDOH TO BE A KEY THEME AMONG COMMUNITY HEALTH NEEDS TEN SDOH WERE CONSISTENTLY REFERENCED ACROSS THE DIFFERENT COMMUNITY ENGAGEMENT ACTIVITIES CONDUCTE D IN BOTH HASD&IC'S AND SHARP'S CHNAS THE IMPORTANCE OF THESE SDOH WAS ALSO CONFIRMED BY QUANTITATIVE DATA HOSPITAL PROGRAMS AND COMMUNITY COLLABORATIONS HAVE THE POTENTIAL TO IM PACT THESE SDOH THE HEALTH NEEDS AND SDOH IDENTIFIED IN THE 2016 CHNA PROCESS WILL NOT BE RESOLVED WITH A QUICK FIX RATHER, THEY WILL REQUIRE TIME, PERSISTENCE, COLLABORATION AND INNOVATION THE ENTIRE SHARP |

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| FORM 990, PART III, LINE 4B (CONTINUED) | SYSTEM IS COMMITTED TO THIS JOURNEY, AND REMAINS STEADFASTLY DEDICATED TO THE CARE AND IMP ROVEMENT OF HEALTH AND WELL-BEING FOR ALL SAN DIEGANS PROGRAMS DESIGNED TO ADDRESS THE NE EDS IDENTIFIED IN SHARP'S 2016 CHNA ARE DETAILED IN SHARP'S FY 2017 - FY 2020 IMPLEMENTATI ON PLANS, WHICH ARE PUBLICLY AVAILABLE ONLINE AT HTTP //WWW SHARP COM/ABOUT/COMMUNITY/HEAL TH-NEEDS-ASSESSMENTS CFM THE FINDINGS OF SHARP'S 2016 CHNAS HELP INFORM THE PROGRAMS AND SERVICES PROVIDED TO IMPROVE THE HEALTH OF ITS COMMUNITY MEMBERS AND ARE A CRITICAL COMPON ENT OF SHARP'S COMMUNITY BENEFIT REPORT PROCESS, OUTLINED BELOW STEPS COMPLETED TO PREPAR E SHARP'S COMMUNITY BENEFIT REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PERFORMS THE FO LLOWING STEPS IN THE PREPARATION OF ITS COMMUNITY BENEFIT REPORT * ESTABLISHES AND/OR REV IEWS HOSPITAL-SPECIFIC OBJECTIVES TAKING INTO ACCOUNT RESULTS OF THE ENTITY CHNA AND EVALU ATION OF THE ENTITY'S SERVICE AREA AND EXPERTISE/SERVICES PROVIDED TO THE COMMUNITY * VERI FIES THE NECESSITY FOR AN ONGOING FOCUS ON IDENTIFIED COMMUNITY NEEDS AND/OR ADDS NEWLY ID ENTIFIED COMMUNITY NEEDS * REPORTS ON ACTIVITIES CONDUCTED IN THE PRIOR FISCAL YEAR - FY 2 016 REPORT OF ACTIVITIES * DEVELOPS A PLAN FOR THE UPCOMING FISCAL YEAR, INCLUDING SPECIFI C STEPS TO BE UNDERTAKEN - FY 2017 PLAN * REPORTS AND CATEGORIZES THE ECONOMIC VALUE OF CO MMUNITY BENEFIT PROVIDED IN FY 2016, ACCORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED IN SB 697 * REVIEWS AND APPROVES A COMMUNITY BENEFIT PLAN * DISTRIBUTES THE COMMUNITY BENEFI T PLAN AND REPORT TO MEMBERS OF THE SHARP BOARD OF DIRECTORS AND EACH OF THE SHARP HOSPITA L BOARDS OF DIRECTORS, HIGHLIGHTING ACTIVITIES PROVIDED IN THE PRIOR FISCAL YEAR AS WELL A S SPECIFIC ACTION STEPS TO BE UNDERTAKEN IN THE UPCOMING FISCAL YEAR * IMPLEMENT COMMUNITY BENEFIT ACTIVITIES IDENTIFIED FOR THE UPCOMING FISCAL YEAR ONGOING COMMITMENT TO COLLABOR ATION UNDERSCORING SHARP'S ONGOING COMMITMENT TO COLLABORATION IN ORDER TO ADDRESS COMMUNI TY HEALTH PRIORITIES AND IMPROVE THE HEALTH OF SAN DIEGANS, SHARP EXECUTIVE LEADERSHIP, OP ERATIONAL EXPERTS AND OTHER STAFF ARE ACTIVELY ENGAGED IN THE NATIONAL AMERICAN HOSPITAL A SSOCIATION, ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT, STATEWIDE CALIFORNIA HOSPITAL AS SOCIATION (CHA), HASD&IC, AND A VARIETY OF LOCAL COLLABORATIVES INCLUDING BUT NOT LIMITED TO THE SAN DIEGO HUNGER COALITION, THE SAN DIEGO REGIONAL CHAMBER OF COMMERCE AND COMMUNIT Y HEALTH IMPROVEMENT PARTNERS |

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| FORM 990, PART III, LINE 4B (CONTINUED) | SECTION 4 SHARP GROSSMONT HOSPITAL FY 2016 COMMUNITY BENEFIT PROGRAM HIGHLIGHTS SHARP GROS SMONT HOSPITAL (SGH) PROVIDED $98,464,086 IN COMMUNITY BENEFIT IN FY 2016 SEE TABLE 20 FO R A SUMMARY OF UNREIMBURSED COSTS BASED ON THE CATEGORIES IDENTIFIED IN SENATE BILL (SB 69 7) TABLE 20 ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED - SHARP GROSSMONT HOSPITAL - FY 2016 NOTE THE TABLE SHOWS ESTIMATED FY 2016 UNREIMBURSED COSTS AND THE DATA IS PRESENTED BY SB 697 CATEGORY AND BY PROGRAMS AND SERVICES INCLUDED IN SB 697 CATEGORY MEDICAL CARE SERVICES SHORTFALL IN MEDI-CAL, FINANCIAL SUPPORT FOR ON-SITE WORKERS TO PROCESS MEDI-CAL ELIGIBILITY FORMS - $31,616,312 NOTE METHODOLOGY FOR CALCULATING SHORTFALLS IN PUBLIC PR OGRAMS IS BASED ON SHARP'S PAYOR-SPECIFIC COST-TO-CHARGE RATIOS, WHICH ARE DERIVED FROM TH E COST ACCOUNTING SYSTEM, OFFSET BY THE ACTUAL PAYMENTS RECEIVED SHORTFALL IN MEDICARE - $55,040,735 NOTE METHODOLOGY FOR CALCULATING SHORTFALLS IN PUBLIC PROGRAMS IS BASED ON SH ARP'S PAYOR-SPECIFIC COST-TO-CHARGE RATIOS, WHICH ARE DERIVED FROM THE COST ACCOUNTING SYS TEM, OFFSET BY THE ACTUAL PAYMENTS RECEIVED SHORTFALL IN SAN DIEGO COUNTY INDIGENT MEDICA L SERVICES - $202,469 SHORTFALL IN CHAMPVA/TRICARE1 - $1,242,332 NOTE METHODOLOGY FOR CAL CULATING SHORTFALLS IN PUBLIC PROGRAMS IS BASED ON SHARP'S PAYOR-SPECIFIC COST-TO-CHARGE R ATIOS, WHICH ARE DERIVED FROM THE COST ACCOUNTING SYSTEM, OFFSET BY THE ACTUAL PAYMENTS RE CEIVED CHARITY CARE - $6,466,509 NOTE - CHARITY CARE REFLECTS THE UNREIMBURSED COSTS OF P ROVIDING SERVICES TO PATIENTS WITHOUT THE ABILITY TO PAY FOR SERVICES AT THE TIME THE SERV ICES WERE RENDERED BAD DEBT -$1,118,869 NOTE - BAD DEBT REFLECTS THE UNREIMBURSED COSTS O F PROVIDING SERVICES TO PATIENTS WITHOUT THE ABILITY TO PAY FOR SERVICES AT THE TIME THE S ERVICES WERE RENDERED OTHER BENEFITS FOR VULNERABLE POPULATIONS PATIENT TRANSPORTATION, PROJECT HELP AND OTHER ASSISTANCE FOR THE NEEDY - $850,000 NOTE UNREIMBURSED COSTS MAY IN CLUDE AN HOURLY RATE FOR LABOR AND BENEFITS PLUS COSTS FOR SUPPLIES, MATERIALS AND OTHER P URCHASED SERVICES ANY OFFSETTING REVENUE (SUCH AS FEES, GRANTS OR EXTERNAL DONATIONS) IS DEDUCTED FROM THE COSTS OF PROVIDING SERVICES UNREIMBURSED COSTS WERE ESTIMATED BY EACH D EPARTMENT RESPONSIBLE FOR PROVIDING THE PROGRAM OR SERVICE OTHER BENEFITS FOR THE BROADER COMMUNITY HEALTH EDUCATION AND INFORMATION, HEALTH SCREENINGS, HEALTH FAIRS, FLU VACCINA TIONS, SUPPORT GROUPS, MEETING ROOM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZATIONS AN D COST OF FUNDRAISING FOR COMMUNITY EVENTS - $627,388 NOTE UNREIMBURSED COSTS MAY INCLUDE AN HOURLY RATE FOR LABOR AND BENEFITS PLUS COSTS FOR SUPPLIES, MATERIALS AND OTHER PURCHA SED SERVICES ANY OFFSETTING REVENUE (SUCH AS FEES, GRANTS OR EXTERNAL DONATIONS) IS DEDUC TED FROM THE COSTS OF PROVIDING SERVICES UNREIMBURSED COSTS WERE ESTIMATED BY EACH DEPART MENT RESPONSIBLE FOR PROVIDING THE PROGRAM OR SERVICE HEALTH RESEARCH, EDUCATION AND TRAI NING PROGRAMS EDUCATION AND T |

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| FORM 990, PART III, LINE 4B (CONTINUED) | RAINING PROGRAMS FOR STUDENTS, INTERNS AND HEALTH CARE PROFESSIONALS - $1,299,472 NOTE UN REIMBURSED COSTS MAY INCLUDE AN HOURLY RATE FOR LABOR AND BENEFITS PLUS COSTS FOR SUPPLIES , MATERIALS AND OTHER PURCHASED SERVICES ANY OFFSETTING REVENUE (SUCH AS FEES, GRANTS OR EXTERNAL DONATIONS) IS DEDUCTED FROM THE COSTS OF PROVIDING SERVICES UNREIMBURSED COSTS W ERE ESTIMATED BY EACH DEPARTMENT RESPONSIBLE FOR PROVIDING THE PROGRAM OR SERVICE TOTAL - $98,464,086 KEY HIGHLIGHTS * UNREIMBURSED MEDICAL CARE SERVICES INCLUDED UNCOMPENSATED C ARE FOR PATIENTS WHO WERE UNABLE TO PAY FOR SERVICES, THE UNREIMBURSED COSTS OF PUBLIC PRO GRAMS SUCH AS MEDI-CAL, MEDICARE AND CHAMPVA/TRICARE, AND FINANCIAL SUPPORT FOR ON-SITE WO RKERS TO PROCESS MEDI-CAL ELIGIBILITY FORMS IN FY 2015 THE STATE OF CALIFORNIA AND THE CE NTERS FOR MEDICARE AND MEDICAID SERVICES APPROVED A MEDI-CAL HOSPITAL FEE PROGRAM FOR THE TIME PERIOD OF JANUARY 1, 2014 THROUGH DECEMBER 31, 2016 THIS RESULTED IN AN INCREASED RE IMBURSEMENT OF $13 4 MILLION TO SGH THIS REIMBURSEMENT HELPED OFFSET PRIOR YEARS' UNREIMB URSED MEDICAL CARE SERVICES, HOWEVER, THE ADDITIONAL FUNDS RECORDED IN FY 2016 UNDERSTATE THE TRUE UNREIMBURSED MEDICAL CARE SERVICES PERFORMED FOR THE PAST FISCAL YEAR * OTHER BE NEFITS FOR VULNERABLE POPULATIONS INCLUDED VAN TRANSPORTATION FOR PATIENTS TO AND FROM MED ICAL APPOINTMENTS, COMPREHENSIVE PRENATAL CLINICAL AND SOCIAL SERVICES TO LOW-INCOME, LOW- LITERACY WOMEN WITH MEDI-CAL BENEFITS, FINANCIAL AND OTHER SUPPORT TO NEIGHBORHOOD HEALTHC ARE, PROJECT HELP; FLU VACCINATION CLINICS FOR HIGH-RISK ADULTS, INCLUDING SENIORS, CONTRI BUTION OF TIME TO STAND DOWN FOR HOMELESS VETERANS, FEEDING SAN DIEGO (FSD), SSUBI IS HOPE AND THE SAN DIEGO FOOD BANK (FOOD BANK), THE SHARP HUMANITARIAN SERVICE PROGRAM, SUPPORT FOR MEALS ON WHEELS GREATER SAN DIEGO, THE PROVISION OF DURABLE MEDICAL EQUIPMENT (DME), S UPPORT SERVICES FOR DISCHARGED HOMELESS PATIENTS IN PARTNERSHIP WITH SAN DIEGO RESCUE MISS ION (SDRM), THE CARE TRANSITIONS INTERVENTION (CTI) PROGRAM, AND OTHER ASSISTANCE FOR VULN ERABLE AND HIGH-RISK COMMUNITY MEMBERS * OTHER BENEFITS FOR THE BROADER COMMUNITY INCLUDE D HEALTH EDUCATION AND INFORMATION ON A VARIETY OF TOPICS, SUPPORT GROUPS, PARTICIPATION I N COMMUNITY HEALTH FAIRS AND EVENTS, HEALTH SCREENINGS FOR STROKE, BLOOD PRESSURE, DIABETE S, FALL PREVENTION, HAND, LUNG FUNCTION AND CAROTID ARTERY DISEASE, COMMUNITY EDUCATION AN D RESOURCES PROVIDED BY THE SGH CANCER PATIENT NAVIGATOR PROGRAM, AND SPECIALIZED EDUCATIO N AND FLU VACCINATIONS OFFERED THROUGH THE SGH SENIOR RESOURCE CENTER SGH ALSO COLLABORAT ED WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS AND DONATED MEETING ROOM SPACE TO COMMUNITY GROUPS SGH STAFF ACTIVELY PARTICIPATED IN COMMUNITY BOARDS, COMMITTEES , AND CIVIC ORGANIZATIONS, INCLUDING THE ASSOCIATION OF CALIFORNIA NURSE LEADERS (ACNL), N EIGHBORHOOD HEALTHCARE, MEALS-ON-WHEELS GREATER SAN DIEGO EAST COUNTY ADVISORY BOARD, CARE GIVER COALITION OF SAN DIEGO ( |

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| FORM 990, PART III, LINE 4B (CONTINUED) | THE CAREGIVER EDUCATION COMMITTEE), PARTNERSHIP FOR SMOKE-FREE FAMILIES, SAN DIEGO COUNTY BREASTFEEDING COALITION ADVISORY BOARD, THE BEACON COUNCIL'S PATIENT SAFETY COLLABORATIVE, EAST COUNTY ACTION NETWORK (ECAN) AND EAST COUNTY SENIOR SERVICE PROVIDERS (ECSSP) SEE A PPENDIX A FOR A LISTING OF SHARP'S COMMUNITY INVOLVEMENT THE CATEGORY ALSO INCORPORATED C OSTS ASSOCIATED WITH COMMUNITY BENEFIT PLANNING AND ADMINISTRATION, INCLUDING COMMUNITY HE ALTH NEEDS ASSESSMENTS * HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS INCLUDED TIME D EVOTED TO EDUCATION AND TRAINING FOR HEALTH CARE PROFESSIONALS, STUDENT AND INTERN SUPERVI SION AND TIME DEVOTED TO GENERALIZABLE, HEALTH-RELATED RESEARCH PROJECTS THAT WERE MADE AV AILABLE TO THE BROADER HEALTH CARE COMMUNITY DEFINITION OF COMMUNITY SGH IS LOCATED AT 55 55 GROSSMONT CENTER DRIVE IN LA MESA, ZIP CODE 91942 THE COMMUNITY SERVED BY SGH INCLUDES THE ENTIRE EAST REGION OF SAN DIEGO COUNTY (SDC), INCLUDING THE SUBREGIONAL AREAS OF JAMU L, SPRING VALLEY, LEMON GROVE, LA MESA, EL CAJON, SANTEE, LAKESIDE, HARBISON CANYON, CREST , ALPINE, LAGUNA-PINE VALLEY AND MOUNTAIN EMPIRE APPROXIMATELY FIVE PERCENT OF THE POPULA TION LIVES IN REMOTE OR RURAL AREAS OF THIS REGION FOR SGH'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS, THE DIGNITY HEALTH/TRUVEN HEALTH COMMUNITY NEED INDEX (CNI) WAS UTILIZED TO IDENTIFY VULNERABLE COMMUNITIES WITHIN THE COUNTY THE CNI IDENTIFIES THE SEV ERITY OF HEALTH DISPARITY FOR EVERY ZIP CODE IN THE UNITED STATES OF AMERICA (U S ) BASED ON SPECIFIC BARRIERS TO HEALTH CARE ACCESS INCLUDING EDUCATION, INCOME, CULTURE/LANGUAGE, INSURANCE AND HOUSING AS SUCH, THE CNI DEMONSTRATES THE LINK BETWEEN COMMUNITY NEED, ACCE SS TO CARE AND PREVENTABLE HOSPITALIZATIONS ACCORDING TO THE CNI, COMMUNITIES SERVED BY S GH WITH ESPECIALLY HIGH NEED INCLUDE, BUT ARE NOT LIMITED TO, LEMON GROVE, SPRING VALLEY A ND EL CAJON |

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| FORM 990, PART III, LINE 4B (CONTINUED) | DESCRIPTION OF COMMUNITY HEALTH IN SDC'S EAST REGION IN 2015, 100 PERCENT OF CHILDREN AGES 0 TO 11 AND 100 PERCENT OF CHILDREN AGES 12 TO 17 HAD HEALTH INSURANCE, MEETING THE HEALT HY PEOPLE 2020 (HP2020) NATIONAL TARGETS FOR HEALTH INSURANCE COVERAGE 91 3 PERCENT OF AD ULTS AGES 18 TO 64 HAD HEALTH INSURANCE - FAILING TO MEET THE HP2020 TARGETS SEE TABLE 21 FOR A SUMMARY OF KEY INDICATORS OF ACCESS TO CARE, AND TABLE 22 FOR DATA REGARDING ELIGIB ILITY FOR MEDI-CAL IN THE EAST REGION IN 2015, 13 0 PERCENT OF ADULTS AGES 18 TO 64 DID N OT HAVE A USUAL SOURCE OF CARE AND 12 1 PERCENT OF THESE ADULTS HAD HEALTH INSURANCE IN A DDITION, 31 2 PERCENT REPORTED FAIR OR POOR HEALTH OUTCOMES FURTHER, 43 4 PERCENT LIVING AT 200 PERCENT BELOW THE FEDERAL POVERTY LEVEL (FPL) REPORTED AS FOOD INSECURE TABLE 21 HEALTH CARE ACCESS IN SDC'S EAST REGION, 2015 CURRENT HEALTH INSURANCE COVERAGE CHILDREN 0 TO 11 YEARS RATE - 100% YEAR 2020 TARGET - 100% CHILDREN 12 TO 17 YEARS RATE - 100% YEA R 2020 TARGET - 100% ADULTS 18 TO 64 YEARS RATE - 91 3% YEAR 2020 TARGET - 100% REGULAR S OURCE OF MEDICAL CARE CHILDREN 0 TO 11 YEARS RATE - 100% YEAR 2020 TARGET - 100% CHILDRE N 12 TO 17 YEARS RATE - 59 4% YEAR 2020 TARGET - 100% ADULTS 18 TO 64 YEARS RATE - 87 0% YEAR 2020 TARGET - 89 4% NOT CURRENTLY INSURED ADULTS 18 TO 64 YEARS RATE - 8 7% SOURCE 2014-2015 CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS) TABLE 22 MEDI-CAL (MEDICAID) ELIGIB ILITY, AMONG UNINSURED IN SDC'S EAST REGION (ADULTS AGES 18 TO 64 YEARS), 201535 MEDI-CAL ELIGIBLE - 7 9% NOT ELIGIBLE - 92 1% SOURCE 2014-2015 CHIS IN 2013, CANCER AND HEART DISE ASE WERE THE TOP TWO LEADING CAUSES OF DEATH IN SDC'S EAST REGION SEE TABLE 23 FOR A SUMM ARY OF LEADING CAUSES OF DEATH IN THE EAST REGION FOR ADDITIONAL DEMOGRAPHIC AND HEALTH D ATA FOR COMMUNITIES SERVED BY SGH, PLEASE REFER TO THE SGH 2016 CHNA AT HTTP //WWW SHARP C OM/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS TABLE 23 LEADING CAUSES OF DEATH IN SDC'S EAST REGION, 2013 MALIGNANT NEOPLASMS NUMBER OF DEATHS - 908 PERCENT OF TOTAL DEATH S - 23 8% DISEASES OF HEART NUMBER OF DEATHS - 877 PERCENT OF TOTAL DEATHS - 23 0% ALZHEIM ER'S DISEASE NUMBER OF DEATHS - 250 PERCENT OF TOTAL DEATHS - 6 6% CHRONIC LOWER RESPIRATO RY DISEASES NUMBER OF DEATHS - 235 PERCENT OF TOTAL DEATHS - 6 2% CEREBROVASCULAR DISEASES NUMBER OF DEATHS - 201 PERCENT OF TOTAL DEATHS - 5 3% ACCIDENTS (UNINTENTIONAL INJURIES) NUMBER OF DEATHS - 193 PERCENT OF TOTAL DEATHS - 5 1% DIABETES MELLITUS NUMBER OF DEATHS - 120 PERCENT OF TOTAL DEATHS - 3 1% CHRONIC LIVER DISEASE AND CIRRHOSIS NUMBER OF DEATHS - 68 PERCENT OF TOTAL DEATHS - 1 8% INTENTIONAL SELF-HARM (SUICIDE) NUMBER OF DEATHS - 67 P ERCENT OF TOTAL DEATHS - 1 8% ESSENTIAL (PRIMARY) HY PERTENSION AND HY PERTENSIVE RENAL DISE ASE NUMBER OF DEATHS - 64 PERCENT OF TOTAL DEATHS - 1 7% ALL OTHER CAUSES NUMBER OF DEATHS - 830 PERCENT OF TOTAL DEATHS - 21 8% TOTAL DEATHS NUMBER OF DEATHS - 3,813 PERCENT OF TO TAL DEATHS - 100 0% SOURCE CO |

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| FORM 990, PART III, LINE 4B (CONTINUED) | UNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA), PUBLIC HEALTH SERVICES, EPIDEMI OLOGY & IMMUNIZATION SERVICES BRANCH COMMUNITY BENEFIT PLANNING PROCESS IN ADDITION TO THE STEPS OUTLINED IN SECTION 3 COMMUNITY BENEFIT PLANNING PROCESS REGARDING COMMUNITY BENEF IT PLANNING, SGH * INCORPORATES COMMUNITY PRIORITIES AND COMMUNITY INPUT INTO ITS STRATEG IC PLAN AND DEVELOPS SERVICE LINE-SPECIFIC GOALS * ESTIMATES AN ANNUAL BUDGET FOR COMMUNIT Y PROGRAMS AND SERVICES BASED ON COMMUNITY NEEDS, PREVIOUS YEARS' EXPERIENCE AND CURRENT F UNDING LEVELS * PREPARES AND DISTRIBUTES A MONTHLY REPORT OF COMMUNITY ACTIVITIES TO ITS B OARD OF DIRECTORS, DESCRIBING COMMUNITY BENEFIT PROGRAMS PROVIDED, SUCH AS EDUCATION, SCRE ENINGS AND FLU VACCINATIONS * PREPARES AND DISTRIBUTES INFORMATION ON COMMUNITY BENEFIT PR OGRAMS AND SERVICES THROUGH ITS FOUNDATION AND COMMUNITY NEWSLETTERS * CONSULTS WITH REPRE SENTATIVES FROM A VARIETY OF DEPARTMENTS TO DISCUSS, PLAN AND IMPLEMENT COMMUNITY ACTIVITI ES PRIORITY COMMUNITY NEEDS ADDRESSED IN COMMUNITY BENEFIT REPORT - SGH 2016 CHNA SGH COMP LETED ITS MOST RECENT CHNA IN SEPTEMBER 2016 SGH'S 2016 CHNA WAS SIGNIFICANTLY INFLUENCED BY THE COLLABORATIVE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) 20 16 CHNA PROCESS AND FINDINGS, AND DETAILS ON THOSE PROCESSES ARE AVAILABLE IN SECTION 3 C OMMUNITY BENEFIT PLANNING PROCESS OF THIS REPORT IN ADDITION, THIS YEAR SGH COMPLETED ITS MOST CURRENT IMPLEMENTATION PLAN - A DESCRIPTION OF SGH PROGRAMS DESIGNED TO ADDRESS THE PRIORITY HEALTH NEEDS IDENTIFIED IN THE 2016 CHNA THE MOST RECENT CHNA AND IMPLEMENTATION PLAN FOR SGH ARE AVAILABLE AT HTTP //WWW SHARP COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMEN TS CFM THROUGH THE SGH 2016 CHNA, THE FOLLOWING PRIORITY HEALTH NEEDS WERE IDENTIFIED FOR THE COMMUNITIES SERVED BY SGH * BEHAVIORAL HEALTH (MENTAL HEALTH) * CANCER * CARDIOVASCU LAR DISEASE * DIABETES, TYPE 2 * OBESITY * SENIOR HEALTH IN ALIGNMENT WITH THESE IDENTIFIE D NEEDS, THE FOLLOWING PAGES DETAIL PROGRAMS THAT SPECIFICALLY ADDRESS CARDIOVASCULAR DISE ASE, DIABETES AND SENIOR HEALTH SGH PROVIDES BEHAVIORAL HEALTH SERVICES TO SDC'S EAST REG ION THROUGH CLINICAL PROGRAMS FOR ADULTS AND OLDER ADULTS, INCLUDING INDIVIDUALS LIVING WI TH PSY CHOSIS, DEPRESSION, GRIEF, ANXIETY, TRAUMATIC STRESS AND OTHER DISORDERS SGH ALSO P ROVIDES A DEDICATED PSYCHIATRIC ASSESSMENT TEAM IN THE EMERGENCY DEPARTMENT (ED) AND ACUTE CARE AS WELL AS HOSPITAL-BASED OUTPATIENT PROGRAMS THAT SERVE INDIVIDUALS DEALING WITH A VARIETY OF BEHAVIORAL HEALTH ISSUES BEYOND THESE CLINICAL SERVICES, SGH LACKS THE RESOURC ES TO COMPREHENSIVELY MEET THE NEED FOR COMMUNITY EDUCATION AND SUPPORT IN BEHAVIORAL HEAL TH CONSEQUENTLY, THE COMMUNITY EDUCATION AND SUPPORT ELEMENTS OF BEHAVIORAL HEALTH CARE A RE ADDRESSED THROUGH THE PROGRAMS AND SERVICES PROVIDED THROUGH SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER, WHICH ARE THE MAJOR PROVIDERS OF BEHAVIORAL HEALTH AND CHEMICAL DEPENDENCY SERVICES IN SDC O |

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| FORM 990, PART III, LINE 4B (CONTINUED) | BESITY IS ADDRESSED THROUGH GENERAL NUTRITION AND EXERCISE EDUCATION AND RESOURCES PROVIDE D AT SGH THERE ARE ALSO PROGRAMS THAT ADDRESS A HEALTHY LIFESTYLE AS PART OF CARE FOR HEA RT DISEASE, DIABETES AND OTHER HEALTH ISSUES INFLUENCED BY HEALTHY WEIGHT AND EXERCISE IN ADDITION, SHARP REES-STEALY CLINICS THROUGHOUT SDC - INCLUDING SDC'S EAST REGION - PROVID E STRUCTURED WEIGHT MANAGEMENT AND HEALTH EDUCATION PROGRAMS TO COMMUNITY MEMBERS, SUCH AS SMOKING CESSATION AND STRESS MANAGEMENT, LONG-TERM SUPPORT FOR WEIGHT MANAGEMENT AND FAT LOSS, AND PERSONALIZED WEIGHT-LOSS PROGRAMS FOR ADDITIONAL DETAILS ON SGH PROGRAMS THAT S PECIFICALLY ADDRESS THE NEEDS IDENTIFIED IN THE 2016 CHNA, PLEASE REFER TO SGH'S IMPLEMENT ATION PLAN AVAILABLE AT HTTP //WWW SHARP COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENTS CFM THROUGH FURTHER ANALYSIS OF SGH'S COMMUNITY PROGRAMS AND IN CONSULTATION WITH SGH SERVICE LINE LEADERS AND COMMUNITY RELATIONS TEAM MEMBERS, THIS SECTION ALSO ADDRESSES THE FOLLOWI NG PRIORITY HEALTH NEEDS FOR COMMUNITY MEMBERS SERVED BY SGH * GENERAL COMMUNITY HEALTH E DUCATION AND WELLNESS * WOMEN'S AND PRENATAL HEALTH SERVICES AND EDUCATION * PREVENTION OF UNINTENTIONAL INJURIES * SUPPORT DURING THE TRANSITION OF CARE PROCESS FOR HIGH-RISK, UND ERSERVED AND UNDERFUNDED PATIENTS * COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST I N HEALTH CARE CAREERS FOR EACH PRIORITY COMMUNITY NEED IDENTIFIED ABOVE, SUBSEQUENT PAGES INCLUDE A SUMMARY OF THE RATIONALE AND IMPORTANCE OF THE NEED, OBJECTIVE(S), FY 2016 REPOR T OF ACTIVITIES CONDUCTED IN SUPPORT OF THE OBJECTIVE(S), AND FY 2017 PLAN IDENTIFIED COM MUNITY NEED STROKE EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE SGH 2 016 CHNA, HASD&IC 2016 CHNA OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHE RWISE INDICATED |

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| FORM 990, PART III, LINE 4B (CONTINUED) | RATIONALE * THE SGH 2016 CHNA CONTINUED TO IDENTIFY CARDIOVASCULAR DISEASE (INCLUDING CERE BROVASCULAR DISEASE/STROKE) AS ONE OF SIX PRIORITY HEALTH ISSUES AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SGH * THE HASD&IC 2016 CHNA CONTINUED TO IDENTIFY CARDIOVASCULAR DI SEASE (INCLUDING CEREBROVASCULAR DISEASE/STROKE) AS ONE OF THE TOP FOUR PRIORITY HEALTH IS SUES FOR COMMUNITY MEMBERS IN SDC * ACCORDING TO DATA PRESENTED IN THE SGH 2016 CHNA, HIG H BLOOD PRESSURE, HIGH CHOLESTEROL AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CAR DIOVASCULAR DISEASE AND STROKE ABOUT HALF OF ALL AMERICANS (49 PERCENT) HAVE AT LEAST ONE OF THESE THREE RISK FACTORS ADDITIONAL RISK FACTORS INCLUDE ALCOHOL USE, OBESITY, PHYSIC AL INACTIVITY, POOR DIET, DIABETES AND GENETIC FACTORS * IN 2013, CEREBROVASCULAR DISEASE (STROKE) WAS THE FIFTH LEADING CAUSE OF DEATH FOR SDC'S EAST REGION * IN 2013, THERE WER E 201 DEATHS DUE TO CEREBROVASCULAR DISEASES IN SDC'S EAST REGION THE REGIONS' AGE-ADJUST ED DEATH RATE DUE TO CEREBROVASCULAR DISEASE WAS 37 4 PER 100,000 POPULATION THIS RATE WA S THE HIGHEST AMONG ALL SDC REGIONS AND HIGHER THAN THE OVERALL SDC AGE-ADJUSTED DEATH RAT E DUE TO CEREBROVASCULAR DISEASE OF 33 1 PER 100,000 POPULATION * IN 2013, THERE WERE 1,3 12 HOSPITALIZATIONS DUE TO STROKE IN SDC'S EAST REGION THE REGIONS' AGE-ADJUSTED RATE OF HOSPITALIZATIONS FOR STROKE WAS 250 3 PER 100,000 POPULATION, WHICH IS THE HIGHEST AMONG A LL SDC REGIONS AS WELL AS HIGHER THAN THE OVERALL SDC AGE-ADJUSTED RATE OF 203 9 PER 100,0 00 POPULATION * IN 2013, THERE WERE 256 STROKE-RELATED ED VISITS IN SDC'S EAST REGION TH E AGE-ADJUSTED RATE OF VISITS WAS 48 4 PER 100,000 POPULATION THIS RATE HAS BEEN DECREASI NG SINCE 2010 * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, IF NO CHANGES ARE MADE IN RISK BEHAVIOR, BASED ON CURRENT DISEASE RATES, IT IS PROJECTED THAT BY THE YEAR 2020 THE TOTAL NUMBER OF DEATHS FROM HEART DISEASE AND STROKE WILL BOTH I NCREASE BY 38 PERCENT * ACCORDING TO DATA PRESENTED IN THE HHSA 2014 LIVEWELL COMMUNITY H EALTH ASSESSMENT, EAST REGION RESIDENTS WERE MORE LIKELY TO BE OBESE, TO SMOKE TOBACCO, TO REGULARLY EAT FAST FOOD, AND TO BINGE DRINK THAN RESIDENTS OF OTHER REGIONS, ALL WHICH AR E RISK FACTORS FOR STROKE * ACCORDING TO THE 2012 HHSA REPORT TITLED CRITICAL PATHWAYS T HE DISEASE CONTINUUM, THE MOST COMMON RISK FACTORS ASSOCIATED WITH STROKE INCLUDE PHYSICAL INACTIVITY, TOBACCO USE, ALCOHOL OR DRUG USE, POOR NUTRITION, POOR MEDICAL CARE, STRESS, DEPRESSION, HIGH CHOLESTEROL AND DIABETES * THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORD ERS AND STROKE (NINDS) REPORTS THAT 25 PERCENT OF PEOPLE WHO RECOVER FROM THEIR FIRST STRO KE WILL HAVE ANOTHER STROKE WITHIN FIVE YEARS (NINDS, 2016) OBJECTIVE * PROVIDE STROKE ED UCATION, SUPPORT AND SCREENING SERVICES FOR THE EAST REGION OF SDC FY 2016 REPORT OF ACTIV ITIES NOTE SGH IS RECOGNIZED WITH ADVANCED CERTIFICATION BY THE JOINT COMMISSION AS A PRI MARY STROKE CENTER AND WAS REC |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | ERTIFIED IN JUNE 2014 THE PROGRAM IS NATIONALLY RECOGNIZED FOR ITS OUTREACH, EDUCATION AN D THOROUGH SCREENING PROCEDURES, AS WELL AS DOCUMENTATION OF ITS SUCCESS RATE. SGH IS A RE CIPIENT OF THE AMERICAN HEART ASSOCIATION (AHA)/AMERICAN STROKE ASSOCIATION'S (ASA) GET WI TH THE GUIDELINES(R) (GWTG)-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD FOR EXCELLENCE IN S TROKE CARE AS WELL AS THE TARGET STROKE HONOR ROLL ELITE DESIGNATION THE AHA/ASA'S GWTG IS A NATIONAL EFFORT FOCUSED ON ENSURING THAT EVIDENCE-BASED THERAPIES ARE USED TO IMPROVE OUTCOMES FOR STROKE PATIENTS THE AHA/ASA'S TARGET STROKE HONOR ROLL DESIGNATION FOCUSES ON IMPROVING THE TIMELINESS OF INTRAVENOUS TISSUE PLASMINOGEN ACTIVATOR (IV T-PA) ADMINIS TRATION TO ELIGIBLE PATIENTS IN FY 2016, THE SGH STROKE CENTER CONDUCTED 11 EDUCATION AND SCREENING EVENTS IN SDC'S EAST REGION, PROVIDING MORE THAN 500 COMMUNITY MEMBERS WITH INF ORMATION ABOUT STROKE RISK FACTORS, WARNING SIGNS, AND APPROPRIATE INTERVENTIONS INCLUDING ARRIVAL AT THE HOSPITAL WITHIN EARLY ONSET OF SYMPTOMS EVENTS WERE HELD AT VARIOUS COMMU NITY SITES, INCLUDING BUT NOT LIMITED TO POINT LOMA PRESBYTERIAN CHURCH, HEARTLAND FIRE & RESCUE IN EL CAJON, THE SPRING INTO HEALTHY LIVING EVENT AT THE MCGRATH FAMILY YMCA, THE HEART HEALTH EXPO AT SGH, ECSSP'S 17TH ANNUAL EAST COUNTY SENIOR HEALTH FAIR AT SONRISE CO MMUNITY CHURCH, 11TH ANNUAL IT'S HOW WE LIVE! EVENT AT SPRING VALLEY COUNTY PARK, SANTEE M OBILEHOME OWNERS ACTION COMMITTEE'S SECOND ANNUAL INFORMATION AND HEALTH FAIR AT MISSION D EL MAGNOLIA CLUBHOUSE IN SANTEE, LA MESA POLICE DEPARTMENT'S FIFTH ANNUAL SAFETY FAIR, THE DR WILLIAM C HERRICK COMMUNITY HEALTH CARE LIBRARY, THE SAN DIEGO EAST COUNTY CHAMBER O F COMMERCE'S HEALTH FAIR SATURDAY AT GROSSMONT CENTER, AND THE LA MESA COMMUNITY CENTER. T HE SGH STROKE CENTER IDENTIFIED RISK FACTORS DURING THE STROKE SCREENINGS, PROVIDED EDUCAT ION, AND ADVISED BEHAVIOR MODIFICATION - INCLUDING SMOKING CESSATION, WEIGHT LOSS AND STRE SS REDUCTION AT ALL EVENTS IN JUNE, SHARP'S SYSTEMWIDE STROKE PROGRAM PARTICIPATED IN STR IKE OUT STROKE NIGHT AT THE PADRES, HELD AT PETCO PARK THIS ANNUAL EVENT IS ORGANIZED BY THE SAN DIEGO COUNTY STROKE CONSORTIUM, THE HHSA, THE SAN DIEGO PADRES AND OTHER KEY PARTN ERS TO PROMOTE STROKE AWARENESS AND CELEBRATE STROKE SURVIVORS DURING THE BASEBALL GAME, SHARP OFFERED STROKE AND BLOOD PRESSURE SCREENINGS, EDUCATION ABOUT THE WARNING SIGNS OF S TROKE AND HOW TO RESPOND USING FAST (FACE, ARMS, SPEECH, TIME) - AN EASY WAY TO REMEMBER T HE SUDDEN SIGNS OF STROKE. FREE GIVEAWAYS WERE PROVIDED THROUGHOUT THE EVENING, WHILE STRO KE EDUCATION WAS DISPLAYED ON THE JUMBOTRON TO THE ENTIRE STADIUM OF MORE THAN 25,500 COMM UNITY MEMBERS IN DECEMBER, THE SGH STROKE CENTER ATTENDED DECEMBER NIGHTS AT BALBOA PARK, WHERE THEY PROVIDED STROKE EDUCATION AND SCREENING TO MORE THAN 100 COMMUNITY MEMBERS IN MARCH, THE SGH STROKE CENTER PROVIDED STROKE EDUCATION AND SCREENINGS WITH PULSE CHECKS T O MORE THAN 170 ATTENDEES AT T |

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| FORM 990, PART III, LINE 4B (CONTINUED) | HE SHARP WOMEN'S HEALTH CONFERENCE HELD AT THE SHERATON SAN DIEGO HOTEL AND MARINA EDUCAT IONAL TOPICS INCLUDED DIFFERENT TYPES OF STROKES, HOW TO IDENTIFY RISK FACTORS FOR STROKE, STRATEGIES FOR RISK REDUCTION AND STROKE RECOGNITION IN COLLABORATION WITH THE SGH SENIO R RESOURCE CENTER, THE SGH STROKE CENTER AND A SHARP INTERVENTIONAL NEURORADIOLOGIST PRESE NTED ON THE RECENT ADVANCES IN EMERGENCY TREATMENT FOR STROKE AND PROVIDED RESOURCES TO MO RE THAN 30 COMMUNITY MEMBERS AT THE DR. WILLIAM C HERRICK COMMUNITY HEALTH CARE LIBRARY I N MAY THE SGH STROKE CENTER ALSO CONDUCTED PERSONAL HEALTH INTERVIEWS, BLOOD PRESSURE AND PULSE CHECKS, AND PROVIDED EDUCATION ON EMERGENCY TREATMENT FOR STROKE, PREVENTION AND WA RNING SIGNS, AND HOW TO RESPOND USING FAST IN FY 2016, THE SGH OUTPATIENT REHABILITATION DEPARTMENT OFFERED A WEEKLY SUPPORT GROUP FOR STROKE SURVIVORS AND THEIR FAMILY MEMBERS TH AT FOCUSED ON BRAIN INJURY SURVIVORS WITH APHASIA OR OTHER SPEECH OR LANGUAGE DIFFICULTIES SGH ALSO ACTIVELY PARTICIPATED IN THE QUARTERLY SAN DIEGO COUNTY STROKE CONSORTIUM, A CO LLABORATIVE EFFORT TO IMPROVE STROKE CARE AND DISCUSS ISSUES IMPACTING STROKE CARE IN SDC ADDITIONALLY, SGH CONTINUED COLLABORATING WITH THE COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES (EMS) FOR THE 11TH YEAR TO PROVIDE DATA FOR THE SDC STROKE REGISTRY |

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| FORM 990, PART III, LINE 4B (CONTINUED) | FY 2017 PLAN SGH STROKE CENTER WILL DO THE FOLLOWING * PARTICIPATE IN STROKE SCREENING AN D EDUCATION EVENTS IN THE EAST REGION OF SDC * PROVIDE EDUCATION FOR INDIVIDUALS WITH IDEN TIFIED STROKE RISK FACTORS * OFFER A STROKE SUPPORT GROUP IN CONJUNCTION WITH THE HOSPITAL 'S OUTPATIENT REHABILITATION DEPARTMENT * PARTICIPATE WITH OTHER SDC HOSPITALS IN THE SAN DIEGO COUNTY STROKE CONSORTIUM * CONTINUE TO PROVIDE DATA TO THE SDC STROKE REGISTRY * PRO VIDE AT LEAST ONE PHY SICIAN SPEAKING EVENT AROUND STROKE CARE AND PREVENTION * PROVIDE STR OKE EDUCATION AND SCREENINGS AT THE SHARP WOMEN'S HEALTH CONFERENCE IDENTIFIED COMMUNITY N EED HEART AND VASCULAR DISEASE EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE SGH 2016 CHNA, HASD&IC 2016 CHNA OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * THE SGH 2016 CHNA CONTINUED TO IDENTIFY CARDIOVAS CULAR DISEASE AS ONE OF SIX PRIORITY HEALTH ISSUES AFFECTING MEMBERS OF THE COMMUNITIES SE RVED BY SGH * THE HASD&IC 2016 CHNA CONTINUED TO IDENTIFY CARDIOVASCULAR DISEASE AS ONE O F THE TOP FOUR PRIORITY HEALTH ISSUES FOR COMMUNITY MEMBERS IN SDC * DATA ANALYSIS IN THE 2016 CHNAS REVEALED A HIGHER RATE OF HOSPITAL DISCHARGES DUE TO CARDIOVASCULAR DISEASE IN MORE VULNERABLE COMMUNITIES WITHIN SDC'S EAST REGION (E G , EL CAJON, JACUMBA, ETC ) (DIG NITY HEALTH, SANGIS, OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) & SPEEDTR ACK INC , 2015) * A CARDIOVASCULAR HEALTH KEY INFORMANT INTERVIEW CONDUCTED AS PART OF TH E SGH 2016 CHNA PROCESS IDENTIFIED THE FOLLOWING IMPORTANT ISSUES FACING CARDIOLOGY PATIEN TS ACCESS TO CARE, OBTAINING MEDICATIONS, UNDERSTANDING DIET, UNDERSTANDING SYMPTOMS, AND COMMUNICATING THEIR NEEDS TO PROVIDERS * THE KEY INFORMANT INTERVIEW IDENTIFIED THE FOLL OWING AS EFFECTIVE STRATEGIES FOR CARDIOLOGY PATIENTS TAKING TIME TO TEACH PATIENTS ABOUT THEIR DISEASE AND SELF-MANAGEMENT, BUILDING RELATIONSHIPS WITH PATIENTS, PROVIDING EDUCAT IONAL MATERIALS, BACKLINE (A TEXT MESSAGING SERVICE CONNECTING PATIENTS AND PROVIDERS) NUM BERS FOR PROVIDERS, EDUCATION FOR GENERAL PRACTITIONERS, AND INCLUDING A TRAINED ADDICTION S SPECIALIST ON THE TEAM * IN ADDITION, THE CARDIOVASCULAR HEALTH KEY INFORMANT INTERVIEW IDENTIFIED THE FOLLOWING RISK FACTORS FOR HEART DISEASE DIABETES, LACK OF SOCIAL SUPPORT , SUBSTANCE USE DISORDERS, FINANCIAL ISSUES, TRANSPORTATION, AND LACK OF HEALTH EDUCATION ADDICTION IS OF PARTICULAR CONCERN, AS ALMOST ALL SGH CARDIOLOGY PATIENTS UNDER AGE 55 HA VE SUBSTANCE USE ISSUES * ACCORDING TO THE SGH 2016 CHNA, HIGH BLOOD PRESSURE, HIGH CHOLE STEROL AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CARDIOVASCULAR DISEASE AND STRO KE * IN 2013, HEART DISEASE WAS THE SECOND LEADING CAUSE OF DEATH FOR SDC'S EAST REGION * IN 2013, THERE WERE 626 DEATHS DUE TO CORONARY HEART DISEASE IN SDC'S EAST REGION THE R EGION'S AGE-ADJUSTED DEATH RATE DUE TO HEART DISEASE WAS 112 8 PER 100,000 POPULATION THI S WAS HIGHER THAN THE SDC OVER |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | ALL AGE-ADJUSTED DEATH RATE OF 101 1 DEATHS PER 100,000 POPULATION AS WELL AS THE HP2020 T ARGET OF 108 2 DEATHS PER 100,000 POPULATION * IN 2013, THERE WERE 1,180 HOSPITALIZATIONS DUE TO CORONARY HEART DISEASE IN SDC'S EAST REGION THE RATE OF HOSPITALIZATION FOR HEART DISEASE WAS 222 7 PER 100,000 POPULATION, WHICH IS HIGHER THAN SDC'S OVERALL AGE-ADJUSTED RATE OF 201 6 PER 100,000 POPULATION * IN 2013, THERE WERE 243 CORONARY HEART DISEASE ED DISCHARGES IN SDC'S EAST REGION THE AGE-ADJUSTED RATE OF ED DISCHARGES WAS 45 8 PER 100, 000 POPULATION, WHICH IS THE HIGHEST IN THE COUNTY, AND HIGHER THAN SDC'S OVERALL AGE-ADJU STED AVERAGE OF 32 1 PER 100,000 POPULATION * ACCORDING TO THE CALIFORNIA HEALTH INTERVIE W SURVEY (CHIS), IN 2015 12 1 PERCENT OF ADULTS LIVING IN SDC'S EAST REGION INDICATED THAT THEY WERE EVER DIAGNOSED WITH HEART DISEASE, WHICH IS HIGHER THAN SDC OVERALL AT 8 9 PERC ENT * THE 2015 CHIS RESULTS SHOWED THAT 33 7 PERCENT OF ADULTS LIVING IN SDC'S EAST REGIO N HAD EVER BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE THIS IS HIGHER THAN SDC OVERALL, AT 27 2 PERCENT, AND CALIFORNIA, AT 28 8 PERCENT * ACCORDING TO DATA PRESENTED IN THE HHSA 201 4 LIVEWELL COMMUNITY HEALTH ASSESSMENT, EAST REGION RESIDENTS WERE MORE LIKELY TO BE OBESE , SMOKE TOBACCO, REGULARLY EAT FAST FOOD, AND BINGE DRINK THAN RESIDENTS OF OTHER REGIONS, ALL WHICH MAY INCREASE THE RISK OF DEVELOPING CORONARY HEART DISEASE * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, IF NO CHANGES ARE MADE IN RISK BEH AVIOR, BASED ON CURRENT DISEASE RATES, IT IS PROJECTED THAT BY THE YEAR 2020 THE TOTAL NUM BER OF DEATHS FROM HEART DISEASE AND STROKE WILL BOTH INCREASE BY 38 PERCENT * ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), HEART DISEASE KILLS APPROXIMATELY 610,000 PEOPLE ANNUALLY AND IS THE LEADING CAUSE OF DEATH FOR BOTH MEN AND WOMEN (CDC, 20 15) * IN THEIR 2016 STATISTICAL UPDATE, THE AHA REPORTED THAT IN 2013 CARDIOVASCULAR DISE ASE WAS LISTED AS THE UNDERLYING CA USE OF DEATH FOR 30 8 PERCENT OF ALL DEATHS IN THE U S OBJECTIVES * PROVIDE HEART AND VASCULAR EDUCATION AND SCREENING SERVICES FOR THE COMMUNIT Y, WITH AN EMPHASIS ON ADULTS, WOMEN AND SENIORS * PROVIDE EXPERTISE IN CARDIOVASCULAR CAR E TO COMMUNITY HEALTH CARE PROFESSIONALS THROUGH PARTICIPATION IN PROFESSIONAL CONFERENCES AND COLLABORATIVES * PARTICIPATE IN PROGRAMS TO IMPROVE THE CARE AND OUTCOMES OF INDIVIDU ALS WITH HEART AND VASCULAR DISEASE FY 2016 REPORT OF ACTIVITIES SGH IS RECOGNIZED AS A BL UE DISTINCTION CENTER FOR CARDIAC CARE(R) BY BLUE CROSS BLUE SHIELD FOR DEMONSTRATED EXPER TISE IN DELIVERING QUALITY CARDIAC HEALTH CARE IN FY 2016, SGH'S CARDIAC REHABILITATION D EPARTMENT PROVIDED EDUCATION AND SUPPORT TO PATIENTS AND COMMUNITY MEMBERS IMPACTED BY CON GESTIVE HEART FAILURE (CHF) A FREE, MONTHLY CHF CLASS AND SUPPORT GROUP PROVIDED APPROXIM ATELY 70 INDIVIDUALS WITH A SUPPORTIVE ENVIRONMENT TO DISCUSS VARIOUS TOPICS ABOUT LIVING WELL WITH CHF A FREE HEART AN |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | D VASCULAR RISK FACTORS EDUCATION CLASS WAS OFFERED TWICE A MONTH TO INDIVIDUALS WHO WERE HOSPITALIZED WITHIN THE LAST SIX MONTHS DUE TO SELECT HEART CONDITIONS, REACHING NEARLY 28 0 INDIVIDUALS IN ADDITION, IN MAY, SGH PROVIDED MORE THAN 25 COMMUNITY MEMBERS WITH FREE CAROTID ARTERY SCREENING APPOINTMENTS TO TEST CAROTID BLOOD FLOW TO THE BRAIN AND HELP RED UCE THEIR RISK OF STROKE SGH'S CARDIAC TRAINING CENTER AND CARDIAC REHABILITATION DEPARTM ENTS PARTICIPATED IN A VARIETY OF COMMUNITY EVENTS THROUGHOUT SAN DIEGO IN FY 2016 TOGETH ER, THEY OFFERED COMMUNITY MEMBERS FREE BLOOD PRESSURE SCREENINGS, CARDIOPULMONARY RESUSCI TATION (CPR) DEMONSTRATIONS, AND EDUCATION AND RESOURCES ON CARDIAC HEALTH, INCLUDING PREV ENTION, SYMPTOM RECOGNITION, EVALUATION AND TREATMENT EVENTS INCLUDED THE ANNUAL SHARP W OMEN'S HEALTH CONFERENCE, THE SHARP DISASTER PREPAREDNESS EXPO, SGH'S 2016 HEART HEALTH EX PO AND THE AHA HEART & STROKE WALK THE CARDIAC REHABILITATION TEAM ALSO PROVIDED FREE FLU SHOTS TO MORE THAN 20 COMMUNITY SENIORS DURING A FLU CLINIC HELD AT THE HOSPITAL IN OCTOB ER IN FEBRUARY, THE CARDIAC REHABILITATION TEAM COLLABORATED WITH THE SGH SENIOR RESOURCE CENTER TO EDUCATE 15 SENIORS AT THE HERRICK COMMUNITY HEALTH CARE LIBRARY ABOUT THE IMPOR TANCE OF EXERCISE AND NUTRITION TO MAINTAIN A HEALTHY HEART FURTHER, IN MARCH AND APRIL, SGH-AFFILIATED CARDIOLOGISTS JOINED KUSI NEWS TO DISCUSS SURPRISING WARNING SIGNS AND RISK FACTORS FOR HEART DISEASE, AND A NEW STUDY SHOWING THAT HEART ATTACK PATIENTS ARE GETTING YOUNGER AND MORE OBESE |

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| FORM 990, PART III, LINE 4B (CONTINUED) | THROUGHOUT THE YEAR, SGH PROVIDED EXPERT SPEAKERS ON HEART DISEASE AND HEART FAILURE AT PR OFESSIONAL CONFERENCES AND EVENTS THIS INCLUDED SGH'S SEVENTH ANNUAL HEART AND VASCULAR C ONFERENCE IN NOVEMBER, WHERE MORE THAN 400 HEALTH CARE PROFESSIONALS RECEIVED EDUCATION ON ADVANCES IN CARDIOVASCULAR CARE IN NOVEMBER AND MAY, SGH PARTICIPATED IN THE NINTH AND 1 0TH SEMIANNUAL MEETINGS OF SOUTHERN CALIFORNIA VOICE (VASCULAR OUTCOMES IMPROVEMENT COLLAB ORATIVE), WHICH INCLUDED MORE THAN 40 REGIONAL VASCULAR PHYSICIANS, NURSES, EPIDEMIOLOGIST S, SCIENTISTS AND RESEARCH PERSONNEL WORKING TOGETHER TO COLLECT AND ANALYZE VASCULAR DATA IN AN EFFORT TO IMPROVE PATIENT CARE. SGH SHARED ITS EXPERTISE ON THE USE OF DATA PROCESS ES TO IMPROVE OUTCOMES, COMPLIANCE TO STANDARDS, AND CARE SGH ALSO SHARED ITS EXPERTISE O N DATA RETRIEVAL AND ANALYSIS PROCESSES AT THE SOCIETY FOR VASCULAR SURGERY'S 2016 VASCULA R ANNUAL MEETING IN WASHINGTON, D C IN ADDITION, SGH PRESENTED ON ITS PROCESSES FOR PRESC RIBING APPROPRIATE MEDICATIONS AT DISCHARGE AND OBTAINING LONG-TERM FOLLOW-UP DATA ON PATI ENTS AT THE SOUTHERN CALIFORNIA VASCULAR SURGICAL SOCIETY ANNUAL MEETING SGH CONTINUED TO PARTICIPATE IN PROGRAMS TO IMPROVE THE CARE AND OUTCOMES OF INDIVIDUALS WITH HEART AND VA SCULAR DISEASE. TO HELP IMPROVE CARE FOR ACUTELY ILL PATIENTS IN SDC, SGH PROVIDED DATA ON STEMI (ST ELEVATION MY OCARDIAL INFARCTION OR ACUTE HEART ATTACK) TO THE COUNTY OF SAN DIE GO EMS SHARP HEALTHCARE ALSO HOSTED THE QUARTERLY COUNTY OF SAN DIEGO EMS COUNTY ADVISORY COUNCIL FOR STEMI AT SHARP'S CORPORATE OFFICE (SPECTRUM) ADDITIONALLY, SGH PROVIDED ITS PERIPHERAL VASCULAR DISEASE REHABILITATION PROGRAM TO PROVIDE EDUCATION AND COACHING ON EX ERCISE, DIET AND MEDICATION TO KEEP PATIENTS - PARTICULARLY LOW-INCOME PATIENTS - AT THE H IGHEST FUNCTIONAL LEVEL THE PROGRAM IS FUNDED IN PART BY DONATIONS CONTRIBUTED TO THE SGH FOUNDATION, TO HELP DEFRAY THE COST FOR PATIENTS WITH LIMITED RESOURCES SGH'S CARDIAC TE AM IS COMMITTED TO SUPPORTING FUTURE HEALTH CARE LEADERS THROUGH ACTIVE PARTICIPATION IN S TUDENT TRAINING AND INTERNSHIP PROGRAMS IN FY 2016, THE TEAM MENTORED MORE THAN 30 STUDEN TS FROM AZUSA PACIFIC UNIVERSITY (APU), SAN DIEGO STATE UNIVERSITY (SDSU), UNIVERSITY OF C ALIFORNIA, SAN DIEGO (UCSD), GROSSMONT COLLEGE, NATIONAL UNIVERSITY AND WESTERN UNIVERSITY OF HEALTH SCIENCES, INCLUDING STUDENTS WITH AN INTEREST IN A CAREER AS A NURSE OR CARDIOV ASCULAR TECHNICIAN FY 2017 PLAN SGH WILL DO THE FOLLOWING * PROVIDE A FREE MONTHLY CHF C LASS AND SUPPORT GROUP * PROVIDE FREE BIMONTHLY HEART AND VASCULAR RISK FACTOR EDUCATION C LASSES * PROVIDE CARDIAC AND VASCULAR RISK FACTOR EDUCATION AND SCREENING AT COMMUNITY EVE NTS * PROVIDE ONE CARDIAC HEALTH LECTURE AND A CARDIOVASCULAR EXPO FOR COMMUNITY MEMBERS * CONTINUE TO PARTICIPATE IN THE OPEN VERSUS ENDOVASCULAR REPAIR OF POPLITEAL ARTERY ANEURYS M TRIAL FOR POPLITEAL ANEURYSM PATIENTS * PURSUE ADDITIONAL RESEARCH OPPORTUNITIES TO BENE FIT PATIENTS AND COMMUNITY MEM |

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| FORM 990, PART III, LINE 4B (CONTINUED) | BERS * OFFER EDUCATIONAL SPEAKERS TO THE PROFESSIONAL COMMUNITY ON TOPICS SUCH AS PERFORMA NCE IMPROVEMENTS IN CHF AND ACUTE MYOCARDIAL INFARCTION, AND CARDIOVASCULAR TREATMENT OPTI ONS, AS INVITED * PROVIDE A CONFERENCE ON HEART AND VASCULAR DISEASE FOR COMMUNITY PHYSICI ANS AND OTHER HEALTH CARE PROFESSIONALS IN OCTOBER 2016 * CONTINUE TO PROVIDE STUDENT LEAR NING OPPORTUNITIES IDENTIFIED COMMUNITY NEED DIABETES EDUCATION, PREVENTION AND SUPPORT R ATIONALE REFERENCES THE FINDINGS OF THE SGH 2016 CHNA, HASD&IC 2016 CHNA OR THE MOST RECEN T SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * THE SGH 2016 CHN A CONTINUED TO IDENTIFY TYPE 2 DIABETES AS ONE OF SIX PRIORITY HEALTH ISSUES FOR COMMUNITY MEMBERS SERVED BY SGH * THE HASD&IC 2016 CHNA CONTINUED TO IDENTIFY TYPE 2 DIABETES AS O NE OF THE TOP FOUR PRIORITY HEALTH ISSUES FOR COMMUNITY MEMBERS IN SDC * DATA ANALYSIS IN THE 2016 CHNAS REVEALED A HIGHER RATE OF HOSPITAL DISCHARGES DUE TO DIABETES IN MORE VULN ERABLE COMMUNITIES WITHIN SDC'S EAST REGION (E.G , EL CAJON, JACUMBA, ETC ) (DIGNITY HEALT H, SANGIS, OSHPD & SPEEDTRACK INC , 2015) * SHARP DIABETES EDUCATOR DISCUSSIONS CONDUCTED AS PART OF THE SGH 2016 CHNA PROCESS IDENTIFIED SEVERAL CHALLENGES TO HEALTH IMPROVEMENT AMONG THEIR DIABETES PATIENTS, INCLUDING ACCESSING A PHYSICIAN, FINDING SUPPORT PROGRAMS, GETTING OUTPATIENT NEEDS MET (I E , APPOINTMENTS WITH PSYCHOLOGISTS OR ENDOCRINOLOGISTS), AND A LACK OF DIABETES EDUCATION COVERAGE UNDER MEDI-CAL * THE SHARP DIABETES EDUCATOR D ISCUSSIONS ALSO IDENTIFIED THE FOLLOWING BARRIERS TO ADOPTING HEALTHY BEHAVIORS AMONG DIAB ETES PATIENTS AFFORDABILITY OF GLUCOSE TESTING STRIPS, UNMET BEHAVIORAL HEALTH NEEDS, FOO D INSECURITY, AND KNOWLEDGE OF BENEFITS * ACCORDING TO DATA PRESENTED IN THE SGH 2016 CHN A, DIABETES IS A MAJOR CAUSE OF HEART DISEASE AND STROKE. THE CDC ALSO IDENTIFIES DIABETES AS A LEADING CAUSE OF KIDNEY FAILURE, NONTRAUMATIC LOWER-LIMB AMPUTATIONS AND NEW CASES O F BLINDNESS AMONG ADULTS IN THE U S (CDC, 2014) * ACCORDING TO DIABETES DATA ANALYZED IN THE SGH 2016 CHNA PROCESS, AMONG SDC PATIENTS WITH A PRIMARY DIAGNOSIS OF A DIABETES-RELA TED ICD-9 CODE IN 2013, 'DIABETES UNCONTROLLED' WAS THE TOP INPATIENT PRIMARY DIAGNOSIS RELATED TO TYPE 2 DIABETES FOR INDIVIDUALS AGES 15 TO 24 AND AGES 45 AND OLDER AMONG INDI VIDUALS AGES 25 TO 44, THE TOP INPATIENT PRIMARY DIAGNOSIS WAS 'ABNORMAL GLUCOSE TOLERANCE OF MOTHER WITH DELIVERY', FOLLOWED BY 'DIABETES UNCONTROLLED' * IN 2013, DIABETES WAS THE SEVENTH LEADING CAUSE OF DEATH FOR RESIDENTS OF SDC'S EAST REGION * IN 2013, THERE WE RE 120 DEATHS DUE TO DIABETES IN SDC'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE D UE TO DIABETES WAS 22 9 PER 100,000 POPULATION, HIGHER THAN THE OVERALL SDC AGE-ADJUSTED R ATE OF 19 0 DEATHS PER 100,000 POPULATION * IN 2013, THERE WERE 912 HOSPITALIZATIONS DUE TO DIABETES IN SDC'S EAST REGION THE AGE-ADJUSTED RATE OF HOSPITALIZATIONS FOR DIABETES W AS 184 5 PER 100,000 POPULATIO |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | N THIS RATE WAS THE THIRD HIGHEST IN SDC OVERALL AND HIGHER THAN THE COUNTY AGE-ADJUSTED RATE OF 137 1 HOSPITALIZATIONS DUE TO DIABETES PER 100,000 POPULATION * IN 2013, THERE WE RE 786 DIABETES-RELATED ED DISCHARGES IN SDC'S EAST REGION THE AGE-ADJUSTED RATE OF VISIT S WAS 157 5 PER 100,000 POPULATION THE DIABETES-RELATED ED DISCHARGE RATE IN THE EAST REG ION WAS THE THIRD HIGHEST IN SDC AND HIGHER THAN THE AGE-ADJUSTED RATE OF 143 9 ED DISCHAR GES PER 100,000 POPULATION FOR SDC OVERALL * ACCORDING TO THE 2015 CHIS, 11 8 PERCENT OF ADULTS LIVING IN SDC'S EAST REGION INDICATED THAT THEY WERE EVER DIAGNOSED WITH DIABETES, WHICH IS HIGHER THAN SDC OVERALL AT 9 9 PERCENT AND THE STATE OF CALIFORNIA AT 9 8 PERCENT DIABETES RATES AMONG SENIORS ARE PARTICULARLY HIGH, WITH 22 7 PERCENT OF ADULTS OVER 65 REPORTING THAT THEY HAD EVER BEEN DIAGNOSED WITH DIABETES * ACCORDING TO 2014 CHIS DATA, 15 8 PERCENT OF RESIDENTS IN THE EAST REGION HAVE BEEN TOLD BY THEIR DOCTOR THAT THEY HAVE PRE- OR BORDERLINE DIABETES, COMPARED TO 13 4 PERCENT OF RESIDENTS IN SDC OVERALL * ACCO RDING TO THE 2012 REPORT FROM THE HHSA TITLED CRITICAL PATHWAYS THE DISEASE CONTINUUM, TH E MOST COMMON BEHAVIORAL AND SOCIAL RISK FACTORS ASSOCIATED WITH TYPE 2 DIABETES INCLUDE S UBSTANCE USE, PHYSICAL INACTIVITY, POOR NUTRITION, POOR MEDICAL CARE AND IRREGULAR HEALTH CHECKS (E.G , A1C, DENTAL, EYE AND FOOT) FURTHERMORE, 36 5 PERCENT OF AMERICANS WERE OBES E DURING 2011-2014 (CDC, 2015) * THE 2014 NATIONAL DIABETES STATISTICS REPORT FROM THE CD C REPORTS THAT A TOTAL OF 29 1 MILLION PEOPLE IN THE U S HAVE DIABETES OF THOSE INDIVIDU ALS, 21 MILLION ARE DIAGNOSED WHILE 8 1 MILLION ARE UNDIAGNOSED |

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| FORM 990, PART III, LINE 4B (CONTINUED) | OBJECTIVES * PROVIDE DIABETES EDUCATION, PREVENTION AND SUPPORT IN THE EAST REGION OF SDC * COLLABORATE WITH COMMUNITY ORGANIZATIONS AND PROJECTS TO PROVIDE DIABETES EDUCATION TO S DC'S VULNERABLE POPULATIONS * PARTICIPATE IN LOCAL AND NATIONAL PROFESSIONAL CONFERENCES T O SHARE BEST PRACTICES IN DIABETES TREATMENT AND CONTROL WITH THE BROADER HEALTH CARE COMM UNITY FY 2016 REPORT OF ACTIVITIES THE SGH DIABETES EDUCATION PROGRAM IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION (ADA) FOR MEETING NATIONAL STANDARDS FOR EXCELLENCE AND QUA LITY IN DIABETES EDUCATION THE PROGRAM PROVIDES INDIVIDUALS WITH THE SKILLS NEEDED TO SUC CESSFULLY SELF-MANAGE THEIR DIABETES AND LIVE A LONG, HEALTHY LIFE AND INCLUDES BLOOD SUGA R MONITORING, MEDICATIONS AND INSULIN PUMP TRAINING SMALL GROUP AND ONE-ON-ONE CLASSES AR E ALSO OFFERED IN FY 2016, THE SGH DIABETES EDUCATION PROGRAM PROVIDED FOUR ON-SITE PRE-D IABETES CLASSES TEACHING MORE THAN 30 COMMUNITY MEMBERS ABOUT RISK FACTORS, AND NUTRITION AND LIFESTYLE TOOLS FOR PREVENTION AT THE SHARP WOMEN'S HEALTH CONFERENCE, SHC AND SRS DI ABETES EDUCATION PROGRAMS PROVIDED DIABETES RISK ASSESSMENTS USING THE ADA'S DIABETES RISK TEST QUESTIONNAIRE AS WELL AS OFFERED RESOURCES ON PRE-DIABETES, DIABETES MANAGEMENT AND NUTRITION TO APPROXIMATELY 1,000 ATTENDEES THROUGH FUNDRAISING AND TEAM PARTICIPATION, TH E SHC DIABETES EDUCATION PROGRAM ALSO CONTINUED TO SUPPORT THE ADA'S STEP OUT WALK TO STOP DIABETES HELD IN OCTOBER AT THE NAVAL TRAINING CENTER PARK IN POINT LOMA THE SHC DIABETE S EDUCATION PROGRAM CONTINUED TO COLLABORATE WITH FAMILY HEALTH CENTERS OF SAN DIEGO (FHCS D) TO PROVIDE DIABETES EDUCATION TO FHCSD DIABETES PATIENTS AT MULTIPLE SITES, INCLUDING T HOSE IN SDC'S EAST REGION, THROUGH FHCSD'S DIABETES MANAGEMENT CARE COORDINATION PROJECT ( DMCCP) DMCCP PROVIDES FHCSD DIABETES PATIENTS WITH WEEKLY GROUP HEALTH AND NUTRITION EDUC ATION, HEALTHY COOKING DEMONSTRATIONS, PHYSICAL ACTIVITY INCLUDING ZUMBA CLASSES, ONE-ON-O NE SUPPORT FROM A NURSE PRACTITIONER AND ENCOURAGES PEER SUPPORT AND EDUCATION FROM PROJEC T "GRADUATES" TO CURRENT PATIENTS/PROJECT ENROLLEES IN ENGLISH AND SPANISH THE PROJECT MO NITORS ENROLLEES' A1C AND BLOOD GLUCOSE LEVELS AND PHYSICAL ACTIVITY, AND HAS PROVEN SUCCE SSFUL OUTCOMES IN LOWERING AND MAINTAINING THESE LEVELS IN FY 2016, THE SHC DIABETES EDUC ATION PROGRAM PROVIDED A DIABETES LECTURE TO 50 COMMUNITY MEMBERS AT THE FHCSD LEMON GROVE SITE TOPICS INCLUDED NUTRITION, PHYSICAL ACTIVITY, DIABETES MELLITUS, SELF-MANAGEMENT AN D GOAL SETTING THE SHC DIABETES EDUCATION PROGRAM CONTINUED TO PROVIDE DIABETES EDUCATION TO FOOD INSECURE ADULTS ENROLLED IN THE FSD DIABETES WELLNESS PROJECT, A COLLABORATION BE TWEEN UCSD'S STUDENT-RUN FREE CLINIC PROJECT, THE THIRD AVENUE CHARITABLE ORGANIZATION (TA CO) AND BAKER ELEMENTARY SCHOOL IN SOUTHEAST SAN DIEGO THE DIABETES WELLNESS PROJECT SCRE ENS ADULT CLINIC PATIENTS WITH TYPE 2 DIABETES FOR FOOD INSECURITY, AND PROVIDES THEM WITH ONGOING MEDICAL TREATMENT AND |

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| FORM 990, PART III, LINE 4B (CONTINUED) | DIABETES MANAGEMENT THROUGH THE CLINIC IN ADDITION, FSD PROVIDES DIABETES WELLNESS FOOD BOXES TO PROJECT PARTICIPANTS, IN CONJUNCTION WITH A MONTHLY DIABETES AND NUTRITION EDUCAT ION COURSE AS WELL AS CALFRESH/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OUTREACH THROUGH THE PROJECT, THE SHC DIABETES EDUCATION PROGRAM PROVIDED DIABETES AND NUTRITION ED UCATION TO MORE THAN 300 COMMUNITY MEMBERS AT BOTH THE TACO AND BAKER ELEMENTARY SCHOOL SI TES APPROXIMATELY 200 PARTICIPANTS ARE ENROLLED IN THE DIABETES WELLNESS PROJECT, AND EVA LUATION WILL INCLUDE PRE- AND POST-ASSESSMENT SURVEY S FOR THE PATIENTS REGARDING DIABETES CONTROL, AN A1C BLOOD TEST, AND OTHER METRICS IN FURTHER EFFORTS RECOGNIZING THE CONNECTI ON BETWEEN ACCESS TO HEALTHY FOOD AND ITS IMPACT ON CHRONIC HEALTH CONDITIONS SUCH AS DIAB ETES, THROUGHOUT THE Y EAR THE SHC DIABETES EDUCATION PROGRAM ACTIVELY SUPPORTED SUPERFOOD DRIVE - A SAN DIEGO-BASED ORGANIZATION THAT FOCUSES ON IMPROVING THE HEALTH OF FOOD INSECU RE POPULATIONS THROUGH OUTREACH, EDUCATION AND ENCOURAGEMENT OF HEALTHY , NUTRITIOUS FOOD D ONATIONS IN PARTNERSHIP WITH SUPERFOOD DRIVE, A DIABETES SPECIALIST FROM THE SHC DIABETES EDUCATION PROGRAM PROVIDED AN EDUCATIONAL POST ON HOW TO EAT HEALTHY ON A BUDGET TO MORE THAN 200 COMMUNITY MEMBERS THE SHC DIABETES SPECIALIST ALSO MANAGES THE SUPERFOOD DRIVE I NSTAGRAM ACCOUNT THROUGH WEEKLY POSTS OF PICTURES OF AFFORDABLE, DIABETES-FRIENDLY MEALS A S WELL AS SHARES IDEAS FOR INEXPENSIVE MEALS FROM EATFRESH ORG, AN ONLINE RESOURCE FOR CAL FRESH ELIGIBLE INDIVIDUALS AND FAMILIES, FURTHER, THE SHC DIABETES SPECIALIST SHARES A "WE LLNESS WEDNESDAY" EDUCATIONAL POST ON THE NUTRITIONAL VALUE OF SPECIFIC FOODS EVERY WEEK IN ADDITION, IN SUPPORT OF SUPERFOOD DRIVE, THE SHC DIABETES EDUCATION PROGRAM PARTICIPATE D IN FSD'S 2016 NUTRITION SYMPOSIUM THE THEME OF THE SY MPOSIUM WAS INTERSECTIONS FAMILIE S, NUTRITION AND EMPOWERMENT, DESIGNED TO FACILITATE INNOVATIVE SOLUTIONS TO SERVE THE COM MUNITY WITH DIGNITY AND PROVIDE THE OPPORTUNITY TO SHARE EXPERTISE AND PASSION FOR ENDING HUNGER IN SAN DIEGO THROUGH NUTRITIOUS FOOD AND EDUCATION MORE THAN 100 COMMUNITY MEMBERS ATTENDED THE EVENT, WHERE AN SHC DIABETES SPECIALIST PROVIDED A SUPERFOOD DRIVE RESOURCE AND INFORMATION TABLE THE SHC DIABETES EDUCATION PROGRAM CONTINUED TO EDUCATE AND ADVISE UNDERSERVED PREGNANT WOMEN AND BREASTFEEDING MOTHERS WITH TYPE 1, TYPE 2 OR GESTATIONAL DI ABETES ON HOW TO MANAGE BLOOD SUGAR LEVELS THE SHC DIABETES EDUCATION PROGRAM COLLABORATE D WITH COMMUNITY CLINICS TO PROVIDE PATIENTS WITH A VARIETY OF EDUCATION AND RESOURCES, IN CLUDING GESTATIONAL DIABETES STATISTICS, NEW DIAGNOSTIC CRITERIA, TREATMENT AND MANAGEMENT OF BLOOD GLUCOSE LEVELS, GOALS FOR BLOOD SUGAR LEVELS BEFORE AND AFTER A MEAL, INSULIN RE QUIREMENTS, SELF-CARE PRACTICES, NUTRITION AND MEAL PLANNING, EXERCISING AND WEIGHT MANAGE MENT, MONITORING FETAL MOVEMENT, AND THE RISKS OF UNCONTROLLED DIABETES AND COMPLICATIONS CLINIC PATIENTS ALSO RECEIVED |

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| FORM 990, PART III, LINE 4B (CONTINUED) | LOGBOOKS TO TRACK AND MANAGE BLOOD SUGAR LEVELS IN ADDITION, THE SHC DIABETES EDUCATION PROGRAM EVALUATED PATIENTS' MANAGEMENT OF THEIR BLOOD SUGAR LEVELS AND COLLABORATED WITH C OMMUNITY CLINICS' OBSTETRICIAN/GYNECOLOGISTS (OB/GYN) TO PREVENT COMPLICATIONS AT SGH, TH E SHC DIABETES EDUCATION PROGRAM COLLABORATED WITH THE HOSPITAL'S OB/GYN TO ASSIST MORE TH AN 400 UNDERSERVED PREGNANT WOMEN WITH DIABETES OVER THE COURSE OF NEARLY 1,950 VISITS IN FY 2016, THE SHC DIABETES EDUCATION PROGRAM CONTINUED TO PROVIDE SERVICES AND RESOURCES T O MEET THE NEEDS OF SAN DIEGO'S NEWLY IMMIGRATED IRAQI CHALDEAN POPULATION THE PROGRAM FA CILITATED TRANSLATION AS WELL AS PROVIDED RESOURCES TO BETTER UNDERSTAND CHALDEAN CULTURAL NEEDS EDUCATIONAL RESOURCES INCLUDED HOW TO LIVE HEALTHY WITH DIABETES, WHAT YOU NEED TO KNOW ABOUT DIABETES, ALL ABOUT BLOOD GLUCOSE FOR PEOPLE WITH TYPE 2 DIABETES, ALL ABOUT C ARBOHYDRATE COUNTING, GETTING THE VERY BEST CARE FOR YOUR DIABETES, ALL ABOUT INSULIN RESI STANCE, ALL ABOUT PHYSICAL ACTIVITY WITH DIABETES, GESTATIONAL DIABETES MELLITUS SEVEN-DAY MENU PLAN, FOOD GROUPS, AND ARABIC LANGUAGE MATERIALS FOR PREGNANCY FOOD DIARIES AND LOG BOOKS WERE GIVEN OUT TO THE COMMUNITY HANDOUTS WERE PROVIDED IN ARABIC AS WELL AS SOMALI, TAGALOG, VIETNAMESE AND SPANISH, AND LIVE INTERPRETER SERVICES WERE AVAILABLE IN MORE THA N 200 LANGUAGES VIA THE STRATUS VIDEO INTERPRETING IPAD APPLICATION EDUCATION WAS ALSO PR OVIDED TO SHARP TEAM MEMBERS REGARDING THE DIFFERENT CULTURAL NEEDS OF THESE COMMUNITIES IN COLLABORATION WITH OTHER SRS STAFF, THE SRS DIABETES EDUCATION PROGRAM PROVIDED BLOOD P RESSURE CHECKS AND SPORTS PHYSICALS TO NEARLY 65 PATRICK HENRY HIGH SCHOOL STUDENTS IN AD DITION, THE SHC DIABETES EDUCATION PROGRAM PROVIDED DIABETES EDUCATION TO NURSE PRACTITION ER STUDENTS AT SDSU, WHILE THE SGH DIABETES EDUCATION PROGRAM MENTORED A DIETITIAN INTERN FROM THE SAN DIEGO WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM IN NOVEMBER, THE SHC DIABETE S EDUCATION PROGRAM HOSTED AN INPATIENT DIABETES CONFERENCE FOR APPROXIMATELY 150 ATTENDEE S AT THE HYATT REGENCY MISSION BAY SPA AND MARINA DESIGNED FOR HEALTH CARE PROFESSIONALS INTERESTED IN OPTIMIZING INPATIENT DIABETES CARE, THE CONFERENCE PRESENTED STRATEGIES FOR CREATING A CULTURE THAT SUPPORTS AND ENCOURAGES EMERGING THERAPEUTIC TRENDS IN GLYCEMIC MA NAGEMENT IN THE HOSPITAL SETTING |

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| FORM 990, PART III, LINE 4B (CONTINUED) | FY 2017 PLAN THE SGH DIABETES EDUCATION PROGRAM WILL DO THE FOLLOWING * CONDUCT DIABETES EDUCATION AT VARIOUS COMMUNITY VENUES IN SDC'S EAST REGION * CONTINUE TO COLLABORATE WITH FHCSD TO PROVIDE AND EXPAND EDUCATION TO THEIR DIABETES PATIENTS THROUGH THE DMCCP * CONTI NUE TO PROVIDE GESTATIONAL SERVICES AND RESOURCES TO UNDERSERVED PREGNANT WOMEN - BOTH AT THE HOSPITAL AND IN COLLABORATION WITH COMMUNITY CLINICS * CONDUCT MONTHLY DIABETES PREVEN TION CLASSES * CONTINUE TO FOSTER RELATIONSHIPS WITH COMMUNITY CLINICS TO PROVIDE EDUCATIO N AND RESOURCES TO COMMUNITY MEMBERS * CONTINUE TO PARTICIPATE IN ADA'S STEP OUT WALK TO S TOP DIABETES * KEEP CURRENT ON RESOURCES TO PROVIDE COMMUNITY MEMBERS SUPPORT WITH DIABETE S TREATMENT AND PREVENTION - PARTICULARLY LANGUAGE AND CULTURALLY APPROPRIATE RESOURCES * CONTINUE TO PARTICIPATE IN LOCAL AND NATIONAL PROFESSIONAL CONFERENCES TO SHARE BEST PRACT ICES IN DIABETES TREATMENT AND CONTROL WITH THE BROADER HEALTH CARE COMMUNITY * CONDUCT ED UCATIONAL OUTPATIENT AND INPATIENT SYMPOSIUMS FOR HEALTH CARE PROFESSIONALS * EXPLORE ADDI TIONAL COLLABORATIONS WITH FSD TO ASSIST AND EDUCATE FOOD INSECURE COMMUNITY MEMBERS IDENT IFIED COMMUNITY NEED HEALTH EDUCATION, SCREENING AND SUPPORT FOR SENIORS RATIONALE REFERE NCES THE FINDINGS OF THE SGH 2016 CHNA, HASD&IC 2016 CHNA OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * THE SGH 2016 CHNA CONTINUED TO IDENTIFY SENIOR HEALTH AS ONE OF SIX PRIORITY HEALTH ISSUES FOR COMMUNITY MEMBERS SERVED B Y SGH * THE HASD&IC 2016 CHNA CONTINUED TO IDENTIFY DEMENTIA AND ALZHEIMER'S DISEASE AMON G THE TOP 15 PRIORITY HEALTH CONDITIONS SEEN IN SDC HOSPITALS * AS PART OF SHARP'S 2016 C HNAS, DISCUSSIONS HELD WITH SOCIAL WORKERS AND NURSES FROM SHARP'S SENIOR HEALTH CENTERS I DENTIFIED THE FOLLOWING CHALLENGES TO IMPROVING THE HEALTH OF SENIORS IN SDC ACCESS TO CA RE ISSUES DUE TO AGING, DECREASED DRIVING OR LOSS OF SUPPORT SY STEM, DIFFICULTY PURCHASING MEDICATIONS DUE TO FINANCIAL ISSUES, LACK OF TRANSPORTATION OR LACK OF MOTIVATION, DIFFIC ULTY UNDERSTANDING MEDICAL INSTRUCTIONS, INABILITY TO RECOGNIZE A HEALTH PROBLEM EXISTS, M EMORY ISSUES, AND THE PERCEPTION THAT HEALTH ISSUES AND LONELINESS ARE A NORMAL PART OF AG ING * AS PART OF THE SGH 2016 CHNA, DISCUSSIONS WITH NURSES AND SOCIAL WORKERS AT SHARP'S SENIOR HEALTH CENTERS IDENTIFIED THE FOLLOWING BARRIERS TO SENIOR HEALTH IN SDC ACCESS T O CARE ISSUES DUE TO AGING, DECREASED DRIVING OR LOSS OF SUPPORT SY STEM, DIFFICULTY PURCHA SING MEDICATIONS DUE TO FINANCIAL ISSUES, LACK OF TRANSPORTATION OR LACK OF MOTIVATION, DI FFICULTY UNDERSTANDING MEDICAL INSTRUCTIONS, INABILITY TO RECOGNIZE A HEALTH PROBLEM EXIST S, MEMORY ISSUES, AND THE PERCEPTION THAT HEALTH ISSUES AND LONELINESS ARE A NORMAL PART O F AGING * SHARP SENIOR HEALTH DISCUSSIONS HELD AS PART OF THE SGH 2016 CHNA PROCESS IDENT IFIED THE MOST COMMON HEALTH-RELATED ISSUES OR NEEDS AS ANXIETY, CARDIAC DISEASE, COGNITI VE IMPAIRMENT AND DEMENTIA, DE |

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| FORM 990, PART III, LINE 4B (CONTINUED) | PRESSION, DIABETES, PSYCHOSIS AND CHRONIC MENTAL ILLNESS (SPECIFIC TO THE POPULATION SERVE D BY THE DOWNTOWN SENIOR HEALTH CENTER), HYPERTENSION, INCREASED NEED FOR CAREGIVERS, ISOL ATION, CONTRIBUTING TO POOR DIET, BAD HABITS, AND DEPRESSION, LOSS OF PURPOSE, AND SUBSTAN CE ABUSE, PARTICULARLY FOR PRESCRIPTION DRUGS * SENIORS PARTICIPATING IN THE SGH 2016 CHIN A HEALTH ACCESS AND NAVIGATION SURVEY PRIORITIZED THE FOLLOWING BARRIERS TO ACCESSING HEAL TH CARE UNDERSTANDING HEALTH INSURANCE, INCLUDING CONFUSING TERMS, KNOWING WHERE TO GO FO R CARE, ESPECIALLY UNDERSTANDING WHEN TO USE THE ED, URGENT CARE AND PRIMARY CARE, USING H EALTH INSURANCE, INCLUDING UNDERSTANDING HEALTH CARE COSTS/BILLS AND KNOWING WHAT SERVICES ARE COVERED, GETTING HEALTH INSURANCE, AND FOLLOW-UP CARE, INCLUDING UNDERSTANDING NEXT S TEPS AND FINDING AVAILABLE APPOINTMENTS * IN 2015, SDC'S EAST REGION HAD 63,901 RESIDENTS OVER THE AGE OF 65, COMPRISING 14 4 PERCENT OF THE TOTAL REGIONAL POPULATION THIS PROPOR TION IS HIGHER THAN ANY OTHER REGION BETWEEN 2015 AND 2020, THE EAST REGION'S SENIOR POPU LATION IS EXPECTED TO GROW BY 20 7 PERCENT, WHICH IS LOWER THAN THE GROWTH RATE FOR SDC OV ERALL * IN 2013, ALZHEIMER'S DISEASE WAS THE THIRD LEADING CAUSE OF DEATH IN SDC'S EAST R EGION * IN 2015, THE TOP 10 LEADING CAUSES OF DEATH AMONG SENIOR ADULTS AGES 65 AND OLDER IN SDC INCLUDED (IN RANK ORDER) DISEASES OF THE HEART, MALIGNANT NEOPLASMS, ALZHEIMER'S DISEASE, CEREBROVASCULAR DISEASES, CHRONIC LOWER RESPIRATORY DISEASES, DIABETES MELLITUS, ACCIDENTS (UNINTENTIONAL INJURIES), ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE, INFLUENZA AND PNEUMONIA, AND PARKINSON'S DISEASE * IN 2012, 95,679 SENIORS AGES 65 AND O LDER WERE HOSPITALIZED IN SDC SENIORS IN SDC'S EAST REGION EXPERIENCED HIGHER RATES OF HO SPITALIZATION FOR FALLS, CORONARY HEART DISEASE (CHD), STROKE, PNEUMONIA, CHRONIC OBSTRUCT IVE PULMONARY DISEASE (COPD), DIABETES AND INFLUENZA, WHEN COMPARED TO SDC OVERALL (HHSA, 2015) * IN 2012, 108,745 SENIORS WERE TREATED AND DISCHARGED FROM SDC EDS, REPRESENTING N EARLY ONE OUT OF EVERY THREE SENIOR RESIDENTS IN SDC THE TOP THREE CAUSES OF ED UTILIZATI ON AMONG SDC RESIDENTS AGES 65 YEARS AND OLDER IN 2012 WERE FALLS, DIABETES AND STROKE. * IN 2012, 71,655 CALLS WERE MADE TO 911 FOR SENIORS AGES 65 YEARS AND OLDER IN NEED OF PREH OSPITAL (AMBULANCE) CARE IN SDC, WHICH REPRESENTS A CALL FOR ONE OUT OF EVERY FIVE SENIORS SENIORS IN SDC USE THE 911 SYSTEM AT HIGHER RATES THAN ANY OTHER AGE GROUP (HHSA, 2015) * A 2016 HHSA REPORT TITLED IDENTIFYING HEALTH DISPARITIES TO ACHIEVE HEALTH EQUITY IN SA N DIEGO COUNTY AGE FOUND THAT SENIORS IN SDC'S EAST REGION HAVE DISPROPORTIONATELY HIGH D EATH RATES FOR CANCER, COPD, CHD, AND STROKE AMONG ADULTS AGES 65 AND OLDER WHEN COMPARED TO OTHER SENIORS IN THE COUNTY OVERALL * ACCORDING TO THE SAN DIEGO COUNTY SENIOR FALLS R EPORT, ADULTS AGES 65 AND OLDER ARE THE LARGEST CONSUMERS OF HEALTH CARE SERVICES, AS THE PROCESS OF AGING BRINGS UPON T |

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| FORM 990, PART III, LINE 4B (CONTINUED) | HE NEED FOR MORE FREQUENT CARE (HHSA, 2012) * ACCORDING TO THE CDC, 2 8 MILLION OLDER ADU LTS ARE TREATED IN THE ED FOR FALLS EVERY YEAR ONE IN FIVE FALLS CAUSES A SERIOUS INJURY, SUCH AS BROKEN BONES OR A HEAD INJURY THESE INJURIES MAY RESULT IN SERIOUS MOBILITY ISSU ES AND DIFFICULTY WITH EVERY DAY TASKS OR LIVING INDEPENDENTLY (CDC, 2016) * ACCORDING TO HHSA'S 2016 REPORT ALZHEIMER'S DISEASE AND OTHER DEMENTIAS IN SAN DIEGO COUNTY, IN 2013 TH ERE WERE AN ESTIMATED 62,000 SDC RESIDENTS 55 AND OVER LIVING WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIAS (ADOD) ONE QUARTER OF THESE RESIDENTS WERE LIVING IN EAST REGION BETWEE N 2013 AND 2030, THE NUMBER OF EAST REGION RESIDENTS LIVING WITH ADOD IS PROJECTED TO INCR EASE BY 39 7 PERCENT (HHSA, 2016) * IN 2011, ONLY 67 PERCENT OF SDC RESIDENTS AGES 65 AND OLDER REPORTED BEING VACCINATED FOR INFLUENZA, AND THE RATE OF INFLUENZA/PNEUMONIA DEATH AMONG THAT GROUP WAS 7 5 TIMES HIGHER THAN THE COUNTY OVERALL (HHSA, 2016) * THE CDC RECO MMENDS ANNUAL VACCINATION AGA INST INFLUENZA FOR SPECIALIZED GROUPS, INCLUDING PEOPLE AGES 50 AND OLDER, PEOPLE WHO LIVE IN NURSING HOMES AND OTHER LONG-TERM CARE FACILITIES, AND P EOPLE WHO LIVE WITH OR CARE FOR THOSE AT HIGH RISK FOR COMPLICATIONS FROM FLU * RESEARCH SHOWS THAT CAREGIVING CAN HAVE SERIOUS PHYSICAL AND MENTAL HEALTH CONSEQUENCES FINDINGS F ROM THE STRESS IN AMERICA SURVEY SHOW THAT CAREGIVERS TO OLDER RELATIVES REPORT POORER HEA LTH AND HIGHER STRESS LEVELS THAN THE GENERAL POPULATION FIFTY-FIVE PERCENT OF SURVEYED C AREGIVERS REPORTED FEELING OVERWHELMED BY THE AMOUNT OF CARE THEIR FAMILY MEMBER NEEDS (AA RP PUBLIC POLICY INSTITUTE, VALUING THE INVALUABLE, UPDATED JULY 2015) |

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| FORM 990, PART III, LINE 4B (CONTINUED) | * ACCORDING TO A REPORT FROM THE NATIONAL ALLIANCE FOR CAREGIVING AND THE AARP TITLED CARE GIVING IN THE U S 2015, AN ESTIMATED 34 2 MILLION ADULTS HAVE PROVIDED UNPAID CARE TO AN ADULT AGE 50 OR OLDER IN THE PAST 12 MONTHS IN ADDITION, 60 PERCENT OF UNPAID CAREGIVERS ARE FEMALE, AND NEARLY ONE IN 10 CAREGIVERS ARE AGES 75 OR OLDER (AARP AND THE NATIONAL AL LIANCE FOR CAREGIVING, 2015) * THE ECONOMIC VALUE OF FAMILY CAREGIVING FOR OLDER ADULTS IN THE U S WAS ESTIMATED TO BE $470 BILLION IN 2013 IT IS ESTIMATED THAT U S BUSINESSES L OSE OVER $25 BILLION ANNUALLY DUE TO LOST PRODUCTIVITY AND ABSENTEEISM RELATED TO FAMILY C AREGIVING AMONG FULL-TIME WORKING CAREGIVERS (AARP, 2015) * ABOUT SIX IN 10 CAREGIVERS AS SIST WITH MEDICAL/NURSING TASKS FOR THEIR LOVED ONE, AND 42 PERCENT OF THESE CAREGIVERS AR E PERFORMING THOSE TASKS WITHOUT ANY PREPARATION ACCORDING TO CAREGIVING IN THE U S 2015 , 84 PERCENT OF CAREGIVERS REPORT THAT THEY COULD USE MORE INFORMATION OR HELP ON CAREGIVI NG TOPICS THE TOP FOUR TOPICS OF CONCERN TO CAREGIVERS ARE KEEPING THEIR LOVED ONE SAFE A T HOME, MANAGING THEIR OWN EMOTIONAL OR PHYSICAL STRESS, MAKING END-OF-LIFE DECISIONS, AND MANAGING THEIR LOVED ONES' CHALLENGING BEHAVIORS (AARP AND THE NATIONAL ALLIANCE FOR CARE GIVING, 2015) * THE UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA) CENTER FOR HEALTH POLICY RESEARCH CONDUCTED A STUDY HIGHLIGHTING THE PLIGHT OF CALIFORNIA'S "HIDDEN POOR," FINDING 772,000 SENIORS WHO LIVE IN THE GAP BETWEEN THE FPL AND THE ELDER ECONOMIC SECURITY STAND ARD THE HIGHEST PROPORTION OF SENIORS LIVING IN THIS GAP INCLUDES RENTERS, LATINOS, WOMEN , AND GRANDPARENTS RAISING GRANDCHILDREN (PADILLA-FRAUSTO, & WALLACE, 2015) OBJECTIVES * PROVIDE A VARIETY OF SENIOR HEALTH EDUCATION AND SCREENING PROGRAMS * PRODUCE AND MAIL QUA RTERLY ACTIVITY CALENDARS TO COMMUNITY MEMBERS * PROVIDE DAILY TELEPHONE REASSURANCE/WELFA RE CHECK CALLS TO ENSURE THE SAFETY OF HOMEBOUND SENIORS AND DISABLED ADULTS IN SDC'S EAST REGION * IN COLLABORATION WITH COMMUNITY PARTNERS, OFFER SEASONAL FLU VACCINATION CLINICS AT CONVENIENT LOCATIONS FOR SENIORS AND HIGH-RISK ADULTS IN THE COMMUNITY * SERVE AS A RE FERRAL RESOURCE TO ADDITIONAL SUPPORT SERVICES IN THE COMMUNITY FOR SENIOR RESIDENTS IN SD C'S EAST REGION * PROVIDE EDUCATION AND COMMUNITY RESOURCES TO CAREGIVERS * MAINTAIN AND G ROW PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS TO EXPAND COMMUNITY OUTREACH AND PROVIDE COM MUNITY MEMBERS WITH UPDATED INFORMATION ON AVAILABLE SERVICES AND RESOURCES FY 2016 REPORT OF ACTIVITIES SHARP SENIOR RESOURCE CENTERS MEET THE UNIQUE NEEDS OF SENIORS AND THEIR CA REGIVERS BY CONNECTING THEM - THROUGH EMAIL, PHONE AND IN-PERSON CONSULTATIONS - TO A VARI ETY OF FREE AND LOW-COST PROGRAMS AND SERVICES THE SHARP SENIOR RESOURCE CENTERS' COMPASS IONATE STAFF AND VOLUNTEERS PROVIDE PERSONALIZED SUPPORT AND CLEAR, ACCURATE INFORMATION R EGARDING HEALTH EDUCATION AND SCREENINGS, COMMUNITY REFERRALS AND CAREGIVER RESOURCES IN FY 2016, THE SGH SENIOR RESOUR |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | CE CENTER DEVELOPED AND MAILED QUARTERLY CALENDARS OF ITS PROGRAMS AND SERVICES TO MORE TH AN 6,900 HOUSEHOLDS IN SDC'S EAST REGION, AS WELL AS DISTRIBUTED APPROXIMATELY 4,000 VIALS OF LIFE - SMALL VINYL SLEEVES THAT CAN BE MAGNETICALLY PLACED ON A REFRIGERATOR TO PROVID E EMERGENCY PERSONNEL WITH CRITICAL MEDICAL INFORMATION FOR SENIORS AND DISABLED PEOPLE. I N FY 2016, THE SGH SENIOR RESOURCE CENTER PROVIDED NEARLY 50 FREE HEALTH EDUCATION PROGRAM S AT THE SGH CAMPUS, THE GROSSMONT HEALTHCARE DISTRICT CONFERENCE CENTER AND SEVERAL COMMU NITY SITES IN SDC'S EAST REGION, REACHING MORE THAN 1,100 COMMUNITY MEMBERS. PROFESSIONALS WITH EXPERTISE IN A VARIETY OF AREAS PRESENTED PROGRAMS, INCLUDING PHYSICAL THERAPY, PSYC HOLOGY, NUTRITION, NURSING, CARDIOLOGY, ADVANCE CARE PLANNING (ACP), AUDIOLOGY, SPEECH THE RAPY, NEURORADIOLOGY, AND LAW, AS WELL AS BY EXPERTS FROM COMMUNITY ORGANIZATIONS. EDUCATI ONAL TOPICS INCLUDED DIET AND FITNESS FOR A HEALTHY HEART, DIABETES, HEALTHY EATING, SENIO R SERVICES, VIALS OF LIFE, ADDRESSING FINANCIAL ISSUES, MEMORY LOSS, CAREGIVER RESOURCES, CARING FOR THE CAREGIVER, BEREAVEMENT, HOSPICE, ACP, MEDICARE, COPING WITH GRIEF DURING TH E HOLIDAY SEASON, PARKINSON'S DISEASE, ALZHEIMER'S DISEASE, MAINTAINING A HEALTHY VOICE, D IABETES, BONE HEALTH, COGNITIVE DECLINE AND DRIVING, HOW TO TALK TO A DOCTOR AND SAFETY. I N ADDITION, THE SGH SENIOR RESOURCE CENTER REACHED MORE THAN 80 COMMUNITY MEMBERS THROUGH A SERIES OF PHYSICIAN LECTURES COVERING TOPICS SUCH AS DEPRESSION, BIPOLAR AND ANXIETY DIS ORDERS, ADVANCES IN STROKE TREATMENT, AND DIGITAL HEARING AIDS. THROUGHOUT THE Y EAR, THE S GH SENIOR RESOURCE CENTER PROVIDED 11 HEALTH SCREENING EVENTS AT VARIOUS SITES IN SDC'S EA ST REGION, REACHING APPROXIMATELY 170 MEMBERS OF THE SENIOR COMMUNITY. THIS INCLUDED FOUR BALANCE AND FALL PREVENTION SCREENINGS, THREE HAND SCREENINGS, A CAROTID ARTERY SCREENING AS WELL AS SCREENINGS FOR DIABETES, DEPRESSION AND STROKE. IN ADDITION, THE SGH SENIOR RES OURCE CENTER REACHED NEARLY 500 COMMUNITY MEMBERS THROUGH MORE THAN 40 FREE BLOOD PRESSURE SCREENINGS. AS A RESULT OF THE BLOOD PRESSURE SCREENINGS, MORE THAN 20 SENIORS WERE REFER RED TO PHYSICIANS FOR FOLLOW-UP CARE. SCREENINGS WERE PROVIDED AT THE SGH CAMPUS, A YMCA, TWO LOCAL SENIOR CENTERS, A COMMUNITY CENTER, A MOBILE HOME PARK, HEALTH FAIRS AND SPECIAL EVENTS. THE SGH SENIOR RESOURCE CENTER PROVIDES A TELEPHONE REASSURANCE AND WELFARE CHECK PROGRAM FOR ISOLATED OR HOMEBOUND SENIORS AND DISABLED COMMUNITY MEMBERS LIVING IN SDC'S EAST REGION. THROUGH THE PROGRAM, STAFF MEMBERS - SUPPORTED BY THE SGH SENIOR RESOURCE CEN TER AND VOLUNTEERS - PLACE DAILY COMPUTERIZED PHONE CALLS TO PARTICIPANTS AT REGULARLY SCH EDULED TIMES. IN THE EVENT THAT STAFF MEMBERS DO NOT CONNECT WITH PARTICIPANTS, A PHONE CA LL IS PLACED TO FAMILY MEMBERS OR FRIENDS TO ENSURE THE PARTICIPANT'S SAFETY. IN FY 2016, STAFF PLACED MORE THAN 5,500 PHONE CALLS TO APPROXIMATELY 15 SENIORS AND DISABLED COMMUNIT Y MEMBERS, AS WELL AS MORE THA |

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| FORM 990, PART III, LINE 4B (CONTINUED) | N 60 FOLLOW-UP PHONE CALLS TO FAMILY AND FRIENDS IN FY 2016, THE SGH SENIOR RESOURCE CENT ER COLLABORATED WITH THE CAREGIVER COALITION OF SAN DIEGO AND THE CITY OF LA MESA TO PROVI DE TWO CONFERENCES FOR MORE THAN 180 COMMUNITY MEMBERS WHO ARE PROVIDING CARE FOR A FRIEND OR FAMILY MEMBER THE LET'S TALK DEMENTIA FINDING THE BALANCE IN CAREGIVING CONFERENCE A T THE LA MESA COMMUNITY CENTER INCLUDED A RESOURCE FAIR AS WELL AS EDUCATION ON UNDERSTAND ING DEMENTIA, ALZHEIMER'S DISEASE, CAREGIVING AND DEMENTIA CARE PLANNING, INCLUDING LEGAL AND FINANCIAL BASICS THE FINDING THE BALANCE IN CAREGIVING CARING FOR VETERANS CONFERENC E PROVIDED A RESOURCE FAIR AND EDUCATION ON CARING FOR CAREGIVERS, HELPING VETERANS AND TH EIR CAREGIVERS, ESTATE PLANNING FOR VETERANS, AND AID FROM THE VA SAN DIEGO HEALTHCARE SYS TEM (VASDHS) AT THE LA MESA COMMUNITY CENTER IN JUNE, THE SGH SENIOR RESOURCE CENTER SERV ED APPROXIMATELY 400 COMMUNITY MEMBERS AT THE COUNTY OF SAN DIEGO AGING AND INDEPENDENCE S ERVICES (AIS) 2016 AGING SUMMIT AGE WELL SAN DIEGO THE EVENT INCLUDED PRESENTATIONS ON H OUSING, TRANSPORTATION AND MOBILITY, CIVIC ENGAGEMENT, AND THE AGING BRAIN AS WELL AS OFFE RED RESOURCE EXHIBITORS, INCLUDING INFORMATION FROM THE SGH SENIOR RESOURCE CENTER ON VIAL S OF LIFE AND SCREENING EVENTS AND PROGRAMS FOR SENIORS AND CAREGIVERS IN APRIL, THE SGH SENIOR RESOURCE CENTER PARTNERED WITH SHARP HOSPICECARE AND THE CITY OF LA MESA TO PROVIDE A CONFERENCE TITLED LIFE'S TRANSITIONS CHANGING HEALTH CARE NEEDS THROUGH THE Y EARS FOR COMMUNITY SENIORS AND THEIR FAMILIES HELD AT THE LA MESA COMMUNITY CENTER, THE FREE CONFE RENCE PROVIDED NEARLY 90 ATTENDEES WITH EDUCATIONAL PRESENTATIONS FROM A PHY SICIAN, ATTORN EY, LICENSED CLINICAL SOCIAL WORKER, ACP SPECIALIST, AND OTHER EXPERTS ON HOW TO APPROACH AGING FROM A HEALTHIER PERSPECTIVE WITH AN ALERT MIND, VITALITY AND A PLAN FOR THE FUTURE |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | THROUGHOUT FY 2016, THE SGH SENIOR RESOURCE CENTER PARTICIPATED IN AS WELL AS HOSTED HEALT H FAIRS AND EVENTS THROUGHOUT SDC'S EAST REGION THROUGH THESE EVENTS, THE SGH SENIOR RESO URCE CENTER PROVIDED BLOOD PRESSURE SCREENINGS AS WELL AS EDUCATIONAL RESOURCES TO NEARLY 2,100 COMMUNITY SENIORS AND CAREGIVERS LOCATIONS INCLUDED THE LAKESIDE COMMUNITY CENTER, FLETCHER HILLS RECREATION CENTER, MISSION DEL MAGNOLIA MOBILE HOME PARK IN SANTEE, CAMERON 'S MOBILE ESTATES IN SANTEE, JOHNSON & JOHNSON EMPLOYEE HEALTH FAIR, WATERFORD TERRACE RET IREMENT COMMUNITY, JEWISH FAMILY SERVICE OF SAN DIEGO'S COLLEGE AVENUE CENTER, LA VIDA REA L, SONRISE COMMUNITY CHURCH IN SANTEE, GROSSMONT CENTER, MONTE VISTA VILLAGE, SGH AND THE MCGRATH FAMILY YMCA IN SPRING VALLEY IN ADDITION, THE SGH SENIOR RESOURCE CENTER SERVED L ESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) SENIORS AT THE SAN DIEGO LGBT COMMUNITY CENTE R'S (THE CENTER'S) SENIOR RESOURCE FAIR, WHERE THEY PROVIDED BLOOD PRESSURE CHECKS, VIALS OF LIFE, AND CAREGIVER AND COMMUNITY RESOURCES THE SGH SENIOR RESOURCE CENTER ALSO PROVID ED VIALS OF LIFE AS WELL AS HEALTH AND COMMUNITY RESOURCES FOR SENIORS AND CAREGIVERS AT T HE SHARP WOMEN'S HEALTH CONFERENCE HELD AT THE SHERATON SAN DIEGO HOTEL AND MARINA THE SG H SENIOR RESOURCE CENTER CONTINUED TO COORDINATE THE NOTIFICATION OF AVAILABILITY AND PROV ISION OF SEASONAL FLU VACCINES IN SELECTED COMMUNITY SETTINGS SENIORS, CAREGIVERS AND HIG H-RISK ADULTS WITH LIMITED ACCESS TO CARE WERE ALERTED THROUGH ACTIVITY REMINDERS, COLLABO RATIVE OUTREACH CONDUCTED BY THE FLU CLINIC SITE, SHARP COM AND PAPER AND ELECTRONIC NEWSP APER NOTICES IN FY 2016, THE SGH SENIOR RESOURCE CENTER PROVIDED MORE THAN 650 SEASONAL F LU VACCINATIONS AT 11 COMMUNITY SITES TO HIGH-RISK ADULTS WITH LIMITED ACCESS TO HEALTH CA RE RESOURCES, INCLUDING SENIORS WITHOUT TRANSPORTATION, THOSE WITH CHRONIC ILLNESSES AND C AREGIVERS SITES INCLUDED SENIOR CENTERS, COMMUNITY CENTERS, CHURCHES, THE SALVATION ARMY, THE SGH CAMPUS, SENIOR NUTRITION SITES AND FOOD BANKS IN SEPTEMBER AND OCTOBER, THE SGH SENIOR RESOURCE CENTER OFFERED FLU SHOTS AND CAREGIVER RESOURCES TO APPROXIMATELY 150 COMM UNITY MEMBERS AT THE SENIOR TRANSPORTATION AND WELLNESS EXPOS AT THE LA MESA COMMUNITY CEN TER, WHICH HIGHLIGHTED TRANSPORTATION AND SAFETY INFORMATION FOR SENIORS AND CAREGIVERS I N ADDITION TO PROVIDING FLU VACCINATIONS AT THESE SITES, THE SGH SENIOR RESOURCE CENTER PR OVIDED ITS ACTIVITY CALENDARS DETAILING UPCOMING COMMUNITY EVENTS AND PROGRAMS, INCLUDING BLOOD PRESSURE AND FLU CLINICS, HEALTH SCREENINGS, VIALS OF LIFE, COMMUNITY SENIOR PROGRAM S AND TELEPHONE REASSURANCE CALLS AT THE FOOD BANKS, THE SGH SENIOR RESOURCE CENTER PROVI DED VACCINES NOT ONLY TO SENIORS, BUT ALSO TO PREGNANT WOMEN AND HIGH-RISK COMMUNITY MEMBE RS, MANY OF WHOM WERE UNINSURED OR HAD LIMITED ACCESS TO TRANSPORTATION THROUGHOUT THE YE AR, THE SGH SENIOR RESOURCE CENTER MAINTAINED ACTIVE RELATIONSHIPS WITH ORGANIZATIONS THAT ENHANCE PROFESSIONAL NETWORKI |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | NG IN SDC'S EAST REGION AND PROVIDE QUALITY PROGRAMMING FOR SENIORS ORGANIZATIONS INCLUDE D THE CAREGIVER COALITION OF SAN DIEGO (THE CAREGIVER EDUCATION COMMITTEE), THE AGING AND DISABILITY RESOURCE CONNECTION, ECAN, ECSSP AND MEALS ON WHEELS GREATER SAN DIEGO EAST COU NTY ADVISORY BOARD FY 2017 PLAN SGH SENIOR RESOURCE CENTER WILL DO THE FOLLOWING * PROVI DE RESOURCES AND SUPPORT TO ADDRESS RELEVANT CONCERNS OF COMMUNITY SENIORS AND CAREGIVERS THROUGH IN-PERSON AND PHONE CONSULTATIONS * PROVIDE COMMUNITY HEALTH INFORMATION AND RESOU RCES THROUGH EDUCATIONAL PROGRAMS, MONTHLY BLOOD PRESSURE CLINICS AND AT LEAST FIVE HEALTH SCREENINGS * COLLABORATE WITH SHARP EXPERTS AND COMMUNITY PARTNERS TO PROVIDE APPROXIMATE LY 35 SEMINARS THAT FOCUS ON ISSUES OF CONCERN TO SENIORS * PROVIDE SIX ADDITIONAL COMMUNI TY PRESENTATIONS FOR SENIOR SERVICES AND CAREGIVING * PARTICIPATE IN 20 COMMUNITY HEALTH F AIRS AND EVENTS TARGETING SENIORS * COLLABORATE WITH THE EAST COUNTY YMCA, COUNTY OF SAN D IEGO AIS AND ECAN TO PROVIDE A HEALTHY LIVING CONFERENCE FOR SENIORS * IN COLLABORATION WI TH THE CAREGIVER COALITION OF SAN DIEGO, COORDINATE A CONFERENCE DEDICATED TO FAMILY CAREG IVER ISSUES * IN COLLABORATION WITH SHARP HOSPICECARE, HOST AN AGING CONFERENCE FOR SENIOR S * PROVIDE TELEPHONE REASSURANCE CALLS TO SENIORS AND DISABLED ADULTS IN SDC'S EAST REGIO N * PROVIDE APPROXIMATELY 4,000 VIALS OF LIFE TO SENIOR COMMUNITY MEMBERS * PRODUCE AND DI STRIBUTE QUARTERLY CALENDARS HIGHLIGHTING EVENTS OF INTEREST TO SENIORS AND FAMILY CAREGIV ERS * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE SEASONAL FLU VACCINATIONS TO COM MUNITY MEMBERS FACING BARRIERS TO ACCESSING CARE, INCLUDING HOMELESS PERSONS * MAINTAIN AN D GROW ACTIVE RELATIONSHIPS WITH ORGANIZATIONS THAT SERVE SENIORS IN SDC'S EAST REGION IDE NTIFIED COMMUNITY NEED CANCER EDUCATION AND SUPPORT, AND PARTICIPATION IN CLINICAL TRIALS RATIONALE REFERENCES THE FINDINGS OF THE SGH 2016 CHNA, HASD&IC 2016 CHNA OR THE MOST REC ENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * THE SGH 2016 C HNA IDENTIFIED CANCER AS ONE OF SIX TOP PRIORITY HEALTH ISSUES FOR COMMUNITY MEMBERS SERVE D BY SGH * THE HASD&IC 2016 CHNA CONTINUED TO IDENTIFY VARIOUS TYPES OF CANCER AMONG THE TOP PRIORITY HEALTH CONDITIONS SEEN IN SDC HOSPITALS * SHARP CANCER NAVIGATOR DISCUSSIONS CONDUCTED AS PART OF THE SGH 2016 CHNA PROCESS IDENTIFIED THE FOLLOWING CHIEF CONCERNS FO R CANCER PATIENTS IN SDC (INCLUDING PATIENTS IN THE EAST REGION) CULTURAL DIFFERENCES AND LANGUAGE BARRIERS BETWEEN PATIENT AND PROVIDER, HEALTH LITERACY, FINANCIAL ISSUES, KNOWIN G WHERE TO GO FOR CARE, AVAILABILITY OF RELIABLE TRANSPORTATION, DIFFICULTY WITH END-OF-LI FE CONVERSATIONS, AND LACK OF ADVANCE CARE DIRECTIVES AMONG CANCER PATIENTS * ACCORDING T O DATA PRESENTED IN THE SGH 2016 CHNA, IN 2015, 152 (33 7 PERCENT) OF THE 451 SGH CANCER P ATIENTS WHO RECEIVED THE CANCER PSYCHOSOCIAL DISTRESS SCREENING SCORED AT A RANGE OF MODER ATE TO SEVERE DISTRESS, AND WE |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | RE REFERRED TO INTERNAL OR EXTERNAL RESOURCES SUCH AS SOCIAL WORKERS OR COMMUNITY CANCER R ESOURCES * ACCORDING TO SHARP ONCOLOGY DATA PRESENTED IN THE SGH 2016 CHNA, THE TOP OBSER VED CANCERS AT SGH IN 2015 WERE (IN RANK ORDER) BREAST CANCER, LUNG CANCER, COLORECTAL CA NCER, PROSTATE CANCER, AND HEMATOPOIETIC CANCER * THE CANCER KEY INFORMANT INTERVIEW COND UCTED AS PART OF THE SGH 2016 CHNA PROCESS IDENTIFIED ACCESS TO INSURANCE, ACCESS TO APPRO PRIATE CARE, AND LANGUAGE BARRIERS FOR NON-ENGLISH SPEAKERS AS MAJOR CHALLENGES FACING ONC OLOGY PATIENTS ADDITIONAL ISSUES INCLUDE FINANCIAL, LEGAL, AND SURVIVORSHIP ISSUES, EMOTI ONAL, SEXUAL AND BODY IMAGE ISSUES, LACK OF A SOCIAL NETWORK LEADING TO INCREASED NEED FOR TRANSPORTATION, IN-HOME SUPPORT AND OTHER RESOURCES, AND END-OF-LIFE OR PALLIATIVE CARE I SSUES * THE CANCER KEY INFORMANT INTERVIEW RECOMMENDED THE FOLLOWING STRATEGIES TO ADDRES S BARRIERS OF CARE FOR THOSE WITH CANCER THE PROVISION OF LAY NAVIGATORS, INCLUDING INTEG RATION OF NAVIGATORS INTO THE CARE PROCESS, COMMUNITY COORDINATORS WITH KNOWLEDGE OF HOSPI TAL NEEDS AND COMMUNITY RESOURCES, GREATER HOSPITAL AND COMMUNITY PARTNERSHIPS, RESOURCES TO EDUCATE PROVIDERS ON END-OF-LIFE AND PALLIATIVE CARE ISSUES, PERSONNEL WITHIN THE HEALT H CARE SYSTEM TO IDENTIFY RESOURCES AND ANSWER QUESTIONS, FINANCIAL ASSISTANCE FOR CO-PAYS , PRESCRIPTIONS, CHILD CARE AND OTHER BILLS, AND SURVIVORSHIP CLINICS * AS PART OF THE SG H 2016 CHNA PROCESS, CANCER SUPPORT GROUP PATIENTS PARTICIPATING IN THE HEALTH ACCESS AND NAVIGATION SURVEY SUGGESTED THE FOLLOWING AREAS FOR IMPROVEMENT IN CANCER CARE. MORE TIME WITH DOCTORS, MORE COMPREHENSIVE EDUCATIONAL GROUPS, A NAVIGATOR STAFF MEMBER OR CASE MANA GER FOR ALL ONCOLOGY PATIENTS, NOT JUST NEWLY DIAGNOSED, HELP NAVIGATING HEALTH INSURANCE OPTIONS TO IDENTIFY THE BEST COVERAGE FOR INDIVIDUAL NEEDS, AND TOURS SPECIFICALLY FOR PAT IENTS WHO HAVE A SERIOUS ILLNESS REQUIRING MULTIPLE TREATMENTS * IN 2013, CANCER WAS THE LEADING CAUSE OF DEATH IN SDC'S EAST REGION AND WAS RESPONSIBLE FOR 23 8 PERCENT OF ALL DE ATHS THAT OCCURRED IN THAT YEAR * IN 2013, THERE WERE 907 DEATHS DUE TO CANCER IN SDC'S E AST REGION THE EAST REGION'S AGE-ADJUSTED DEATH RATE DUE TO CANCER WAS 171 2 DEATHS PER 1 00,000 POPULATION, WHICH IS HIGHER THAN THE OVERALL SDC AGE-ADJUSTED RATE DUE TO CANCER OF 155 8 PER 100,000 POPULATION AND HIGHER THAN THE HP2020 TARGET OF 161 4 DEATHS PER 100,00 0 POPULATION |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | * IN 2013, 23 PERCENT OF ALL CANCER DEATHS IN SDC'S EAST REGION WERE DUE TO LUNG CANCER, N INE PERCENT TO COLORECTAL CANCER, SIX PERCENT TO FEMALE BREAST CANCER, FIVE PERCENT TO PRO STATE CANCER, AND ONE PERCENT TO CERVICAL CANCER (LIVEWELL SAN DIEGO, 2013) * IN 2013, TH E AGE-ADJUSTED DEATH RATES FOR COLORECTAL, LUNG, AND CERVICAL CANCER WERE HIGHER IN THE EA ST REGION THAN THE AGE-ADJUSTED DEATH RATES FOR THESE CANCERS IN SDC OVERALL * BY 2018, T OTAL CANCER CASES IN SDC ARE EXPECTED TO GROW BY 11 7 PERCENT (CALIFORNIA CANCER REGISTRY, 2013, TRUVEN HEALTH ANALYTICS MARKET DISCOVERY PLANNING) * ACCORDING TO THE AMERICAN CAN CER SOCIETY (ACS) CANCER STATISTICS CENTER, IN 2016 THERE WILL BE AN ESTIMATED 26,730 NEW CASES OF BREAST CANCER AND 4,400 BREAST CANCER DEATHS FOR FEMALES IN CALIFORNIA * IN 2013 , THE AGE-ADJUSTED MORTALITY RATE OF BREAST CANCER IN THE EAST REGION WAS 19 7 PER 100,000 POPULATION IN SDC OVERALL, THE RATE WAS 20 1 PER 100,000 POPULATION THIS FALLS SLIGHTLY BELOW THE HP2020 TARGET OF 20 7 BREAST CANCER DEATHS PER 100,000 WOMEN * ACCORDING TO TH E CDC, FROM 2009-2013, SDC HAD AN AGE-ADJUSTED BREAST CANCER INCIDENCE RATE OF 128 3 PER 1 00,000 POPULATION THIS IS HIGHER THAN THE INCIDENCE RATES FOR THE SAME PERIOD IN CALIFORN IA OR THE U S (121 4 AND 123 3, RESPECTIVELY) * ACCORDING TO THE 2015 SUSAN G KOMEN FOR THE CURE(R) SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT, IN SDC THERE WERE 46 1 LATE-STA GE CASES OF BREAST CANCER PER 100,000 WOMEN, EXCEEDING THE HP2020 TARGET OF 42 1 CASES PER 100,000 WOMEN IT IS EXPECTED THAT SDC WILL TAKE APPROXIMATELY FIVE YEARS TO MEET THE HP2 020 TARGET * ACCORDING TO THE 2015 SUSAN G KOMEN FOR THE CURE(R) SAN DIEGO AFFILIATE COM MUNITY PROFILE REPORT, BREAST CANCER MORTALITY RATES FOR AFRICAN AMERICAN WOMEN WERE THE H IGHEST IN SDC IN 2013, AT 27 7 DEATHS PER 100,000 THIS EXCEEDED THE MORTALITY RATE FOR CA UCASIAN (23 9), LATINA (17 3), AND ASIAN/PACIFIC ISLANDER (13 2) * THE STUDY FINDINGS FRO M THE 2015 SUSAN G KOMEN FOR THE CURE(R) SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT IND ICATE A CRITICAL NEED FOR CULTURALLY COMPETENT OUTREACH, ESPECIALLY FOR HISPANIC, MIDDLE E ASTERN, AND AFRICAN AMERICAN WOMEN (SUSAN G KOMEN, 2015) * ACCORDING TO THE 2015 SUSAN G KOMEN FOR THE CURE(R) SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT, APPROXIMATELY 81 9 PERCENT OF WOMEN IN SDC BETWEEN THE AGES OF 50 AND 74 REPORTED HAVING A MAMMOGRAM IN THE P AST TWO YEARS, EXCEEDING THE HP2020 TARGET OF 81 1 PERCENT FOR BREAST CANCER SCREENINGS * ACCORDING TO A 2014 REPORT FROM THE ACS, CALIFORNIA CANCER FACTS & FIGURES, SCREENING OFF ERS THE ABILITY FOR SECONDARY PREVENTION BY DETECTING CANCER EARLY REGULAR SCREENING THAT ALLOWS FOR THE EARLY DETECTION AND REMOVAL OF PRECANCEROUS GROWTH IS KNOWN TO REDUCE MORT ALITY FOR CANCERS OF THE CERVIX, COLON, AND RECTUM FIVE-YEAR RELATIVE SURVIVAL RATES FOR COMMON CANCERS ARE 93 TO 100 PERCENT IF THEY ARE DISCOVERED BEFORE HAVING SPREAD BEY OND TH E ORGAN WHERE THE CANCER BEGAN |

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| FORM 990, PART III, LINE 4B (CONTINUED) | * THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) EMPHASIZES THE IMPORTANCE OF PATIENT NAVIGATORS AS PART OF A MULTIDISCIPLINARY ONCOLOGY TEAM WITH THE GOAL OF REDUCING MORTALIT Y AMONG UNDERSERVED PATIENTS SOME OF THE TASKS A PATIENT NAVIGATOR MAY ASSIST WITH INCLUD E PSYCHOSOCIAL SUPPORT, ASSISTANCE WITH TREATMENT DECISIONS, ASSISTANCE WITH INSURANCE IS SUES, ARRANGEMENT OF TRANSPORTATION, COORDINATION OF ADDITIONAL SERVICES (I E , FERTILITY PRESERVATION), AND TRACKING OF INTERVENTIONS AND OUTCOMES THE NAVIGATOR WORKS WITH THE PA TIENT ACROSS THE CARE CONTINUUM, ENSURING COORDINATION AND EFFICIENCY OF CARE, AND REMOVAL OF BARRIERS TO CARE (ASCO, 2016) * ACCORDING TO THE NATIONAL INSTITUTES OF HEALTH (NIH), CLINICAL TRIALS ARE PART OF CLINICAL RESEARCH AND ARE AT THE HEART OF ALL MEDICAL ADVANCE S CLINICAL TRIALS LOOK AT NEW WAYS TO PREVENT, DETECT OR TREAT DISEASE, WITH THE GOAL TO DETERMINE THE SAFETY AND EFFICACY OF A NEW TEST CLINICAL TRIALS ALSO EXAMINE OTHER ASPECT S OF CARE, SUCH AS IMPROVING THE QUALITY OF LIFE FOR PEOPLE WITH CHRONIC ILLNESSES IF CLI NICAL TRIALS ARE TO BE SUCCESSFUL, IT IS CRITICAL THAT MORE PEOPLE ARE INVOLVED OBJECTIVE S * PROVIDE CANCER EDUCATION AND SUPPORT TO PATIENTS AND COMMUNITY MEMBERS * PROVIDE CANCE R RESOURCES AND EDUCATION AT COMMUNITY EVENTS * PROVIDE CANCER PATIENT NAVIGATION AND SUPP ORT SERVICES TO THE COMMUNITY * PARTICIPATE IN CANCER CLINICAL TRIALS, INCLUDING SCREENING AND ENROLLING PATIENTS FY 2016 REPORT OF ACTIVITIES NOTE THE DAVID AND DONNA LONG CENTER FOR CANCER TREATMENT CENTER AT SGH (SGH CANCER CENTER) IS ACCREDITED BY THE NATIONAL ACCR EDITATION PROGRAM FOR BREAST CENTERS (NAPBC) THE NAPBC GRANTS ACCREDITATION ONLY TO THOSE CENTERS THAT VOLUNTARILY COMMIT TO PROVIDING THE BEST POSSIBLE CARE TO PATIENTS WITH DISE ASES OF THE BREAST THE SGH CANCER CENTER IS ALSO ACCREDITED BY THE AMERICAN COLLEGE OF SU RGEONS COMMISSION ON CANCER (COC) AS A COMPREHENSIVE COMMUNITY CANCER CENTER COC ACCREDIT ATION STANDARDS PROMOTE COMPREHENSIVE CANCER SERVICES, INCLUDING CONSULTATION AMONG SURGEO NS, MEDICAL AND RADIATION ONCOLOGISTS, DIAGNOSTIC RADIOLOGISTS, PATHOLOGISTS AND OTHER CAN CER SPECIALISTS, RESULTING IN IMPROVED PATIENT CARE AS PART OF ITS JOURNEY IN COMPREHENSI VE CANCER CARE, THE SGH CANCER CENTER PROVIDES PATIENTS WITH NUTRITIONAL AND GENETIC COUNS ELING THE SGH CANCER CENTER PROVIDED EDUCATION ON CANCER, BREAST SELF-EXAMINATION DEMONST RATIONS, AND RESOURCES FROM THE ACS AND NATIONAL CANCER INSTITUTE (NCI) TO APPROXIMATELY 1 ,300 INDIVIDUALS AT COMMUNITY EVENTS, INCLUDING EAST COUNTY'S14TH ANNUAL SPRING INTO HEALT HY LIVING SENIOR HEALTH AND WELLNESS FAIR, NUTRITION FOR BREAST CANCER EVENT AT THE FIRST UNITED METHODIST CHURCH OF SAN DIEGO, ECSSP'S 17TH ANNUAL SENIOR HEALTH FAIR AT SONRISE CO MMUNITY CHURCH, THE WATERFORD TERRACE RETIREMENT COMMUNITY HEALTH FAIR, SHARP'S ANNUAL WOM EN'S HEALTH CONFERENCE AND THE SGH CANCER AWARENESS EXPO IN ADDITION, SGH CANCER CENTER S TAFF WALKED ALONGSIDE CANCER P |

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| FORM 990, PART III, LINE 4B (CONTINUED) | ATIENTS AND FAMILIES IN THE ACS MAKING STRIDES AGAINST BREAST CANCER WALK IN OCTOBER IN F Y 2016, THE SGH CANCER CENTER COLLABORATED WITH CHALDEAN AND MIDDLE-EASTERN COMMUNITY LEAD ERS IN EL CAJON TO DETERMINE THE MOST COMMON BARRIERS TO OBTAINING BREAST HEALTH CARE AMON G THE MIDDLE-EASTERN COMMUNITY AS WELL AS HOW TO PROVIDE APPROPRIATE, CULTURALLY SENSITIVE EDUCATIONAL MATERIALS AND TRAININGS FOR THIS POPULATION SGH HELPED RAISE COMMUNITY AWARE NESS OF CANCER THROUGH A VARIETY OF MEDIA OUTLETS IN FY 2016 IN RECOGNITION OF BREAST CAN CER AWARENESS MONTH IN OCTOBER, AN SGH-AFFILIATED ONCOLOGIST AND A FORMER CANCER PATIENT J OINED A LIVE NEWS INTERVIEW ON SAN DIEGO CW6 NEWS STATION TO EXPRESS THE IMPORTANCE OF AWA RENESS AND EARLY DETECTION OF BREAST CANCER IN MEN NEWS CONTRIBUTIONS WERE ALSO PROVIDED TO CW6 ON SKIN CANCER PREVENTION AND DETECTION, INCLUDING DETECTING SKIN CANCER UNDER A TA TTOO IN ADDITION, AN SGH-AFFILIATED ONCOLOGIST DISCUSSED BREAST CANCER RISK FACTORS AND T HE IMPORTANCE OF BEING VIGILANT TO DETECT THE DISEASE EARLY, FOR AN ARTICLE IN THE SAN DIE GO UNION-TRIBUNE |

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| FORM 990, PART III, LINE 4B (CONTINUED) | A VARIETY OF FREE SUPPORT GROUPS REACHED APPROXIMATELY 1,200 COMMUNITY MEMBERS IMPACTED BY CANCER OFFERED TWICE PER MONTH, THE BREAST CANCER SUPPORT GROUP ALLOWED WOMEN IN ALL STA GES OF BREAST CANCER - FROM RECENT DIAGNOSIS TO TREATMENT TO CANCER SURVIVOR - TO SHARE EX PERIENCES AND DISCOVER COPING STRATEGIES THE LUNG CANCER SUPPORT GROUP WAS OFFERED MONTHL Y TO MEET THE EDUCATIONAL AND EMOTIONAL NEEDS OF PEOPLE LIVING WITH OR CARING FOR SOMEONE WITH LUNG CANCER THE GROUP, PROVIDED ENCOURAGEMENT AND HOPE IN A SAFE ENVIRONMENT AS WELL AS AN OPPORTUNITY TO EXPLORE IMPORTANT ISSUES THAT ARISE WHEN COPING WITH ANY PHASE OF TR EATMENT THE WEEKLY ART AND CHAT SUPPORT GROUP OFFERED CANCER PATIENTS, SURVIVORS AND THEI R LOVED ONES A COMBINATION OF CHAT AND RELAXING DRAWING METHODS TO INCREASE FOCUS, CREATIV ITY, SELF-CONFIDENCE AND PERSONAL WELL-BEING TWO NEW SUPPORT GROUPS WERE OFFERED BY THE S GH CANCER IN FY 2016, INCLUDING A MONTHLY MAN CAVE SUPPORT GROUP FOR MEN WITH CANCER AS WE LL AS A MONTHLY KNITTING AND CROCHETING SUPPORT GROUP FOR CANCER PATIENTS AND THEIR LOVED ONES TO HELP PROMOTE RELAXATION, INCREASE DEXTERITY AND COGNITIVE SKILLS, AND MANAGE PAIN FURTHERING ITS SUPPORT FOR THOSE WITH CANCER, THE SGH CANCER CENTER CONTINUED TO PROVIDE THE WALL OF HOPE AND INSPIRATION - A SPECIAL ART INSTALLATION CREATED IN 2015 FOR PATIENTS AND VISITORS TO WRITE WORDS OF WISDOM, ADVICE AND ENCOURAGEMENT TO THOSE WITH CANCER THE SGH CANCER CENTER CONTINUED TO HOST EDUCATIONAL CLASSES AT NO COST FOR PATIENTS AND COMMU NITY MEMBERS FACING CANCER THROUGH THE MONTHLY SURVIVORSHIP LUNCH AND LEARN SERIES, COMMU NITY MEMBERS, PATIENTS AND FAMILIES WERE INVITED TO HEAR LOCAL EXPERTS SPEAK ABOUT A UNIQU E CANCER-RELATED TOPIC EACH MONTH, SUCH AS COPING WITH CHEMO BRAIN, SEXUALITY, ADJUSTING T O LIFE AFTER CANCER, STRESS MANAGEMENT, THE ROLE OF GENETICS IN CANCER, AND CLINICAL TRIAL S - AND PARTICIPATE IN A QUESTION-AND-ANSWER SESSION WHILE ENJOYING A COMPLIMENTARY LUNCH THE SERIES REACHED MORE THAN 10 INDIVIDUALS PER SESSION IN FY 2016 THE SGH CANCER CENTER ALSO PROVIDED MEETING SPACE FOR THE ACS' LOOK GOOD FEEL BETTER CLASSES, WHICH TEACH WOM EN TECHNIQUES TO MANAGE THE APPEARANCE-RELATED SIDE EFFECTS OF CANCER TREATMENT (E G , HAI R LOSS, ETC ) AND BOOST SELF-CONFIDENCE. CLASSES INCLUDE A COMPLIMENTARY MAKEUP KIT AND IN STRUCTION FROM A LICENSED BEAUTY PROFESSIONAL ON MAKEUP APPLICATION, SKIN CARE, AND WEARIN G WIGS AND HEADWEAR SIX CLASSES WERE OFFERED AT THE SGH CANCER CENTER IN FY 2016, REACHIN G APPROXIMATELY 36 WOMEN THROUGHOUT THE YEAR, THE SGH CANCER CENTER OFFERED FREE WORKSHOP S FOR PATIENTS AND COMMUNITY MEMBERS THIS INCLUDED FREE MONTHLY ADVANCE CARE PLANNING WOR KSHOPS PROVIDED IN COLLABORATION WITH SHARP'S ACP PROGRAM LED BY A TRAINED ACP FACILITATO R, THE WORKSHOPS PROVIDED MORE THAN 40 COMMUNITY MEMBERS WITH AN OVERVIEW OF THE ACP PROCE SS, BASIC TOOLS TO HELP DEFINE THEIR PERSONAL HEALTH CARE CHOICES, COMMUNICATION TIPS TO B EGIN THE CONVERSATION WITH LOV |

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| FORM 990, PART III, LINE 4B (CONTINUED) | ED ONES, AND GUIDANCE WITH COMPLETING AN ADVANCE HEALTH CARE DIRECTIVE. THE SGH CANCER CEN TER ALSO OFFERED A WORKSHOP FOCUSED ON RELAXATION AND QUIETING THE MIND TO HELP CANCER PAT IENTS AND THEIR LOVED ONES MANAGE THE STRESS, ANXIETY AND DIFFICULT EMOTIONS THAT MAY ACCO MPANY A CANCER DIAGNOSIS NEW IN FY 2016, A MANAGING SLEEP AND FATIGUE WORKSHOP OFFERED PA TIENTS AND THEIR FAMILY MEMBERS STRATEGIES TO HELP RELAX, IMPROVE SLEEP AND MANAGE PERSIST ENT FATIGUE, WHICH IS A COMMON SIDE EFFECT BOTH DURING AND AFTER CANCER TREATMENT ALSO NE W IN FY 2016, A CHEMO BRAIN WORKSHOP- IMPROVING MEMORY AND CONCENTRATION WAS OFFERED TO PA TIENTS EXPERIENCING MEMORY PROBLEMS RELATED TO CHEMOTHERAPY AND OTHER CANCER TREATMENTS T HE WORKSHOP PROVIDED MORE THAN 40 COMMUNITY MEMBERS WITH TIPS AND STRATEGIES TO HELP MANAG E AND IMPROVE MEMORY DURING AND AFTER CANCER TREATMENT TO HELP GUIDE AND SUPPORT PATIENTS AND THEIR FAMILIES BEFORE, DURING AND AFTER THE COURSE OF TREATMENT, THE SGH CANCER CENTE R TEAM OFFERS A LICENSED CLINICAL SOCIAL WORKER (LCSW), A CERTIFIED DIETITIAN, GENETICS CO UNSELORS AND CANCER PATIENT NAVIGATORS FOR BREAST AND VARIOUS OTHER CANCERS THE LCSW OFFE RS PSYCHOSOCIAL SERVICES (ASSESSMENTS, CRISIS INTERVENTION, COUNSELING, BEREAVEMENT, COGNI TIVE BEHAVIORAL THERAPY AND STRESS MANAGEMENT), SUPPORT GROUP LEADERSHIP, AND ADVOCACY AND RESOURCES FOR TRANSPORTATION, PALLIATIVE CARE AND HOSPICE, FOOD AND FINANCIAL ASSISTANCE IN FY 2016 THIS INCLUDED IMPROVING PATIENT AND FAMILY CONNECTIONS TO COMMUNITY SERVICES, SUCH AS THE ACS, SAN DIEGO BRAIN TUMOR FOUNDATION, LEUKEMIA AND LYMPHOMA SOCIETY, LUNG CAN CER ALLIANCE, MAMA'S KITCHEN, 2-1-1 SAN DIEGO (2-1-1), FSD, FOOD BANK AND JEWISH FAMILY SE RVICE OF SAN DIEGO'S BREAST CANCER CASE MANAGEMENT PROGRAM, AS WELL AS OTHER FOOD AND FINA NCIAL ASSISTANCE PROGRAMS THE LCSW SERVED MORE THAN 250 PATIENTS AND FAMILY MEMBERS IN FY 2016, WHILE AN ADDITIONAL 30 COMMUNITY MEMBERS CONTACTED THE LCSW FOR CONSULTATION REGARD ING SUPPORT GROUPS AND OTHER SGH CANCER CENTER SERVICES AND COMMUNITY RESOURCES THE BREAS T HEALTH NAVIGATOR IS AN RN CERTIFIED IN BREAST HEALTH WHO PERSONALLY ASSISTS BREAST CANCE R PATIENTS AND THEIR FAMILIES IN THEIR NAVIGATION OF THE HEALTH CARE SYSTEM THE BREAST HE ALTH NAVIGATOR OFFERS SUPPORT, GUIDANCE, EDUCATION, FINANCIAL ASSISTANCE REFERRALS AND REC OMMENDATIONS TO COMMUNITY RESOURCES THROUGH COLLABORATION WITH COMMUNITY CLINICS - INCLUD ING FHCSD, NEIGHBORHOOD HEALTHCARE AND BORREGO HEALTH - THE BREAST HEALTH NAVIGATOR IDENTI FIES PATIENTS WHO MAY FINANCIALLY BENEFIT FROM THE BREAST AND CERVICAL CANCER TREATMENT PR OGRAM, A PROGRAM OFFERED THROUGH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES THE PR OGRAM PROVIDES URGENTLY NEEDED CANCER TREATMENT COVERAGE FOR UNFUNDED OR UNDERFUNDED LOW-I NCOME PATIENTS, AND LOCAL CLINICS HELP FACILITATE THE ENROLLMENT PROCESS PATIENTS NEEDING PSY CHOSOCIAL SUPPORT ARE REFERRED TO VARIOUS LOCAL OR NATIONAL SUPPORT GROUPS, THE JEWISH FAMILY SERVICE OF SAN DIEGO'S |

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| FORM 990, PART III, LINE 4B (CONTINUED) | BREAST CANCER CASE MANAGEMENT PROGRAM OR THE SGH CANCER CENTER RADIATION ONCOLOGY DEPARTMENT'S LCSW THE BREAST HEALTH NAVIGATOR ALSO PLAYS AN ACTIVE ROLE IN COMMUNITY EDUCATION, PROVIDING PRESENTATIONS AND EDUCATIONAL LITERATURE ABOUT EARLY DETECTION OF BREAST CANCER AND MAMMOGRAPHY GUIDELINES, AT NO CHARGE TO THE COMMUNITY IN FY 2016, THE BREAST HEALTH N AVIGATOR PROVIDED NAVIGATION ASSISTANCE FOR 210 BREAST CANCER PATIENTS IN NEED, INCLUDING MANY WITH LATE-STAGE CANCER DIAGNOSES SINCE 2014, A CANCER PATIENT NAVIGATOR HAS BEEN DES IGNATED FOR PATIENTS WITH CANCERS OTHER THAN BREAST, INCLUDING PATIENTS WITH HEAD AND NECK CANCERS, LUNG CANCER, ANAL AND ESOPHAGEAL CANCERS AS WELL AS ANY CANCER PATIENT WITH COMP LEX CARE NEEDS THE CANCER PATIENT NAVIGATOR SUPPORTS PATIENTS AND THEIR FAMILY MEMBERS TH ROUGH CARE COORDINATION AND CONNECTION TO NEEDED RESOURCES, INCLUDING TRANSPORTATION, TRAN SLATION NEEDS, FINANCIAL ASSISTANCE, SPEECH THERAPY, NUTRITIONAL SUPPORT, FEEDING TUBE SUP PORT, SOCIAL WORK SERVICES AND MORE IN ADDITION, THE CANCER PATIENT NAVIGATOR OFFERS PSYC HOSOCIAL SUPPORT AND EDUCATION ABOUT THE SIDE EFFECTS OF RADIATION THERAPY THE CANCER PAT IENT NAVIGATOR HAS ASSISTED APPROXIMATELY 240 PATIENTS AND THEIR FAMILIES SINCE THE INCEPT ION OF THE PROGRAM |

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| FORM 990, PART III, LINE 4B (CONTINUED) | TWO GENETICS COUNSELORS ASSIST PATIENTS AND FAMILY MEMBERS AT SGH AND SMH THROUGH RISK ASS ESSMENT, COUNSELING, GENETICS TESTING FOR PERSONAL AND FAMILY HISTORY OF CANCER, AND REFER RALS FOR HIGH-RISK PATIENTS FROM JANUARY 2015 TO DECEMBER 2016, THE GENETICS COUNSELORS D EDICATED MORE THAN 3,100 HOURS TO GENETICS COUNSELING, INCLUDING APPROXIMATELY 390 CONSULT ATIONS AND NEARLY 800 REFERRALS DURING THIS TIME PERIOD, THERE WAS A 60 PERCENT INCREASE IN THE NUMBER OF REFERRALS AND A 61 PERCENT INCREASE IN NEW PATIENT CONSULTATIONS THE SGH CANCER CENTER'S CERTIFIED DIETITIAN ASSISTS PATIENTS RECEIVING RADIATION THERAPY OR COMBI NED RADIATION AND CHEMOTHERAPY WHO ARE AT HIGH-RISK FOR MALNUTRITION THIS MOST OFTEN INCL UDES PATIENTS WITH HEAD AND NECK, ESOPHAGEAL, LUNG, PANCREATIC AND PELVIC CANCERS - INCLUD ING SOME CERVICAL AND RECTAL IN FY 2016, THE DIETITIAN PROVIDED ONE-ON-ONE NUTRITION ASSE SSMENTS, EDUCATION AND FOLLOW-UP TO MORE THAN 130 PATIENTS THE SGH CANCER CENTER CONDUCTS ONCOLOGY CLINICAL TRIALS TO SUPPORT THE DISCOVERY OF NEW AND IMPROVED TREATMENTS TO HELP INDIVIDUALS OVERCOME CANCER AND TO ENHANCE SCIENTIFIC KNOWLEDGE FOR THE LARGER HEALTH AND RESEARCH COMMUNITIES IN FY 2016, THE SGH CANCER CENTER SCREENED NEARLY 30 PATIENTS FOR PA RTICIPATION IN ONCOLOGY CLINICAL TRIALS AS A RESULT, 18 PATIENTS WERE ENROLLED IN CANCER RESEARCH STUDIES WHILE MORE THAN 60 PATIENTS CONTINUED TO RECEIVE FOLLOW-UP CARE THROUGH T HE STUDIES IN FY 2016, CLINICAL TRIALS FOCUSED ON MULTIPLE TYPES OF CANCER, INCLUDING BRE AST, LUNG, NEUROLOGICAL, PROSTATE, LYMPHOMAS AND MORE. IN FY 2016, THE SGH CANCER CENTER S UPPORTED LEARNING OPPORTUNITIES FOR COMMUNITY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONA LS THROUGH PARTICIPATION IN A PROFESSIONAL CONFERENCE TITLED ADVANCES AND CONTROVERSIES IN MELANOMA AND OTHER SKIN CANCERS CONFERENCE AT THE RANCHO BERNARDO INN - A FREE, CONFERENC E SPONSORED BY SHC TO PROMOTE STRATEGIES FOR SKIN CANCER PREVENTION AND EARLY CANCER DETEC TION THE SGH CANCER CENTER PROVIDED CANCER RESOURCES TO APPROXIMATELY 90 ATTENDEES AT THE EVENT FY 2017 PLAN THE SGH CANCER CENTER WILL DO THE FOLLOWING * CONTINUE TO PROVIDE CA NCER EDUCATION, RESOURCES AND DEMONSTRATIONS ON BREAST SELF-EXAMS AT COMMUNITY HEALTH FAIR S AND EVENTS * CONTINUE TO PROVIDE A FREE BIWEEKLY BREAST CANCER SUPPORT GROUP FOR WOMEN I N ALL STAGES OF BREAST CANCER * PROVIDE FREE COMMUNITY SUPPORT GROUPS, INCLUDING A GROUP F OR COMMUNITY MEMBERS WITH LUNG CANCER AND THEIR CAREGIVERS, A GROUP FOR MEN WITH CANCER, A ND AN ART-THEMED GROUP * CONTINUE TO HOST A FREE MONTHLY LUNCH AND LEARN EDUCATIONAL SERIE S FOR CANCER PATIENTS, SURVIVORS AND THEIR LOVED ONES * PROVIDE SIX LOOK GOOD FEEL BETTE R CLASSES TO HELP FEMALE CANCER PATIENTS MANAGE APPEARANCE-RELATED SIDE EFFECTS OF CANCER TREATMENT * CONTINUE TO PROVIDE ONGOING PERSONALIZED EDUCATION, INFORMATION, SUPPORT AND G UIDANCE TO CANCER PATIENTS AND THEIR LOVED ONES AS THEY MOVE THROUGH THE CONTINUUM OF CARE * PROVIDE EDUCATION AND RESOU |

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| FORM 990, PART III, LINE 4B (CONTINUED) | RCES TO THE COMMUNITY WITH PATIENT NAVIGATORS FOR BREAST, COLON, BRAIN AND GYNECOLOGIC CAN CERS AS WELL AS CANCER PATIENTS WITH COMPLEX CARE NEEDS * CONTINUE TO CONNECT INDIVIDUALS TO SERVICES AND COMMUNITY RESOURCES TO ASSIST THEM IN MANAGING THEIR ILLNESS * IN COLLABOR ATION WITH THE SHARP ACP PROGRAM, CONTINUE TO PROVIDE AN ADVANCE CARE PLANNING WORKSHOP TO ASSIST PATIENTS AND COMMUNITY MEMBERS WITH CANCER, AND THEIR LOVED ONES, IN COMPLETING AN ADVANCE DIRECTIVE * SCREEN AND ENROLL CANCER PATIENTS IN CLINICAL TRIALS FOR RESEARCH STU DIES * PROVIDE EDUCATIONAL INFORMATION ON CANCERS AND AVAILABLE TREATMENTS THROUGH COMMUNI TY RESIDENTS AND COMMUNITY PHYSICIAN LECTURES * PROVIDE INTERNSHIPS TO NU RADIATION THERAP Y STUDENTS * OFFER A MULTI-SESSION COUPLES COMMUNICATION WORKSHOP ON LEGACY PLANNING INCLU DING CREATING A LIFE STORY AND ETHICAL WILL * OFFER A DAYLONG WORKSHOP ON MEDICAL CANNABIS * PROVIDE SUPPORT GROUPS AND EDUCATION FOR THE CHALDEAN AND MIDDLE-EASTERN COMMUNITIES * PROVIDE A FREE SEMINAR TO EDUCATE COMMUNITY MEMBERS ABOUT LIFESTYLE CHOICES FOR REDUCING B REAST CANCER RISK * CONTINUE TO PARTNER WITH COMMUNITY CLINICS TO SHARE BEST PRACTICES IN THE CARE OF CANCER PATIENTS AND TO HELP PATIENTS ESTABLISH MEDICAL SERVICES IDENTIFIED COM MUNITY NEED WOMEN'S, PRENATAL AND POSTPARTUM HEALTH SERVICES AND EDUCATION RATIONALE REFE RENCES THE FINDINGS OF THE SGH 2016 CHNA, HASD&IC 2016 CHNA OR THE MOST RECENT SDC COMMUNI TY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * THE HASD&IC 2016 CHNA CONTINU ED TO IDENTIFY HIGH-RISK PREGNANCY AS ONE OF THE TOP 15 PRIORITY HEALTH CONDITIONS SEEN IN SDC HOSPITALS * IN 2013, SDC'S EAST REGION HAD 438 LOW BIRTH WEIGHT (LBW) BIRTHS, WHICH WAS 6 8 PERCENT OF TOTAL BIRTHS FOR THE REGION LBW BIRTHS WERE HIGHER AMONG FEMALE INFANT S THAN MALE INFANTS FOR INFANTS OF BLACK MOTHERS, 11 PERCENT OF BIRTHS WERE LBW, WHICH IS THE HIGHEST PERCENTAGE WHEN COMPARED TO MOTHERS OF OTHER RACES AND ETHNICITIES * IN 2013 , 36 INFANTS DIED BEFORE THEIR FIRST BIRTHDAY IN SDC'S EAST REGION THE INFANT MORTALITY R ATE WAS 5 5 INFANT DEATHS PER 1,000 LIVE BIRTHS, WHICH IS HIGHER THAN THE INFANT MORTALITY RATE FOR SDC OVERALL * THERE WERE 673 HOSPITALIZATIONS DUE TO MATERNAL COMPLICATIONS IN SDC'S EAST REGION IN 2013 THE EAST REGION'S AGE-ADJUSTED RATE WAS 301 6 PER 100,000 POPUL ATION, WHICH WAS LOWER THAN THE AGE-ADJUSTED RATE FOR SDC OVERALL (306 7 PER 100,000 POPUL ATION) * IN 2013, THERE WERE 5,217 LIVE BIRTHS WITH EARLY PRENATAL CARE IN SDC'S EAST REG ION, WHICH TRANSLATES TO 81 1 PERCENT OF LIVE BIRTHS FOR THE REGION THIS WAS SLIGHTLY LOW ER THAN THE PERCENTAGE OF LIVE BIRTHS RECEIVING EARLY PRENATAL CARE IN SDC OVERALL (84 8 P ERCENT), AND THE LOWEST COMPARED TO OTHER REGIONS IN SDC * ACCORDING TO HP2020, THE RISK OF MATERNAL AND INFANT MORTALITY AND PREGNANCY-RELATED COMPLICATIONS CAN BE REDUCED BY INC REASING ACCESS TO QUALITY PRECONCEPTION AND INTER-CONCEPTION CARE * A 2015 REPORT FROM TH E CHILDREN'S INITIATIVE TITLED |

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| FORM 990, PART III, LINE 4B (CONTINUED) | SAN DIEGO COUNTY REPORT CARD ON CHILDREN AND FAMILIES IDENTIFIED THE FOLLOWING BARRIERS T O UTILIZATION OF PRENATAL CARE FINANCIAL BARRIERS, SUCH AS A LACK OF HEALTH INSURANCE, TH E CONTEXT OF CARE, SUCH AS BIASED TREATMENT FROM PROVIDERS OR A LACK OF CULTURAL COMPETENC E, AND ISSUES SURROUNDING ACCESS TO CARE, SUCH AS TRANSPORTATION, DIFFICULTY OBTAINING AN APPOINTMENT, OR INCONVENIENT HOURS PERSONAL ATTITUDES AND BEHAVIORS MAY ALSO BE BARRIERS TO OBTAINING PRENATAL CARE * STRATEGIES THAT HAVE BEEN SHOWN TO INCREASE THE USE OF PRENA TAL CARE INCLUDE AFFORDABLE HEALTH COVERAGE, EXPEDITED HEALTH COVERAGE FOR PREGNANT UNINS URED WOMEN, COMPREHENSIVE INSURANCE PACKAGES INCLUDING HEALTH EDUCATION AND RISK COUNSELIN G, ACCESSIBLE AND AFFORDABLE PRENATAL SERVICES, USE OF SAFETY NET PROVIDERS SUCH AS COMMUN ITY CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS, OUTREACH TO ENROLL WOMEN IN HEALTH COV ERAGE AND CONNECT THEM WITH PRENATAL SERVICES, CULTURALLY AND LINGUISTICALLY APPROPRIATE P RENATAL SERVICES, EVIDENCE-BASED HOME VISITING PROGRAMS FOR HIGH-RISK PREGNANT WOMEN, TRAI NED AND CERTIFIED DOULAS AND COMMUNITY HEALTH WORKERS TO PROVIDE HEALTH EDUCATION, COACHIN G AND SUPPORT, EVIDENCE-BASED GROUP CARE APPROACHES TO REDUCE COSTS AND ENHANCE THE CONTEN T OF CARE, AND TRANSPORTATION ASSISTANCE SUCH AS VOUCHERS FOR TAXIS OR PUBLIC TRANSIT (CHI LDREN'S INITIATIVE, 2015) * ACCORDING TO THE 2015 SAN DIEGO COUNTY REPORT CARD ON CHILDRE N AND FAMILIES, BREASTFEEDING ENHANCES IMMUNITY TO DISEASE AND DECREASES THE RATE AND SEVE RITY OF INFECTIONS IN CHILDREN, AND IS ASSOCIATED WITH IMPROVED DEVELOPMENT AND DECREASED RISK OF CHILDHOOD OBESITY MOTHERS WHO BREASTFEED MAY HAVE A REDUCED RISK OF BREAST, OVARI AN, AND UTERINE CANCERS, QUICKER RECOVERY TIME POSTPARTUM, AND LESS WORK MISSED DUE TO CHI LD ILLNESS (CHILDREN'S INITIATIVE, 2015) * IN CALIFORNIA, SDC IS RANKED 20TH OUT OF 50 CO UNTIES FOR EXCLUSIVE BREASTFEEDING (CALIFORNIA WIC ASSOCIATION AND UNIVERSITY OF CALIFORNI A, DAVIS (UC DAVIS) HUMAN LACTATION CENTER, A POLICY UPDATE ON CALIFORNIA BREASTFEEDING AN D HOSPITAL PERFORMANCE, 2016) |

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| FORM 990, PART III, LINE 4B (CONTINUED) | * ACCORDING TO THE CDC'S 2016 BREASTFEEDING REPORT CARD, 58 5 PERCENT OF MOTHERS IN CALIFO RNIA WERE BREASTFEEDING AT SIX MONTHS, WHILE ONLY 24 8 PERCENT WERE EXCLUSIVELY BREASTFEED ING AT SIX MONTHS (CDC, 2016) * ACCORDING TO THE CDC'S 2016 BREASTFEEDING REPORT CARD, BR EASTFEEDING PROVIDES MANY KNOWN BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS THE EARLY POS TPARTUM PERIOD IS A CRITICAL TIME FOR ESTABLISHING AND SUPPORTING BREASTFEEDING, AND WOMEN MAY NEED SUPPORT FROM HEALTH CARE PROVIDERS, FAMILY MEMBERS AND EMPLOYERS * DATA SHOW TH AT MOTHERS WHO EXPERIENCE MORE SUPPORTIVE PRACTICES (SUCH AS EARLY BREASTFEEDING INITIATIO N AND LIMITED SUPPLEMENTATION) ARE MORE LIKELY TO BREASTFEED EXCLUSIVELY IN THE HOSPITAL A ND BEYOND IN CALIFORNIA, 94 PERCENT OF MOTHERS BEGIN BREASTFEEDING IN THE HOSPITAL, BUT 2 7 PERCENT ALSO FEED THEIR INFANTS FORMULA DURING THEIR STAY IN-HOSPITAL LACTATION SUPPORT IS CRUCIAL TO MOTHERS' BREASTFEEDING SUCCESS FOLLOWING DISCHARGE (CALIFORNIA WIC ASSOCIAT ION AND UC DAVIS HUMAN LACTATION CENTER, A POLICY UPDATE ON CALIFORNIA BREASTFEEDING AND H OSPITAL PERFORMANCE, 2016) * THE AMERICAN ACADEMY OF PEDIATRICS (AAP) RECOMMENDS THAT BAB IES BE EXCLUSIVELY BREASTFED FOR APPROXIMATELY THE FIRST SIX MONTHS OF LIFE, FOLLOWED BY C ONTINUED BREASTFEEDING WITH COMPLEMENTARY FOODS FOR ONE YEAR OR LONGER (AAP, 2012) * ACCO RDING TO 2015 CHIS DATA, 36 PERCENT OF WOMEN AGES 18 TO 65 YEARS IN SDC'S EAST REGION WERE OBESE (BODY MASS INDEX (BMI) > 30), WHICH IS HIGHER THAN SDC OVERALL (22 3 PERCENT) * AC CORDING TO THE CALIFORNIA HEALTH CARE ALMANAC, BEING OVERWEIGHT INCREASES THE RISK OF COMP LICATIONS DURING PREGNANCY IN 2014, ABOUT ONE IN FOUR CALIFORNIA MOTHERS WAS OBESE OR MOR BIDLY OBESE PRIOR TO PREGNANCY, AND AN ADDITIONAL ONE IN FOUR WAS OVERWEIGHT (CALIFORNIA H EALTH CARE FOUNDATION (CHCF), 2016) * ACCORDING TO A STUDY IN THE JAMA, ONE IN SEVEN WOME N HAVE DEPRESSION IN THE YEAR AFTER THEY GIVE BIRTH (JAMA, 2013) * ACCORDING TO THE CDC, MATERNAL HEALTH CONDITIONS THAT ARE NOT ADDRESSED BEFORE PREGNANCY CAN LEAD TO COMPLICATIO NS FOR THE MOTHER AND THE INFANT SEVERAL HEALTH-RELATED FACTORS KNOWN TO CAUSE ADVERSE PR EGNANCY OUTCOMES INCLUDE UNCONTROLLED DIABETES AROUND THE TIME OF CONCEPTION, MATERNAL OBE SITY, MATERNAL SMOKING DURING PREGNANCY AND MATERNAL DEFICIENCY OF FOLIC ACID (CDC, 2015) * CONTRIBUTING FACTORS ASSOCIATED WITH PRETERM BIRTH INCLUDE MATERNAL AGE, RACE, SOCIOECO NOMIC STATUS, TOBACCO AND ALCOHOL USE, SUBSTANCE ABUSE, STRESS, HIGH BLOOD PRESSURE, PRIOR PRE-TERM BIRTHS, CARRYING MORE THAN ONE BABY, INFECTION AND LATE PRENATAL CARE (CDC, 2015 ) OBJECTIVES * CONDUCT OUTREACH AND EDUCATION ACTIVITIES FOR WOMEN ON A VARIETY OF HEALTH TOPICS, INCLUDING PRENATAL CARE AND PARENTING SKILLS * DEMONSTRATE BEST PRACTICES IN BREA STFEEDING AND MATERNITY CARE, AND PROVIDE EDUCATION AND SUPPORT TO NEW MOTHERS ON THE IMPO RTANCE OF BREASTFEEDING * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO HELP RAISE AWARENESS OF WOMEN'S HEALTH ISSUES AND |

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| FORM 990, PART III, LINE 4B (CONTINUED) | SERVICES, AS WELL AS TO PROVIDE LOW-INCOME AND UNDERSERVED WOMEN IN THE SAN DIEGO COMMUNIT Y WITH CRITICAL PRENATAL SERVICES * PARTICIPATE IN PROFESSIONAL ASSOCIATIONS RELATED TO WO MEN'S SERVICES AND PRENATAL HEALTH AND DISSEMINATE RESEARCH FY 2016 REPORT OF ACTIVITIES I N FY 2016, THE SGH WOMEN'S HEALTH CENTER PROVIDED EDUCATION, OUTREACH AND SUPPORT TO HELP MEET THE UNIQUE NEEDS OF WOMEN, MOTHERS AND NEWBORNS THROUGHOUT THE COMMUNITY FREE SUPPOR T GROUPS ASSISTED WOMEN AND FAMILIES WITH THE CHALLENGES AND ADAPTATIONS OF HAVING A NEWBO RN OFFERED TWICE PER WEEK, THE BREASTFEEDING SUPPORT GROUP PROVIDED A COMFORTABLE ENVIRON MENT TO DISCUSS THE JOYS AND CHALLENGES OF BREASTFEEDING AS WELL AS TIPS TO IMPROVE BREAST FEEDING SUCCESS AT HOME FACILITATED BY RN LACTATION CONSULTANTS, THE GROUP SERVED MORE TH AN 15 ATTENDEES PER SESSION IN FY 2016, INCLUDING FATHERS WHO WERE WELCOME TO ATTEND A WE EKLY POSTPARTUM SUPPORT GROUP, LED BY THE SGH WOMEN'S HEALTH CENTER'S SOCIAL WORKERS, SUPP ORTED APPROXIMATELY 10 MOTHERS PER SESSION IN FY 2016 THROUGH THE SUPPORT GROUP, MOTHERS WITH BABIES UP TO 12 MONTHS OF AGE WHO ARE SUFFERING FROM "BABY BLUES" SYMPTOMS, DEPRESSIO N AND/OR ANXIETY CAN SHARE THEIR EXPERIENCES, LEARN COPING STRATEGIES AND RECEIVE PROFESSI ONAL REFERRALS IN ADDITION, THE WEEKLY LITTLE WONDERS SUPPORT GROUP HELPED NEW PARENTS TR ANSITION INTO THEIR ROLE AS A MOTHER OR FATHER LED BY A PERINATAL EDUCATOR, THE GROUP REA CHED MORE THAN FIVE PARENTS PER SESSION, AND COVERED TOPICS SUCH AS CALMING TECHNIQUES AND SLEEP STRATEGIES TO HELP ENHANCE KNOWLEDGE AND CONFIDENCE IN NEW PARENTS EDUCATIONAL CLA SSES COVERED A VARIETY OF PARENTING AND NEWBORN CARE TOPICS THROUGH THE BREASTFEEDING CLA SS, MOMS-TO-BE LEARNED BASIC BREASTFEEDING TIPS, INCLUDING UNDERSTANDING THE ADVANTAGES OF BREASTFEEDING, POSITIONING AND THE USE OF BREAST PUMPS DESIGNED FOR FIRST-TIME PARENTS, THE BABY CARE BASICS CLASS PROVIDED EDUCATION ON INFANT CARE, INCLUDING CAR-SEAT SAFETY, I NFANT NUTRITION AND BATHING, AS WELL AS HANDS-ON PRACTICE WITH DIAPERING, DRESSING AND SWA DDLING OTHER OFFERINGS BY THE SGH WOMEN'S HEALTH CENTER IN FY 2016 INCLUDED CLASSES ON CA ESAREAN DELIVERY PREPARATION, CHILDBIRTH PREPARATION, INFANT AND CHILD CPR, AND PREPARING NEW BROTHERS, SISTERS AND GRANDPARENTS THE SGH WOMEN'S HEALTH CENTER ALSO SUPPORTED THE C OMMUNITY THROUGH PARTICIPATION IN COMMUNITY EVENTS AT THE SAN DIEGO EAST COUNTY CHAMBER O F COMMERCE'S HEALTH FAIR SATURDAY AT GROSSMONT CENTER IN JUNE, THE TEAM PROVIDED EDUCATION AND RESOURCES ON WOMEN'S HEALTH AND PRENATAL CARE AT THE SHARP WOMEN'S HEALTH CONFERENCE , THE SGH WOMEN'S HEALTH CENTER PROVIDED PRENATAL AND WOMEN'S HEALTH INFORMATION TO ATTEND EES FURTHER, SINCE 2012, SGH HAS HOSTED AN ANNUAL NEONATAL INTENSIVE CARE UNIT (NICU) REU NION EVENT TO OFFER A UNIQUE EXPERIENCE FOR PATIENTS AND FAMILIES WHOSE BABIES HAVE SPENT TIME IN THE NICU, AND CELEBRATE THEIR CARE LONG AFTER THEY LEAVE THE HOSPITAL THE EVENT I NCLUDED A VARIETY OF ACTIVITIE |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | S, SUCH AS FACE PAINTING, A PHOTO BOOTH (INCLUDING FRAMED PICTURES FOR THE FAMILIES), GAME S, AND ARTS AND CRAFTS IN FY 2016, THE REUNION REACHED MORE THAN 150 FORMER NICU PATIENTS AND THEIR FAMILIES SGH IS CURRENTLY WORKING TOWARDS A BABY-FRIENDLY USA DESIGNATION THRO UGH THE BABY-FRIENDLY HOSPITAL INITIATIVE (BFHI) ESTABLISHED IN 1991 BY THE UNITED NATION S CHILDREN'S FUND (UNICEF) AND THE WORLD HEALTH ORGANIZATION (WHO), THE BFHI RECOGNIZES HO SPITALS AND BIRTHING CENTERS THAT OFFER HIGH-QUALITY, EVIDENCE-BASED BREASTFEEDING PRACTIC ES THE BFHI HAS BEEN IMPLEMENTED IN MORE THAN 170 COUNTRIES, RESULTING IN THE DESIGNATION OF MORE THAN 20,000 BIRTHING FACILITIES SGH HAS COMPLETED REQUIREMENTS FOR BABY-FRIENDLY USA DESIGNATION, INCLUDING TRAINING HEALTH CARE STAFF TO PROPERLY IMPLEMENT A BREASTFEEDI NG POLICY, PROVIDING EDUCATION TO PREGNANT WOMEN ON THE BENEFITS OF BREASTFEEDING, DEMONST RATING HOW TO BREASTFEED AND MAINTAIN LACTATION TO NEW MOTHERS, ENCOURAGING BREASTFEEDING ON DEMAND, ALLOWING MOTHERS AND INFANTS TO REMAIN TOGETHER 24 HOURS A DAY, AND ESTABLISHIN G BREASTFEEDING SUPPORT GROUPS AND REFERRING MOTHERS TO THESE RESOURCES FOLLOWING DISCHARG E FROM THE HOSPITAL OR CLINIC THE SGH WOMEN'S HEALTH CENTER HAS IMPLEMENTED SEVERAL CRITI CAL PROCESS IMPROVEMENTS TO INCREASE BREASTFEEDING RATES AMONG NEW MOTHERS AND CONTINUES T O EXPLORE AND PARTICIPATE IN OPPORTUNITIES TO SHARE THESE BEST PRACTICES WITH THE BROADER HEALTH CARE COMMUNITY THIS BEGAN IN 2012 WITH IMPLEMENTATION OF THE 10 STEPS TO SUCCESSFU L BREASTFEEDING, AND CONTINUED THROUGH VARIOUS OTHER QUALITY STRATEGIES TO PROMOTE EXCLUSI VE BREASTFEEDING AND EXCLUSIVE BREAST MILK IN THE NICU IN ADDITION, EDUCATIONAL RESOURCES PROVIDED AT COMMUNITY CLINICS AND IN THE HOSPITAL'S CHILDBIRTH EDUCATION CLASSES HAVE BEE N UPDATED TO REFLECT BEST PRACTICES IN BREASTFEEDING FOR MOTHERS AND THEIR FAMILIES NICU NURSES ALSO CONTINUED TO ENCOURAGE MOTHERS TO USE A PUMP LOG TO DOCUMENT AND INCREASE ACCO UNTABILITY OF THEIR 24-HOUR BREAST MILK VOLUMES EARLY INTERVENTION STRATEGIES WERE INCORP ORATED TO PROMOTE THE ESTABLISHMENT OF BREAST MILK IN THE FIRST COUPLE OF WEEKS THE SGH W OMEN'S HEALTH CENTER ALSO CONTINUED TO TRACK MOTHERS OF PREMATURE INFANTS 28 TO 34 WEEKS W HO ESTABLISHED BREAST MILK SUPPLY AT TWO WEEKS AS A RESULT OF THESE COMPREHENSIVE EFFORTS , THE SGH WOMEN'S HEALTH CENTER INCREASED THE EXCLUSIVE BREASTFEEDING RATE AT DISCHARGE FO R NEWBORNS FROM 49 PERCENT IN 2011 TO 68 9 PERCENT IN 2016 |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | STAFF CONTRIBUTED THEIR EXPERTISE IN BREASTFEEDING MEASUREMENT TO A REPORT DEVELOPED BY UC SAN DIEGO'S LACTATION SUPPORTIVE ENVIRONMENTS INITIATIVE TITLED BREASTFEEDING MEASUREMENT IN THE OUTPATIENT ELECTRONIC HEALTH RECORD CURRENT PRACTICES AND FUTURE POSSIBILITIES T HE REPORT BECAME AVAILABLE FOR DISTRIBUTION IN APRIL 2016 IN ADDITION, IN 2015, THE SGH P RENATAL CLINIC JOINED THE BREASTFEEDING-FRIENDLY COMMUNITY HEALTH CENTERS PROJECT (BFCHC) - AN INITIATIVE OF SDC'S LIVE WELL SAN DIEGO AND FUNDED THROUGH A GRANT FROM THE FIRST 5 C OMMISSION OF SAN DIEGO THROUGH THE BFCHC COLLABORATION, THE SGH PRENATAL CLINIC WAS SELEC TED OUT OF SIX PARTICIPATING CLINICS AS THE PILOT CLINIC TO HELP ESTABLISH BABY-FRIENDLY U SA GUIDELINES AROUND BREASTFEEDING DURING THE PRENATAL PERIOD AND AFTER DISCHARGE, AND SUP PORT OTHER PRENATAL CLINICS IN ACHIEVING BABY-FRIENDLY USA STANDARDS THOUGH THE PILOT PRO GRAM ENDED IN 2016, SGH CONTINUES ITS COLLABORATION IN THE BFCHC TO ENSURE SUSTAINABILITY OF THE MODEL SGH DELIVERS MORE THAN 800 BABIES FROM COMMUNITY CLINICS EACH YEAR THE SGH PRENATAL CLINIC OFFERS A VARIETY OF PRENATAL SUPPORT FOR HIGH-RISK AND UNDERSERVED WOMEN I N SDC THROUGHOUT FY 2016, SGH PRENATAL CLINIC MIDWIVES PROVIDED IN-KIND HELP AT NEIGHBORH OOD HEALTH CENTERS IN EL CAJON TO SUPPORT THE UNDERSERVED POPULATION IN SDC'S EAST REGION THIS INCLUDED APPROXIMATELY 1,570 HOURS OF CARE FOR PREGNANT WOMEN FIVE DAYS PER WEEK TH E SGH PRENATAL CLINIC ALSO CONTINUED TO PARTICIPATE IN THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) COMPREHENSIVE PERINATAL SERVICES PROGRAM TO OFFER COMPREHENSIVE PRENATAL CL INICAL AND SOCIAL SERVICES TO LOW-INCOME, LOW-LITERACY WOMEN WITH MEDI-CAL BENEFITS SERVI CES INCLUDED HEALTH EDUCATION, NUTRITIONAL GUIDANCE, AND PSY CHOLOGICAL AND SOCIAL ISSUE SU PPORT AS WELL AS TRANSLATION SERVICES FOR NON-ENGLISH-SPEAKING WOMEN NUTRITION CLASSES WE RE OFFERED AS PART OF THIS EFFORT IN ORDER TO REDUCE THE NUMBER OF WOMEN WHO REACH GESTATI ONAL DIABETIC CRITERIA WOMEN WITH A CURRENT DIABETES DIAGNOSIS WERE REFERRED TO THE SGH D IABETES EDUCATION PROGRAM, WHILE THOSE WITH NUTRITION ISSUES WERE REFERRED TO AN SGH RD OR THE SGH DIABETES EDUCATION PROGRAM AS APPROPRIATE AT-RISK WOMEN WITH ELEVATED BMIS RECEI VED EDUCATION AND GLUCOMETERS IN ORDER TO MEASURE THEIR BLOOD SUGAR AND PREVENT THE DEVELO PMENT OF GESTATIONAL DIABETES IN ADDITION, EDUCATION ON GESTATIONAL DIABETES WAS PROVIDED TO PREGNANT MEMBERS OF THE COMMUNITY THE SGH WOMEN'S HEALTH CENTER CONTINUED ITS PARTNER SHIP WITH VISTA HILL PARENTCARE TO ASSIST DRUG-ADDICTED PATIENTS WITH PSY CHOLOGICAL AND SO CIAL ISSUES DURING PREGNANCY THESE APPROACHES HAVE BEEN SHOWN TO REDUCE BOTH LBW RATES AN D HEALTH CARE COSTS IN WOMEN AND INFANTS THE SGH WOMEN'S HEALTH CENTER ALSO PROVIDED WOME N WITH REFERRALS TO A VARIETY OF COMMUNITY RESOURCES, INCLUDING, BUT NOT LIMITED TO, CALIF ORNIA TERATOGEN INFORMATION SERVICE (CTIS), WIC, AND THE SDC PUBLIC HEALTH NURSE IN FY 20 16, THE SGH WOMEN'S HEALTH CEN |

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| FORM 990, PART III, LINE 4B (CONTINUED) | TER PARTICIPATED IN AND PARTNERED WITH SEVERAL COMMUNITY ORGANIZATIONS AND ADVISORY BOARDS FOR MATERNAL AND CHILD HEALTH, INCLUDING THE LOCAL CHAPTER OF THE ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC AND NEONATAL NURSES (AWHONN), WIC, CTIS, PARTNERSHIP FOR SMOKE-FREE FAMI LIES, SAN DIEGO COUNTY BREASTFEEDING COALITION ADVISORY BOARD, THE BEACON COUNCIL'S PATIEN T SAFETY COLLABORATIVE, ACNL, THE REGIONAL PERINATAL CARE NETWORK, PERINATAL SAFETY COLLAB ORATIVE, AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES - CLINICAL SCENE INVESTIGATOR ACADEM Y, AND THE PUBLIC HEALTH NURSE ADVISORY BOARD THE SGH WOMEN'S HEALTH CENTER ALSO RECENTLY JOINED THE CALIFORNIA MATERNAL QUALITY CARE COLLABORATIVE TO IMPROVE MORBIDITY AND MORTAL ITY IN WOMEN AS WELL AS THE CALIFORNIA PERINATAL QUALITY CARE COLLABORATIVE TO IMPROVE ANT IBIOTIC STEWARDSHIP IN THE NICU FY 2017 PLAN SGH WILL DO THE FOLLOWING * PROVIDE FREE BR EASTFEEDING, POSTPARTUM AND NEW PARENT SUPPORT GROUPS * PROVIDE PARENTING EDUCATION CLASSE S * PARTICIPATE IN WELLNESS EVENTS FOR WOMEN WITH A FOCUS ON LIFESTYLE TIPS TO ENHANCE OVE RALL HEALTH * SHARE EVIDENCE-BASED MATERNITY CARE PRACTICES THROUGH PRESENTATIONS AT PROFE SSIONAL CONFERENCES * CONTINUE TO IMPLEMENT EVIDENCE-BASED MATERNITY CARE PRACTICES REQUIR ED TO ACHIEVE BABY-FRIENDLY USA DESIGNATION * PROVIDE PRENATAL CLINICAL AND SOCIAL SERVICE S AS WELL AS EDUCATION TO VULNERABLE, COMMUNITY CLINIC PATIENTS THROUGH THE SGH PRENATAL C LINIC * PROVIDE A NICU GRADUATE REUNION FOR FORMER NICU PATIENTS AND THEIR FAMILY MEMBERS IDENTIFIED COMMUNITY NEED HEALTH EDUCATION AND WELLNESS RATIONALE REFERENCES THE FINDINGS OF THE SGH 2016 CHNA, HASD&IC 2016 CHNA OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTIC S UNLESS OTHERWISE INDICATED RATIONALE * THE SGH 2016 CHNA IDENTIFIED CARDIOVASCULAR DISE ASE, TYPE 2 DIABETES, CANCER AND OBESITY AMONG SIX PRIORITY HEALTH ISSUES AFFECTING MEMBER S OF THE COMMUNITIES SERVED BY SGH * THE HASD&IC 2016 CHNA PROCESS CONTINUED TO IDENTIFY THE FOLLOWING AMONG THE TOP PRIORITY HEALTH CONDITIONS IN SDC HOSPITALS DIABETES, OBESITY , CARDIOVASCULAR DISEASE AND STROKE, MENTAL HEALTH AND MENTAL DISORDERS, UNINTENTIONAL INJ URY, HIGH-RISK PREGNANCY, ASTHMA, CANCER, BACK PAIN, INFECTIOUS DISEASE AND RESPIRATORY DI SEASES * THE HASD&IC AND SGH 2016 CHNA COMMUNITY ENGAGEMENT ACTIVITIES EMPHASIZED 10 SOCI AL DETERMINANTS OF HEALTH (SDOH) AS HAVING A SERIOUS IMPACT ON THE FOUR PRIORITY HEALTH IS SUES IN SDC (CARDIOVASCULAR DISEASE, TYPE 2 DIABETES, BEHAVIORAL HEALTH AND OBESITY) THES E 10 SOCIAL DETERMINANTS ARE FOOD INSECURITY AND ACCESS TO HEALTHY FOOD, ACCESS TO CARE O R SERVICES, HOMELESS/HOUSING ISSUES, PHYSICAL ACTIVITY, EDUCATION/KNOWLEDGE, CULTURAL COMP ETENCY, TRANSPORTATION, INSURANCE ISSUES, STIGMA, AND POVERTY * KEY INFORMANT INTERVIEWS CONDUCTED AS PART OF THE HASD&IC 2016 CHNA SUGGESTED SEVERAL HEALTH IMPROVEMENT STRATEGIES TO ADDRESS THE FOUR PRIORITY HEALTH ISSUES IDENTIFIED FOR SDC THESE STRATEGIES INCLUDE BEHAVIORAL HEALTH PREVENTION A |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | ND STIGMA REDUCTION, EDUCATION ON DISEASE MANAGEMENT AND FOOD INSECURITY, INTEGRATING PHYS ICAL AND MENTAL HEALTH CARE, BETTER COORDINATION OF CARE, GREATER CULTURAL COMPETENCE AND DIVERSITY, AND ENGAGEMENT OF PATIENT NAVIGATORS AND CASE MANAGERS IN THE COMMUNITY * DATA ANALYSIS IN THE 2016 CHNAS REVEALED A HIGHER RATE OF HOSPITAL DISCHARGES DUE TO CARDIOVAS CULAR DISEASE AND TYPE 2 DIABETES IN MORE VULNERABLE COMMUNITIES WITHIN SDC'S EAST REGION (EL CAJON, ETC ) (DIGNITY HEALTH, SANGIS, OSHPD & SPEEDTRACK INC , 2015) * ACCORDING TO D ATA PRESENTED IN THE SGH 2016 CHNA, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CARDIOVASCULAR DISEASE AND STROKE ACCORDING TO THE CD C, ABOUT HALF OF AMERICANS (49 PERCENT) HAVE AT LEAST ONE OF THESE THREE RISK FACTORS ADD ITIONAL RISK FACTORS INCLUDE ALCOHOL USE, OBESITY, DIABETES AND GENETIC FACTORS * THE HHS A'S LIVEWELL SAN DIEGO 3-4-50 INITIATIVE IDENTIFIED THREE BEHAVIORS (POOR DIET, PHYSICAL I NACTIVITY, AND TOBACCO USE) CONTRIBUTING TO FOUR CHRONIC CONDITIONS (CANCER, HEART DISEASE /STROKE, TYPE 2 DIABETES, AND PULMONARY DISEASES), WHICH RESULT IN MORE THAN 50 PERCENT OF DEATHS WORLDWIDE IN 2013, 55 PERCENT OF ALL DEATHS IN SDC'S EAST REGION WERE ATTRIBUTED TO 3-4-50 CONDITIONS, EQUAL TO THE RATE FOR SDC OVERALL * ACCORDING TO 2015 DATA FROM THE CHIS, THE SELF-REPORTED OBESITY RATE FOR ADULTS AGES 18 AND OLDER IN SDC'S EAST REGION WA S 28 4 PERCENT, WHICH IS LOWER THAN THE RATE FOR SDC OVERALL OF 23 5 PERCENT * IN 2015, 1 3 9 PERCENT OF ADULTS AGES 18 AND OLDER IN SDC'S EAST REGION SELF-REPORTED EATING AT FAST- FOOD RESTAURANTS FOUR OR MORE TIMES EACH WEEK, WHICH IS HIGHER THAN THE RATE FOR SDC OVERA LL OF 12 3 PERCENT (CHIS, 2015) * OBESITY INCREASES THE RISK OF MANY HEALTH CONDITIONS, I NCLUDING CORONARY HEART DISEASE, STROKE, TYPE 2 DIABETES, AND VARIOUS CANCERS OBESITY IS ALSO LINKED TO ENVIRONMENTAL FACTORS, SUCH AS ACCESSIBILITY AND AFFORDABILITY OF FRESH FO ODS, PARK AVAILABILITY, SOCIAL COHESION AND NEIGHBORHOOD SAFETY (UCLA CENTER FOR HEALTH PO LICY RESEARCH, 2015) |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | * ACCORDING TO THE CDC, SOME OF THE LEADING CAUSES OF PREVENTABLE DEATH INCLUDE OBESITY-RE LATED CONDITIONS, SUCH AS HEART DISEASE, STROKE, TYPE 2 DIABETES, AND CERTAIN TYPES OF CAN CER BETWEEN 2011 AND 2014, 36 5 PERCENT OF AMERICANS WERE OBESE (CDC, 2015) * SOME OF TH E RISK FACTORS FOR DEVELOPING OSTEOPOROSIS INCLUDE BODY SIZE, FAMILY HISTORY, AGE, SEX HOR MONE DEFICIENCIES, DIET LOW IN CALCIUM AND VITAMIN D, CERTAIN MEDICATIONS, PHYSICAL INACTI VITY, SMOKING AND EXCESSIVE ALCOHOL USE (NIH, 2014) * ACCORDING TO THE CDC, MORE THAN 95 PERCENT OF HIP FRACTURES ARE CAUSED BY A FALL THREE-QUARTERS OF ALL FALLS ARE EXPERIENCED BY WOMEN, WHO ARE MORE LIKELY TO HAVE OSTEOPOROSIS, WHICH CAUSES WEAKENED BONES THAT ARE MORE LIKELY TO BREAK (CDC, 2016) OBJECTIVES * PROVIDE A VARIETY OF HEALTH AND WELLNESS ED UCATION AND SERVICES AT EVENTS AND SITES THROUGHOUT THE COMMUNITY * OFFER HEALTH AND WELLN ESS EDUCATION TO THE COMMUNITY THROUGH VARIOUS MEDIA OUTLETS FY 2016 REPORT OF ACTIVITIES THROUGHOUT FY 2016, SGH PARTICIPATED IN COMMUNITY EVENTS, OFFERED PRESENTATIONS AT NEIGHBO RHOOD SITES, AND PARTNERED WITH LOCAL MEDIA SOURCES TO EDUCATE COMMUNITY MEMBERS ABOUT A V ARIETY OF HEALTH AND WELLNESS TOPICS IN MAY, STAFF FROM A RANGE OF HOSPITAL DEPARTMENTS P ARTICIPATED IN SHARP'S ANNUAL WOMEN'S HEALTH CONFERENCE, WHERE THEY OFFERED WELLNESS EDUCA TION AND SERVICES TO APPROXIMATELY 1,000 ATTENDEES THIS INCLUDED NUTRITION EDUCATION, HEA LTHY FOOD SAMPLES, AND A PRESENTATION ON INTUITIVE EATING FROM AN SGH RD AT THE CONFERENC E, SGH ALSO PROVIDED MORE THAN 300 COMMUNITY MEMBERS WITH OSTEOPOROSIS HEEL SCREENINGS, ED UCATION ON CALCIUM AND VITAMIN D REQUIREMENTS, AND EXERCISE TIPS FOR OSTEOPOROSIS TREATMEN T AND PREVENTION IN FY 2016, SGH RD'S PROVIDED MORE THAN 520 COMMUNITY MEMBERS WITH NUTRI TION HANDOUTS AND HEALTHY FOOD SAMPLES, AS WELL AS ANSWERED NUTRITION-RELATED QUESTIONS AT A HEALTH FAIR AT SEMPRA/SDG&E AND SGH'S HEART HEALTH EXPO IN ADDITION, IN JANUARY, AN SG H RD PRESENTED ON EATING WELL IN THE NEW Y EAR TO APPROXIMATELY 60 COMMUNITY MEMBERS AT THE SGH AND SMH SENIOR RESOURCE CENTERS SGH HELPED INCREASE AWARENESS ABOUT CURRENT NEWS AND TRENDS IMPACTING THE HEALTH AND SAFETY OF COMMUNITY MEMBERS THROUGH TELEVISION INTERVIEWS ON KUSI NEWS, KPBS AND CW6 AS WELL AS THROUGH VARIOUS RADIO STATIONS AND PRINTED ARTICLES IN THE SAN DIEGO UNION-TRIBUNE, THE EAST COUNTY CALIFORNIAN AND EAST COUNTY GAZETTE. INFO RMATION WAS SHARED THROUGH THESE OUTLETS BY A BEREAVEMENT COUNSELOR, ACP SPECIALIST, INFEC TIOUS DISEASE SPECIALIST, CLINICAL LAB SCIENTIST, CHEF AND HOSPITAL PHYSICIANS FROM A VARI ETY OF SPECIALTIES, INCLUDING EMERGENCY MEDICINE, UROLOGY, CARDIOLOGY, AND ONCOLOGY TOPIC S INCLUDED, BUT WERE NOT LIMITED TO, COPING WITH GRIEF DURING THE HOLIDAYS, KIDNEY INJURIE S, A NEW STUDY THAT SHOWS HEART ATTACK PATIENTS ARE YOUNGER AND MORE OBESE, THE IMPORTANCE OF ACP AND COMPLETING AN ADVANCE DIRECTIVE, KNOWING WHETHER TO CHOOSE THE DOCTOR'S OFFICE , URGENT CARE OR THE EMERGENCY |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | ROOM, HEART HEALTH, THE ZIKA VIRUS, THE IMPORTANCE OF VACCINATIONS, THE IMPORTANCE OF MAN AGING HYPERTENSION AT HOME, THE INCREASE IN METH RELATED ISSUES IN SDC, DEBUNKING COMMON MYTHS AND MISPERCEPTIONS ABOUT DONATING BLOOD, SKIN AND BREAST CANCER AWARENESS AND PREVENT ION, THANKSGIVING COOKING TIPS, RECIPES AND HOW TO INCORPORATE LEFTOVERS INTO NEW DISHES, AND EATING HEALTHIER IN THE NEW YEAR. FY 2017 PLAN SGH WILL DO THE FOLLOWING * CONTINUE T O PROVIDE HEALTH AND WELLNESS OFFERINGS TO COMMUNITY MEMBERS AT A VARIETY OF COMMUNITY EVE NTS AND OTHER SITES * CONTINUE TO PROVIDE HEALTH AND WELLNESS EDUCATION THROUGH LOCAL NEWS SOURCES IDENTIFIED COMMUNITY NEED PREVENTION OF UNINTENTIONAL INJURIES RATIONALE REFEREN CES THE FINDINGS OF THE SGH 2016 CHNA, HASD&IC 2016 CHNA OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * THE HASD&IC 2016 CHNA CONTINUED TO IDENTIFY UNINTENTIONAL INJURY AS ONE OF THE TOP PRIORITY HEALTH CONDITIONS SEEN IN SDC HOSPITALS * IN 2013, ACCIDENTS (UNINTENTIONAL INJURIES) WERE THE SIXTH LEADING CAUSE OF D EATH FOR SDC'S EAST REGION UNINTENTIONAL INJURIES - MOTOR VEHICLE ACCIDENTS, FALLS, PEDES TRIAN-RELATED, FIREARMS, FIRE/BURNS, DROWNING, EXPLOSION, POISONING (INCLUDING DRUGS AND A LCOHOL, GAS, CLEANERS AND CAUSTIC SUBSTANCES), CHOKING/SUFFOCATION, CUT/PIERCE, EXPOSURE T O ELECTRIC CURRENT/RADIATION/FIRE/SMOKE, NATURAL DISASTERS AND INJURIES AT WORK - ARE ONE OF THE LEADING CAUSES OF DEATH FOR SDC RESIDENTS OF ALL AGES, REGARDLESS OF GENDER, RACE O R REGION * IN 2013, THERE WERE 192 DEATHS DUE TO UNINTENTIONAL INJURIES IN EAST REGION, A N AGE-ADJUSTED RATE OF 37 4 PER 100,000 POPULATION THIS WAS HIGHER THAN THE AGE-ADJUSTED RATE FOR SDC OVERALL (30 6 PER 100,000 POPULATION) * IN 2013, THERE WERE 192 DEATHS DUE T O UNINTENTIONAL INJURY IN SDC'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO U NINTENTIONAL INJURY WAS 37 4 DEATHS PER 100,000 POPULATION, THE HIGHEST OF ALL REGIONS IN SDC AND ABOVE THE SDC AGE-ADJUSTED RATE OF 30 6 DEATHS PER 100,000 POPULATION * IN 2013, THERE WERE 3,995 HOSPITALIZATIONS RELATED TO UNINTENTIONAL INJURY IN SDC'S EAST REGION TH E AGE-ADJUSTED RATE OF HOSPITALIZATIONS WAS 785 0 PER 100,000 POPULATION, WHICH IS ABOVE T HE COUNTY AGE-ADJUSTED AVERAGE OF 691 5 PER 100,000 POPULATION * IN 2013, THERE WERE 28,0 07 ED VISITS RELATED TO UNINTENTIONAL INJURY IN SDC'S EAST REGION THE AGE-ADJUSTED RATE F OR THE EAST REGION WAS 5,968 2 PER 100,000 POPULATION, WHICH IS THE HIGHEST OF ALL REGIONS AND ABOVE THE SDC AGE-ADJUSTED AVERAGE OF 4,984 5 ED VISITS PER 100,000 POPULATION * UNI NTENTIONAL INJURY REMAINS A LEADING CAUSE OF DEATH FOR CHILDREN AGES 0 TO 14 YEARS THE EF FECTS OF SAFETY CAMPAIGNS, EDUCATIONAL STRATEGIES, AND CHANGE IN PARENTING PRACTICES HAVE ALL HAD A POSITIVE IMPACT ON THE SAFETY AND WELL-BEING OF CHILDREN IN THE SAN DIEGO COMMUN ITY (HHSA, 2012) * TRAUMATIC INJURY IS THE LEADING CAUSE OF DEATH AMONG CHILDREN, WITH MA NY SURVIVORS ENDURING THE CONS |

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| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | EQUENCES OF BRAIN AND SPINAL CORD INJURIES THE PHYSICAL, EMOTIONAL, PSYCHOLOGICAL AND LEA RNING PROBLEMS THAT AFFECT INJURED CHILDREN, ALONG WITH THE ASSOCIATED COSTS, MAKE REDUCIN G TRAUMATIC INJURIES A HIGH PRIORITY FOR HEALTH AND SAFETY ADVOCATES THROUGHOUT THE NATION EDUCATIONAL PROGRAMS LIKE THINKFIRST INCREASE KNOWLEDGE AND AWARENESS OF THE CAUSES AND RISK FACTORS OF BRAIN AND SPINAL CORD INJURY (SCI), INJURY PREVENTION MEASURES, AND THE US E OF SAFETY HABITS AT AN EARLY AGE (WWW THINKFIRST ORG/KIDS, 2015) * ACCORDING TO HP2020, MOST EVENTS RESULTING IN INJURY, DISABILITY OR DEATH ARE PREDICTABLE AND PREVENTABLE THE RE ARE MANY RISK FACTORS FOR UNINTENTIONAL INJURY AND VIOLENCE, INCLUDING INDIVIDUAL BEHAV IORS AND CHOICES, SUCH AS ALCOHOL USE OR RISK-TAKING, THE PHYSICAL ENVIRONMENT BOTH AT HOM E AND IN THE COMMUNITY, ACCESS TO HEALTH SERVICES AND SYSTEMS CREATED FOR INJURY-RELATED C ARE, AND THE SOCIAL ENVIRONMENT, INCLUDING INDIVIDUAL SOCIAL EXPERIENCES (SOCIAL NORMS, ED UCATION, VICTIMIZATION HISTORY), SOCIAL RELATIONSHIPS (PARENTAL MONITORING AND SUPERVISION OF YOUTH, PEER GROUP ASSOCIATIONS, FAMILY INTERACTIONS), THE COMMUNITY ENVIRONMENT (COHES ION IN SCHOOLS, NEIGHBORHOODS AND COMMUNITIES) AND SOCIETAL-LEVEL FACTORS (CULTURAL BELIEF S, ATTITUDES, INCENTIVES AND DISINCENTIVES, LAWS AND REGULATIONS) * ACCORDING TO THE CDPH 'S BURDEN OF CHRONIC DISEASE AND INJURY REPORT CALIFORNIA, 2013 INJURY, INCLUDING BOTH IN TENTIONAL AND UNINTENTIONAL, IS THE NUMBER ONE KILLER AND DISABLER OF PERSONS AGES 1 TO 44 IN CALIFORNIA * THE SAME REPORT STATES THAT EVERY YEAR IN CALIFORNIA, INJURIES CAUSE MOR E THAN 16,000 DEATHS, 75,000 CASES OF PERMANENT DISABILITY, 240,000 HOSPITALIZATIONS, AND 2 3 MILLION ED VISITS * BETWEEN 2012 AND 2013, UNINTENTIONAL INJURIES ACCOUNTED FOR 85 PE RCENT OF ALL INJURY DEATHS AMONG ADULTS AGES 65 AND OLDER IN THE U S (NATIONAL CENTER FOR HEALTH STATISTICS, 2015) * A 2016 NATIONAL VITAL STATISTICS REPORT TITLED DEATHS FINAL DATA FOR 2014 INDICATES THAT 59 4 PERCENT OF INJURY DEATHS IN THE U S IN 2014 WERE ATTRI BUTED TO THREE CAUSES POISONING (26 0 PERCENT), MOTOR-VEHICLE TRAFFIC (16 9 PERCENT), AND FALLS (16 5 PERCENT) IN 2014, THE AGE-ADJUSTED RATE OF DEATH FROM UNINTENTIONAL DEATH IN THE U S WAS 40 5 DEATHS PER 100,000 POPULATION (CDC, 2016) |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | OBJECTIVE * OFFER AN INJURY AND VIOLENCE PREVENTION PROGRAM FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS IN SDC'S EAST REGION FY 2016 REPORT OF ACTIVITIES IN FY 2016, THINKFIRST/SHAR P ON SURVIVAL PARTICIPATED IN APPROXIMATELY 16 PROGRAMS, SERVING NEARLY 1,700 ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS IN SDC'S EAST REGION THE PROGRAMS CONSISTED OF ONE- TO TW O-HOUR CLASSES COVERING TOPICS SUCH AS THE MODES OF INJURY, DISABILITY AWARENESS, AND THE ANATOMY AND PHYSIOLOGY OF THE BRAIN AND SPINAL CORD THE PROGRAMS INCLUDED PERSONAL TESTIM ONIES FROM INDIVIDUALS WITH TRAUMATIC BRAIN INJURY (TBI) OR SCI, KNOWN AS VOICES FOR INJUR Y PREVENTION (VIPS) SCHOOLS WERE OFFERED ADDITIONAL OPPORTUNITIES FOR LEARNING THROUGH A VARIETY OF LESSON PLANS, INCLUDING INFORMATION ON PHYSICAL REHABILITATION AND CAREERS IN H EALTH CARE AS WELL AS DISABILITY AWARENESS PANELS TO MEET THE NEEDS OF SPECIFIC CLASS CURR ICULA SPECIFICALLY, ELEMENTARY SCHOOL STUDENTS LEARNED ABOUT THE IMPORTANCE OF USING BOOS TER SEATS AND HELMETS, PROPER PEDESTRIAN SAFETY AND SAFE PRACTICES WHILE ON THE PLAYGROUND , AND AT-RISK TEENS LEARNED ABOUT THE CONSEQUENCES OF RECKLESS DRIVING, VIOLENCE AND POOR DECISION MAKING WITH THE PARTNERSHIP AND FINANCIAL SUPPORT OF THE HEALTH AND SCIENCE PIPE LINE INITIATIVE (HASPI), THE THINKFIRST/SHARP ON SURVIVAL PROGRAM OFFERED A VARIETY OF SER VICES TO HASPI TEACHERS THESE INCLUDED CLASSROOM PRESENTATIONS, SMALL ASSEMBLIES AND THE OPPORTUNITY TO PARTICIPATE IN A HALF-DAY TOUR OF THE SMH REHABILITATION CENTER DESIGNED SP ECIFICALLY FOR STUDENTS INTERESTED IN PURSUING CAREERS IN HEALTH CARE IN TOTAL, MORE THAN 300 HASPI STUDENTS FROM SCHOOLS IN SDC'S EAST REGION BENEFITED FROM THINKFIRST/SHARP ON S URVIVAL EDUCATION IN FY 2016 ADDITIONALLY, IN FY 2016, THINKFIRST/SHARP ON SURVIVAL PRESE NTED ON INJURY PREVENTION, TBI, SCI AND DISABILITY AWARENESS TO MORE THAN 1,200 COLLEGE ST UDENTS IN SDSU'S DISABILITY IN SOCIETY COURSES FY 2017 PLAN THINKFIRST/SHARP ON SURVIVAL WILL DO THE FOLLOWING * WITH FUNDING SUPPORT FROM GRANTS, PROVIDE EDUCATIONAL PROGRAMMING AND PRESENTATIONS FOR LOCAL SCHOOLS AND ORGANIZATIONS * USING GRANT FUNDING, INCREASE COM MUNITY AWARENESS OF THINKFIRST/SHARP ON SURVIVAL THROUGH ATTENDANCE AND PARTICIPATION AT C OMMUNITY EVENTS AND HEALTH FAIRS * AS PART OF THE HASPI PARTNERSHIP, CONTINUE TO EVOLVE PR OGRAM CURRICULA TO MEET THE NEEDS OF HEALTH CAREER PATHWAY CLASSES * GROW PARTNERSHIP WITH HASPI THROUGH PARTICIPATION IN CONFERENCES, ROUND TABLE EVENTS AND COLLABORATION ON LETTE RS OF SUPPORT FOR VARIOUS FUNDING OPPORTUNITIES * CONTINUE TO PROVIDE BOOSTER SEAT EDUCATI ON TO ELEMENTARY SCHOOL CHILDREN AND THEIR PARENTS WITH FUNDING SUPPORT FROM GRANTS * CONT INUE TO PROVIDE COLLEGE STUDENTS WITH INJURY PREVENTION EDUCATION THROUGH SDSU'S DISABILIT Y IN SOCIETY COURSE AND PUBLIC HEALTH CLASSES * EXPLORE FURTHER OPPORTUNITIES TO PROVIDE E DUCATION TO HEALTH CARE PROFESSIONALS AND COLLEGE STUDENTS INTERESTED IN HEALTH CARE CAREE RS * AS APPROPRIATE AND WITH F |

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| FORM 990, PART III, LINE 4B (CONTINUED) | UNDING, CONTINUE TO EXPLORE OPPORTUNITIES TO UTILIZE ADDITIONAL THINKFIRST/SHARP ON SURVIV AL CURRICULA TO SERVE VARIED POPULATIONS THROUGHOUT SDC'S EAST REGION * AS FUNDING ALLOWS, EXPLORE EDUCATIONAL OPPORTUNITIES ON THE BASICS OF FALL PREVENTION FOR OLDER ADULTS * EXP AND THE REACH OF HASPI TOURS TO CALEXICO AND OTHER IMPERIAL COUNTY AREAS IDENTIFIED COMMUN ITY NEED SUPPORT DURING THE TRANSITION OF CARE PROCESS FOR HIGH-RISK, UNDERSERVED AND UND ERFUNDED PATIENTS RATIONALE REFERENCES THE FINDINGS OF THE SGH 2016 CHNA, HASD&IC 2016 CHN A OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * AS PART OF THE SGH 2016 CHNA PROCESS, DISCUSSIONS WITH SHARP'S COMMUNITY-BASED CARE TRA NSITIONS PROGRAM (CCTP)/ CTI STAFF IDENTIFIED THE FOLLOWING STRATEGIES FOR IMPROVING THE H EALTH OF SDC'S VULNERABLE, HIGH-RISK, OR MEDICALLY UNDERSERVED PATIENTS COACHING, EDUCATI ON ABOUT THEIR DISEASE AND THE HEALTH CARE SYSTEM, EDUCATION TAILORED TO SPECIFIC CULTURAL AND LINGUISTIC GROUPS, PROVIDING TRANSPORTATION, SUPPORT, HOPE, AND LOVE, AND PROVIDING A PERSONAL HEALTH RECORD WITH INFORMATION ABOUT THEIR MEDICATIONS AND RESOURCES * A KEY IN FORMANT INTERVIEW CONDUCTED AS PART OF THE SGH 2016 CHNA PROCESS IDENTIFIED THE HOME ENVIR ONMENT, TRANSPORTATION AND MEDICATION MANAGEMENT AS CHALLENGES FOR VULNERABLE PATIENTS RE COMMENDATIONS INCLUDED CONNECTING PATIENTS TO COMMUNITY RESOURCES AS PART OF THEIR TRANSIT ION FROM HOSPITAL TO HOME, EXPEDITING SERVICES FOR DISCHARGED PATIENTS WITH IMMEDIATE NEED S, AND DEVELOPING METHODS TO FINANCE HOSPITAL/COMMUNITY PARTNERSHIPS FOR EXPEDITED SERVICE S * THE HASD&IC 2016 CHNA IDENTIFIED 10 SDOH THAT IMPACT THE FOUR PRIORITY HEALTH NEEDS I N SDC (BEHAVIORAL HEALTH, CARDIOVASCULAR DISEASE, OBESITY, AND TYPE 2 DIABETES) THESE SOC IAL DETERMINANTS ARE FOOD INSECURITY AND ACCESS TO HEALTHY FOOD, ACCESS TO CARE OR SERVIC ES, HOMELESS/HOUSING ISSUES, PHYSICAL ACTIVITY, EDUCATION/KNOWLEDGE, CULTURAL COMPETENCY, TRANSPORTATION, INSURANCE ISSUES, STIGMA, AND POVERTY * KEY INFORMANT INTERVIEWS CONDUCTE D AS PART OF THE HASD&IC 2016 CHNA SUGGESTED THE FOLLOWING STRATEGIES FOR IMPROVING HEALTH AND REMOVING BARRIERS TO CARE BEHAVIORAL HEALTH PREVENTION AND STIGMA REDUCTION, EDUCATI ON ON DISEASE MANAGEMENT AND FOOD INSECURITY, IMPROVING DIVERSITY AND CULTURAL COMPETENCY, COORDINATING SERVICES ACROSS THE CONTINUUM, INTEGRATING PHYSICAL AND MENTAL HEALTH, AND E NGAGING CASE MANAGERS AND PATIENT NAVIGATORS IN THE COMMUNITY AND INCORPORATING THEM AS A ROUTINE PART OF THE CONTINUUM OF CARE * PARTICIPANTS IN THE HASD&IC 2016 CHNA COMMUNITY P ARTNER DISCUSSIONS RECOMMENDED STRENGTHS-BASED CASE MANAGEMENT, GREATER AVAILABILITY OF MU LTICULTURAL PROVIDERS AND TRANSLATORS, AND BETTER COORDINATION OF DISCHARGE PROCEDURES AS STRATEGIES FOR IMPROVING AND MAINTAINING HEALTH IN SDC * COMMUNITY MEMBERS PARTICIPATING IN THE HEALTH ACCESS AND NAVIGATION SURVEY AS PART OF THE HASD&IC 2016 CHNA IDENTIFIED THE FOLLOWING TOP BARRIERS TO CAR |

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| FORM 990, PART III, LINE 4B (CONTINUED) | E UNDERSTANDING HEALTH INSURANCE, GETTING HEALTH INSURANCE, USING HEALTH INSURANCE, KNOWI NG WHERE TO GO FOR CARE, AND FOLLOW-UP CARE OR APPOINTMENTS * IN 2014, SDC'S EAST REGION PRESENTED A HIGHER RATE OF UNEMPLOYMENT (11 2 PERCENT) WHEN COMPARED TO SDC OVERALL (9 2 P ERCENT) * AS OF SEPTEMBER 2016, THE AVERAGE UNEMPLOYMENT RATE IN THE CITIES OF EL CAJON, LA MESA, LAKESIDE, LEMON GROVE, SANTEE, AND SPRING VALLEY WAS 5 5 PERCENT (LABOR MARKET IN FORMATION, STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT, HTTP-WWW LABORMARKETINFO EDD CA GOV) * IN 2014, NEARLY 28 6 PERCENT OF FAMILIES IN THE EAST REGION PARTICIPATED I N CALFRESH/SNAP, HIGHER THAN SDC OVERALL (17 7 PERCENT) (CHIS, 2014) * IN 2015, 20 5 PERC ENT OF THE POPULATION IN SDC'S EAST REGION REPORTED LIVING BELOW THE POVERTY LEVEL (CHIS, 2015) * THE REGIONAL TASKFORCE FOR THE HOMELESS' 2015 WEALLCOUNT REPORT ESTIMATED THAT TH ERE WERE 8,742 HOMELESS INDIVIDUALS IN SDC, ROUGHLY HALF OF WHOM ARE UNSHELTERED THE MOST COMMONLY CITED CAUSE OF HOMELESSNESS WAS LOSS OF A JOB, FOLLOWED BY DISABILITY, LOSS OF A SPOUSE, AND ABUSE * A 2016 REPORT BY THE HHSA TITLED IDENTIFYING HEALTH DISPARITIES TO A CHIEVE HEALTH EQUITY IN SAN DIEGO COUNTY SOCIOECONOMIC STATUS FOUND THAT LOW-INCOME COMMU NITIES IN THE COUNTY ARE DISPROPORTIONATELY AFFECTED BY NUMEROUS HEALTH ISSUES, INCLUDING INJURY, CHRONIC AND COMMUNICABLE DISEASES, POOR MATERNAL AND CHILD HEALTH OUTCOMES, AND BE HAVIORAL HEALTH OUTCOMES FOUR LOW-INCOME COMMUNITIES - EL CAJON, LA MESA, LEMON GROVE AND MOUNTAIN EMPIRE - ARE LOCATED IN SDC'S EAST REGION * THE KAISER FAMILY FOUNDATION'S 2016 EMPLOYER HEALTH BENEFITS SURVEY INDICATED THAT THE AVERAGE HEALTH INSURANCE PREMIUM FOR A SINGLE ADULT IN 2016 IS $536 PER MONTH, OR $6,435 ANNUALLY THE AVERAGE HEALTH INSURANCE PREMIUM FOR A FAMILY IN 2016 IS $1,512 PER MONTH, OR $18,142 ANNUALLY THE AVERAGE FAMILY PREMIUM IN 2016 IS NOW 20 PERCENT HIGHER THAN THE AVERAGE FAMILY PREMIUM IN 2010 AND 58 PE RCENT HIGHER THAN THE AVERAGE FAMILY PREMIUM IN 2006 |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | OBJECTIVES * CONNECT HIGH-RISK, UNDERFUNDED PATIENTS AND COMMUNITY MEMBERS TO LOCAL RESOUR CES AND ORGANIZATIONS FOR LOW-COST MEDICAL EQUIPMENT, HOUSING OPTIONS AND FOLLOW-UP CARE * ASSIST ECONOMICALLY DISADVANTAGED INDIVIDUALS THROUGH TRANSPORTATION AND FINANCIAL ASSIST ANCE FOR PHARMACEUTICALS * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE SERVICES TO CHRONICALLY HOMELESS INDIVIDUALS * THROUGH THE CTI PILOT, PROVIDE HIGH-RISK, UNDER AND UN FUNDED PATIENTS WITH HEALTH COACHING, SUPPORT AND RESOURCES THAT ADDRESS SDOH TO ENSURE A SAFE TRANSITION HOME AND MAINTAINED HEALTH AND SAFETY FY 2016 REPORT OF ACTIVITIES IN FY 2 016, SGH CONTINUED TO PROVIDE POST-ACUTE CARE FACILITATION FOR HIGH-RISK PATIENTS, INCLUDI NG INDIVIDUALS WHO WERE HOMELESS OR WITHOUT A SAFE HOME ENVIRONMENT INDIVIDUALS RECEIVED REFERRALS TO AND ASSISTANCE FROM A VARIETY OF LOCAL RESOURCES AND ORGANIZATIONS THESE GRO UPS PROVIDED SUPPORT WITH TRANSPORTATION, PLACEMENT, MEDICAL EQUIPMENT, MEDICATIONS, OUTPA TIENT DIALYSIS AND NURSING HOME STAYS SGH REFERRED HIGH-RISK PATIENTS, FAMILIES, AND COMM UNITY MEMBERS TO CHURCHES, SHELTERS AND OTHER COMMUNITY RESOURCES FOR FOOD, SAFE SHELTER A ND OTHER RESOURCES FOR UNEMPLOYED, UNINSURED AND UNDERINSURED PATIENTS, OR FOR THOSE WHO SIMPLY CANNOT AFFORD THE EXPENSE OF A WHEELCHAIR, WALKER OR CANE DUE TO A FIXED INCOME, SG H HAS COMMITTED TO IMPROVING ACCESS TO DME FOR HIGH-RISK PATIENTS UPON DISCHARGE. SGH CASE MANAGERS AND SOCIAL WORKERS ACTIVELY RECRUITED DME DONATIONS FROM THE COMMUNITY, PROVIDIN G MORE THAN 100 DME ITEMS TO PATIENTS IN NEED IN 2016 TO ASSIST ECONOMICALLY DISADVANTAGE D INDIVIDUALS, SGH PROVIDED MORE THAN $171,500 IN FREE MEDICATIONS, TRANSPORTATION, LODGIN G AND FINANCIAL ASSISTANCE THROUGH ITS PROJECT HELP FUNDS THESE FUNDS ASSISTED MORE THAN 6,200 INDIVIDUALS IN FY 2016 IN ADDITION, SGH PHARMACISTS ASSISTED MORE THAN 440 ECONOMIC ALLY DISADVANTAGED PATIENTS WITH MORE THAN 2,180 OUTPATIENT PRESCRIPTIONS VALUED AT APPROX IMATELY $230,000 IN ADDITION, SGH CONTINUED TO COLLABORATE WITH COMMUNITY ORGANIZATIONS T O PROVIDE SERVICES TO CHRONICALLY HOMELESS PATIENTS THROUGH ITS COLLABORATION WITH THE SD RM, SGH DISCHARGED CHRONICALLY HOMELESS PATIENTS TO THE SDRM'S RECUPERATIVE CARE UNIT THI S PROGRAM ALLOWS CHRONICALLY HOMELESS PATIENTS TO RECEIVE FOLLOW-UP CARE THROUGH SGH IN A SAFE SPACE, AND ALSO PROVIDES PSYCHIATRIC CARE, SUBSTANCE ABUSE COUNSELING AND GUIDANCE FR OM THE SDRM'S PROGRAMS IN ORDER TO HELP THESE PATIENTS GET BACK ON THEIR FEET BEGINNING I N 2014, SGH PILOTED A CTI PROGRAM FOR ITS HIGH-RISK, VULNERABLE POPULATIONS, INCLUDING, ME DI-CAL, MEDI-CAL PENDING/ PRESUMPTIVE, SELF-PAY, NO-PAY, REFUGEE POPULATIONS, HOMELESS AND MEDICARE A OR B ONLY PATIENTS MODELED AFTER THE COUNTYWIDE COMMUNITY CARE TRANSITIONS PR OGRAM ESTABLISHED BY CMS TO SERVE THE MEDICARE FEE-FOR-SERVICE PATIENT POPULATION AT RISK FOR READMISSION, THE CTI PROGRAM PROVIDES 30-DAY COACHING BY AN RN OR MEDICAL SOCIAL WORKE R AT NO COST TO VULNERABLE PAT |

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| FORM 990, PART III, LINE 4B (CONTINUED) | IENTS WHO ARE IDENTIFIED THROUGH A COMPREHENSIVE RISK ASSESSMENT TOOL THE ASSESSMENT TOOL EVALUATES PATIENTS FOR MULTIPLE FACTORS INCLUDING ISOLATION, CO-OCCURRING HEALTH ISSUES, FOOD INSECURITY, BEHAVIORAL HEALTH ISSUES, AND OTHER CONDITIONS THAT IMPACT THEIR HEALTH A ND SAFETY THE PROJECT TEAM IS A COLLABORATIVE EFFORT BETWEEN VARIOUS TEAM MEMBERS ACROSS SHARP, INCLUDING NURSES, CASE MANAGERS, DISEASE SPECIALISTS AS WELL AS TEAM MEMBERS OF SHC COMMUNITY BENEFIT, PATIENT FINANCIAL SERVICES (PFS), SGH'S SENIOR RESOURCE CENTER, AND OT HERS THE TEAM ENSURES THAT VULNERABLE PATIENTS ARE CONNECTED WITH COMMUNITY RESOURCES AND SUPPORT TO SAFELY TRANSITION HOME, AND KEEP THEM SAFE AND HEALTHY IN THE COMMUNITY PARTN ERSHIPS WITH COMMUNITY ORGANIZATIONS CONNECT THESE PATIENTS TO CRITICAL SOCIAL SERVICES UP ON DISCHARGE, AND HAVE INCLUDED FSD, FOOD BANK, 2-1-1, FHCSD, VARIOUS CHURCHES, AND REFUGE E AND OTHER SOCIAL SUPPORT ORGANIZATIONS THIS OUTREACH IS CRITICAL FOR SUSTAINING VULNERA BLE PATIENTS AND EMPOWERING THEM TO MANAGE THEIR CARE IN THE COMMUNITY ONE OF THE KEY FAC TORS IDENTIFIED AS INFLUENCING HEALTH STATUS FOR CTI PATIENTS WAS ACCESS TO HEALTHY FOODS IN FY 2016, 65 CTI PATIENTS - ABOUT 13 PERCENT - WERE IDENTIFIED WITH FOOD INSECURITY TH E PATIENTS WERE THEN PROVIDED A DIRECT REFERRAL TO COMMUNITY ORGANIZATIONS - INCLUDING THE FOOD BANK, FSD, AND 2-1-1 - FOR HUNGER RELIEF RESOURCES INCLUDING FEDERAL ASSISTANCE PROG RAMS AND FREE FOOD DISTRIBUTION SITES THROUGHOUT SAN DIEGO MORE THAN A DOZEN OF THESE PAT IENTS WERE ALSO EVALUATED FOR CALFRESH (SNAP/FEDERAL FOOD ASSISTANCE) BY CALFRESH OUTREACH WORKERS AT FSD AND 2-1-1 IN ADDITION, THE CTI PROGRAM WORKED CLOSELY WITH SGH'S PFS TO E VALUATE PATIENTS FOR CALFRESH BENEFITS PRIOR TO HOSPITAL DISCHARGE, DRAMATICALLY INCREASIN G THE LIKELIHOOD THAT PATIENTS COMPLETE CALFRESH APPLICATIONS AND RECEIVE BENEFITS IN FY 2016, SGH'S PFS TEAM COMPLETED 227 CALFRESH APPLICATIONS AND 125 PATIENTS WERE GRANTED CAL FRESH BENEFITS FURTHER, IN AN EFFORT TO SUPPLY FOOD DIRECTLY TO THOSE IN NEED DURING THE FIRST FEW DAYS AFTER DISCHARGE, THE CTI PROGRAM PROVIDES MEDICALLY-TAILORED EMERGENCY FOOD BAGS FOR CTI PATIENTS WITHOUT FOOD IN THEIR HOMES SUPPORTED BY FUNDING FROM THE GROSSMON T HOSPITAL FOUNDATION, THE FOOD BAGS INCLUDE NUTRITIOUS ITEMS SPECIFICALLY DESIGNED FOR TH E COMPLEX HEALTH CONDITIONS AND NUTRITIONAL NEEDS OF CTI PATIENTS, IN ORDER TO SUSTAIN THE IR HEALTH UNTIL THEY ARE ENROLLED IN A FOOD ASSISTANCE PROGRAM THE COACHES PROVIDE FOOD B AGS DURING THEIR HOME VISIT AND COMBINE THIS DELIVERY WITH A REVIEW OF THE PATIENT'S HOSPI TALIZATION AND A PLAN FOR SELF-MANAGEMENT IN FY 2016, THE CTI PROGRAM HAS PROVIDED MORE T HAN 65 FOOD BAGS TO CTI PATIENTS IN SDC'S EAST REGION IN ADDITION, A SIGNIFICANT NUMBER O F CTI PATIENTS ARE DIABETIC AND ARE CHALLENGED WITH ADHERENCE TO THEIR CARE PLAN BECAUSE T HEY CANNOT AFFORD DIABETES EQUIPMENT TO ADDRESS THIS CHALLENGE, A GRANT APPLICATION WAS S UBMITTED AND APPROVED BY THE N |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | EIGHBORHOOD WALMART(R) LOCATED CLOSEST TO SGH AS A RESULT OF THIS FUNDING, IN 2016, 28 "D IABETES KITS" - INCLUDING A THREE-MONTH SUPPLY OF STRIPS, LANCETS, ETC - WERE PUT TOGETHE R THESE KITS HELP TO KEEP CTI PATIENTS SAFE AND MANAGED UNTIL THEIR INSURANCE IS ACTIVATE D SINCE ITS INCEPTION IN MAY 2014, THE CTI PILOT HAS DEMONSTRATED A POWERFUL IMPACT TO D ATE, THE PROGRAM HAS APPROACHED 1,218 PATIENTS, AND, OF THOSE PATIENTS, 950 ACCEPTED SERVI CES FROM A CTI COACH THE AVERAGE READMISSION RATE FOR THIS IS 13 PERCENT IN COMPARISON TO AN AVERAGE READMISSION RATE OF MORE THAN 22 PERCENT FOR THOSE INDIVIDUALS WHO REFUSED CTI COACHING SERVICES IN FY 2016, THE AVERAGE READMISSION RATE FOR CTI PATIENTS FROM ANY STA TUS WAS 9 2 PERCENT - AN ASTOUNDING IMPACT IN ADDITION, SGH COACHES DEVOTED HUNDREDS OF H OURS OF TIME DIRECTLY TO THESE VULNERABLE PATIENTS IT HAS BEEN THE FOCUS ON CARE MANAGEME NT AS WELL AS SDOH THAT HAS CONTRIBUTED TO THE MARKED SUCCESS OF THIS PROGRAM THE NEWLY-F ORMED COMMUNITY PARTNERSHIP WITH 2-1-1 HAS PROVEN TO BE ONE OF THE MOST INNOVATIVE AND IMP ACTFUL COLLABORATIONS OF THE CTI PROGRAM 2-1-1'S SPECIALTY HEALTH NAVIGATION PROGRAM PROV IDES IN-DEPTH CARE COORDINATION TO BETTER CONNECT, EMPOWER, EDUCATE AND ADVOCATE FOR CLIEN TS WITH HEALTH NEEDS HEALTH NAVIGATORS WORK SPECIFICALLY WITH CLIENTS EXPERIENCING ISSUES IN ACCESSING CARE, MANAGING CHRONIC CONDITIONS, AND THOSE WHO ARE UNINSURED OR UNDERINSUR ED HEALTH NAVIGATORS ASSESS CLIENTS' SPECIFIC NEEDS, WHICH ARE UNIQUE TO THEIR HEALTH CON DITION AND SITUATION, REFERRING AND EDUCATING CLIENTS ABOUT OPTIONS AND COMMUNITY RESOURCE S, WHILE ALSO ADVOCATING ON BEHALF OF CLIENTS WHEN NEEDED IN ADDITION, HEALTH NAVIGATORS ENSURE ACCESS AND UTILIZATION OF THE SERVICES REFERRED TO AND FOLLOW-UP IS CONDUCTED WITH CLIENTS OVER TIME THROUGH THE PARTNERSHIP, CTI PATIENTS ARE REFERRED TO 2-1-1 HEALTH NAVI GATION TO ADDRESS HEALTH AND SOCIAL NEEDS AND LEVERAGE 2-1-1'S ENROLLMENT SERVICES, HOUSIN G COORDINATION AND ADVOCACY AT INTAKE AND AGAIN AT COMPLETION OF CARE COORDINATION, 2-1-1 USES A RISK RATING SCALE TO ADDRESS HOSPITAL READMISSION RISK, PATIENT SATISFACTION, PATI ENT SELF-EFFICACY AND HEALTH RISK TO MEASURE PROGRAM IMPACT BASED ON THE RATING SCALE, PA TIENTS FALL INTO ONE OF FIVE CATEGORIES (IN CRISIS, VULNERABLE, STABLE, SAFE, THRIVING) TH AT ALLOW THE HEALTH NAVIGATORS TO TAILOR THE SERVICES TO THE INDIVIDUAL AND CONNECT PATIEN TS WITH THE APPROPRIATE COMMUNITY RESOURCES |

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| FORM 990, PART III, LINE 4B (CONTINUED) | CTI PATIENTS REFERRED TO 2-1-1 ARE ASSESSED ON A VARIETY OF MEASURES SUCH AS HOUSING, NUTR ITION, PRIMARY CARE, HEALTH MANAGEMENT, SOCIAL SUPPORT, ACTIVITIES OF DAILY LIVING, AMBULA NCE USE, TRANSPORTATION, INCOME AND EMPLOYMENT THE RISK ASSESSMENT TOOL HAS IDENTIFIED TH E TOP NEEDS AS HOUSING, FOOD ASSISTANCE AND PRIMARY CARE SERVICES THE CTI PILOT AND PARTN ERSHIP WITH 2-1-1 HAS DEMONSTRATED A POSITIVE IMPACT THUS FAR SINCE THE INCEPTION OF THE PARTNERSHIP IN MARCH 2016, 51 PATIENTS HAVE BEEN REFERRED TO 2-1-1 AND 21 PATIENTS HAVE CO MPLETED THE PROGRAM FOR THOSE PATIENTS, A 95 PERCENT DECREASE IN VULNERABILITY AND A 10 P ERCENT READMIT RATE OF PATIENTS HAS BEEN OBSERVED OF THE PATIENTS THAT WERE REFERRED TO 2 -1-1 AND COMPLETED THE PROGRAM FROM MARCH TO JULY, 2016 (N=21) * 17 PERCENT DECREASED VUL NERABILITY REGARDING ACTIVITIES OF DAILY LIVING * 46 PERCENT DECREASED VULNERABILITY REGAR DING AMBULANCE USE * 33 PERCENT DECREASED VULNERABILITY REGARDING HEALTH MANAGEMENT * 25 P ERCENT DECREASED VULNERABILITY REGARDING HOUSING * 39 PERCENT DECREASED VULNERABILITY REGA RDING INCOME/EMPLOYMENT * 31 PERCENT DECREASED VULNERABILITY REGARDING NUTRITION * 33 PERC ENT DECREASED VULNERABILITY REGARDING PRIMARY CARE * 50 PERCENT DECREASED VULNERABILITY RE GARDING SOCIAL SUPPORT * 27 PERCENT DECREASED VULNERABILITY REGARDING TRANSPORTATION FOLLO W-UP SURVEYS WITH PATIENTS WHO HAVE COMPLETED THE PROGRAM REVEAL THAT, 100 PERCENT OF THE PATIENTS AGREED THAT THE RESOURCES AND INFORMATION PROVIDED BY 2-1-1 HELPED THEIR SITUATIO N AND 69 PERCENT FELT CONFIDENT OR VERY CONFIDENT IN THEIR CARE PLAN TO MANAGE THEIR HEALT H IN RECOGNITION OF ITS INNOVATIVE CARE APPROACH AND TREMENDOUS RESULTS, SGH'S CTI PROGRA M WAS SELECTED TO BE HIGHLIGHTED BY THE HEALTH RESEARCH AND EDUCATIONAL TRUST/ROBERT WOOD JOHNSON FOUNDATION'S CULTURE OF HEALTH LEARNING COLLABORATIVE, WHICH SPOTLIGHTS SUCCESSFUL HOSPITAL-COMMUNITY ORGANIZATION PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH CTI HAS ALSO BE EN RECOGNIZED LOCALLY WITH THE CALFRESH OUTREACH PARTNER AND COMMUNITY COLLABORATOR AWARD BY THE SAN DIEGO HUNGER COALITION'S CALFRESH OUTREACH TASK FORCE FY 2017 PLAN SGH WILL DO THE FOLLOWING * CONTINUE TO PROVIDE POST-ACUTE CARE FACILITATION TO HIGH-RISK PATIENTS * CONTINUE AND EXPAND THE DME DONATIONS PROJECT TO IMPROVE ACCESS TO NECESSARY MEDICAL EQUI PMENT FOR HIGH-RISK PATIENTS WHO CANNOT AFFORD DME * CONTINUE TO ADMINISTER PROJECT HELP F UNDS TO THOSE IN NEED * CONTINUE TO COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE ME DICAL CARE, FINANCIAL ASSISTANCE, AND PSY CHIATRIC AND SOCIAL SERVICES TO CHRONICALLY HOMEL ESS PATIENTS * CONTINUE TO PROVIDE HIGH-RISK, MEDI-CAL AND UNFUNDED PATIENTS WITH CTI HEAL TH COACHES AND CONNECTION TO RESOURCES, INCLUDING RESOURCES TO COMBAT FOOD INSECURITY, HOU SING, AND OTHER SDOH * MAINTAIN AND STRENGTHEN PARTNERSHIPS WITH FSD AND 2-1-1 TO STRENGTH EN THE SERVICES OF THE CTI PROGRAM AND SUPPORT EXPANSION OF THE PROGRAM * EXPLORE OPPORTUN ITIES TO IMPROVE COMMUNICATION |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | WITH COMMUNITY CLINICS IDENTIFIED COMMUNITY NEED HEALTH PROFESSIONS EDUCATION AND TRAINI NG, AND COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS RATION ALE REFERENCES THE FINDINGS OF THE SGH 2016 CHNA, HASD&IC 2016 CHNA OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * ACCORDING TO THE 2013 SDC HEALTHCARE SHORTAGE AREAS ATLAS FROM THE HHSA, SDC IS ONE OF 27 COUNTIES IN CALIFORNI A LISTED AS A REGISTERED NURSE (RN) SHORTAGE AREA * THE 2014 LABOR MARKET ANALYSIS BY THE SAN DIEGO WORKFORCE PARTNERSHIP (SDWP) INDICATED THAT THE OCCUPATIONS WITH THE LARGEST SU PPLY GAPS WERE NURSING ASSISTANTS, HOME HEALTH AIDES, PHYSICIAN'S ASSISTANTS, CLINICAL LAB ORATORY SCIENTISTS, AND LABORATORY TECHNICIANS * ACCORDING TO THE SDWP, HEALTH CARE SPECI ALTY OCCUPATIONS WERE EXPECTED TO INCREASE EMPLOYMENT BY 12 PERCENT (7,466 JOBS) BETWEEN 2 013 AND 2018 IN SDC THE TOP SIX GROWING HEALTH CARE OCCUPATIONS IN 2014 WERE RNS, HOME HE ALTH AIDES, NURSING ASSISTANTS, MEDICAL ASSISTANTS AND LICENSED VOCATIONAL NURSES (SDWP, 2 014) * ACCORDING TO A 2014 LABOR MARKET ANALYSIS BY THE SDWP, THERE WAS AN INCREASING NUM BER OF HEALTH CARE TRAINING PROVIDERS IN SDC, BUT A SHORTAGE OF CLINICAL TRAINING FACILITI ES WHERE APPLICANTS CAN GAIN NECESSARY EXPERIENCE. THE SCARCITY OF CLINICAL FACILITIES OFF ERING PREREQUISITE TRAINING MAKES IT INCREASINGLY DIFFICULT FOR EMPLOYERS TO FIND QUALIFIE D WORKERS * THE 2015 SDWP PRIORITY SECTORS REPORT RECOMMENDS THAT HEALTH CARE TRAINING AN D EDUCATION PROGRAMS IN SDC EMPHASIZE SOFT SKILLS SUCH AS TEAMWORK, TIME MANAGEMENT, CUSTO MER SERVICE, AND BASIC COMPUTER LITERACY IN THEIR CURRICULUM IN ORDER FOR THEIR GRADUATES TO BE COMPETITIVE IN THE LABOR FORCE * ACCORDING TO THE SDWP 2011 REPORT TITLED HEALTHCAR E WORKFORCE DEVELOPMENT IN SAN DIEGO COUNTY, THERE IS A PARTICULAR NEED FOR WORKERS IN ALL IED HEALTH CARE WHO COME FROM RACIALLY, ETHNICALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS AS WELL AS A NEED FOR CULTURALLY COMPETENT WORKERS WITH SKILLS IN FOREIGN LANGUAGES * IN THEIR 2014 OCCUPATIONAL OUTLOOK QUARTERLY, THE U S BUREAU OF LABOR STATISTICS (BLS) IDENT IFIED SEVERAL FACTORS LEADING TO AN INCREASED DEMAND FOR RNS AND OTHER HEALTH CARE PERSONN EL IN THE U S THESE FACTORS INCLUDE. PROJECTED POPULATION GROWTH IN THE NEXT DECADE, AGIN G OF THE U S POPULATION, GREATER NUMBERS OF PEOPLE LIVING WITH CHRONIC CONDITIONS, SUCH A S DIABETES OR OBESITY, IMPROVEMENTS IN MEDICINE AND TECHNOLOGY, AND FEDERAL HEALTH INSURAN CE REFORM, WHICH HAS INCREASED THE NUMBER OF AMERICANS WITH HEALTH INSURANCE COVERAGE (BLS , 2014) * THE BLS PROJECTS AN EMPLOYMENT OF MORE THAN 3 1 MILLION RNS IN THE U S IN 2024 , WHICH IS AN INCREASE OF 16 PERCENT FROM 2014 COMPARED TO OTHER HEALTH CARE PRACTITIONER S AND TECHNICAL HEALTH CARE OPERATORS, RNS ARE PROJECTED TO HAVE THE MOST OPPORTUNITY FOR EMPLOYMENT IN 2020 (BLS, 2014) * THE BLS PROJECTS THAT THE DEMAND FOR HOME HEALTH AIDES W ILL GROW 38 1 PERCENT FROM 201 |

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| FORM 990, PART III, LINE 4B (CONTINUED) | 4 TO 2024 OLDER INDIVIDUALS OFTEN HAVE HEALTH PROBLEMS AND NEED HELP WITH DAILY ACTIVITIE S AS THE U S POPULATION AGES, THE DEMAND FOR HOME HEALTH AIDES WILL CONTINUE TO INCREASE (BLS, 2014) * TOTAL EMPLOY MENT IS PROJECTED TO INCREASE BY 6 5 PERCENT, OR 9 8 MILLION, FROM 2014 TO 2024 THE HEALTH CARE AND SOCIAL ASSISTANCE SECTOR IS PROJECTED TO INCREASE I TS EMPLOY MENT SHARE FROM 12 PERCENT IN 2014 TO 13 6 PERCENT IN 2024 - THE FASTEST GROWING SERVICE INDUSTRY OCCUPATIONS AND INDUSTRIES RELATED TO HEALTH CARE ARE PROJECTED TO ADD T HE MOST NEW JOBS, WITH AN INCREASE OF 2 3 MILLION JOBS (BLS, 2015) * A MARCH 2014 REPORT FROM THE CALIFORNIA HOSPITAL ASSOCIATION (CHA) TITLED CRITICAL ROLES CALIFORNIA'S ALLIED HEALTH WORKFORCE FOLLOW-UP REPORT EMPHASIZES THE IMPORTANCE OF LOCAL HOSPITALS PROVIDING C LINICAL TRAINING FOR NURSES AND ALLIED HEALTH PROFESSIONALS, AS WELL AS PROGRAMS TO SUPPOR T MENTORING AND HOSPITAL WORK EXPERIENCE FOR INTERNS AND HIGH SCHOOL STUDENTS IN THE COMI NG DECADES, SUCH PROGRAMS WILL HAVE A TREMENDOUS IMPACT ON THE LIVES OF INDIVIDUALS, FAMIL IES AND COMMUNITIES AS A RESULT OF DEDICATING TIME AND RESOURCES TO THE THOUSANDS OF INTER NS AND HIGH SCHOOL STUDENTS WHO GAIN VALUABLE WORK EXPERIENCE AND CAREER EXPOSURE BY SPEND ING TIME IN CALIFORNIA HOSPITALS OBJECTIVES * COLLABORATE WITH LOCAL SCHOOLS TO PROVIDE O PPORTUNITIES FOR STUDENTS TO EXPLORE HEALTH CARE PROFESSIONS * COLLABORATE WITH LOCAL COLL EGES AND UNIVERSITIES TO PROVIDE PROFESSIONAL DEVELOPMENT LECTURES TO STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES * OFFER PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR COMMUNITY HEA LTH PROFESSIONALS |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | FY 2016 REPORT OF ACTIVITIES SGH CONTINUED TO COLLABORATE WITH THE GROSSMONT UNION HIGH SC HOOL DISTRICT (GUHSD) IN THE HEALTH-CAREERS EXPLORATION SUMMER INSTITUTE (HESI), PROVIDING HIGH SCHOOL STUDENTS WITH OPPORTUNITIES FOR CLASSROOM INSTRUCTION, JOB SHADOWING, OBSERVA TIONS AND LIMITED HANDS-ON EXPERIENCES IN FY 2016, 16 STUDENTS SHADOWED STAFF FOR TWO WEE KS IN A VARIETY OF HOSPITAL SPECIALTIES, INCLUDING WOMEN'S HEALTH, LABORATORY, PULMONARY, INTERVENTIONAL RADIOLOGY, PRE- AND POST-OPERATIVE SURGERY, THE PROGRESSIVE CARE UNIT, RADI OLOGY, PHARMACY, SUPPLY CHAIN/DISTRIBUTION, NUTRITION, INFECTION CONTROL, THE SURGICAL WAI TING AREA/CONCIERGE, OCCUPATIONAL AND PHY SICAL THERAPY, AND THE CATHETERIZATION AND HYPERB ARIC LABORATORIES AT THE CONCLUSION OF THE PROGRAM, STUDENTS PRESENTED THEIR EXPERIENCES AS CASE STUDIES TO FAMILY MEMBERS, EDUCATORS AND HOSPITAL STAFF THOSE COMPLETING THE PROG RAM RECEIVED HIGH SCHOOL CREDITS EQUAL TO TWO SUMMER SCHOOL SESSIONS NEW IN FY 2016, SGH PROVIDED THREE LECTURES TO HESI STUDENTS ON THE FOLLOWING TOPICS THE SHARP EXPERIENCE/PAT IENT EXPERIENCE AT SGH, THE IMPORTANCE OF INFECTION CONTROL IN THE HOSPITAL, AND INJURY PR EVENTION AND THE IMPORTANCE OF PROPER BODY MECHANICS TO AVOID INJURY SGH ALSO CONTINUED I TS PARTICIPATION IN THE HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) PROGRAM IN FY 2016 , PROVIDING EARLY PROFESSIONAL DEVELOPMENT FOR 180 STUDENTS IN NINTH THROUGH 12TH GRADES STUDENTS SPENT APPROXIMATELY 23,600 HOURS SHADOWING STAFF IN VARIOUS AREAS THROUGHOUT THE HOSPITAL, INCLUDING BUT NOT LIMITED TO PROGRESSIVE CARE UNITS, FOOD AND NUTRITIONAL SERVIC ES, ONCOLOGY, ACUTE CARE MEDICAL-SURGICAL NURSING, STERILE PROCESSING, SUPPLY DISTRIBUTION , ENGINEERING, OCCUPATIONAL AND PHY SICAL REHABILITATION, ENDOSCOPY, WOMEN'S HEALTH, CARDIO LOGY, PHARMACY, MEDICAL INTENSIVE CARE UNIT, SURGICAL INTENSIVE CARE UNIT, THE CONCIERGE A S WELL AS SRS FAMILY PRACTICE, PODIATRY, SPECIALTY AREAS, AND PRIMARY CARE. IN ADDITION, S GH STAFF PROVIDED STUDENTS INSTRUCTION ON EDUCATIONAL REQUIREMENTS, CAREER LADDER DEVELOPM ENT AND JOB REQUIREMENTS AT THE END OF THE ACADEMIC YEAR, SGH STAFF PROVIDED THE STUDENTS , THEIR LOVED ONES, COMMUNITY LEADERS AND HOSPITAL MENTORS WITH A SYMPOSIUM THAT SHOWCASED THE LESSONS LEARNED THROUGHOUT THE PROGRAM THROUGHOUT THE ACADEMIC YEAR, SGH PROVIDED MO RE THAN 950 STUDENTS FROM COLLEGES AND UNIVERSITIES THROUGHOUT SAN DIEGO WITH VARIOUS PLAC EMENT AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES MORE THAN 730 NURSING STUDENTS SPENT NEA RLY 64,700 HOURS AT SGH, INCLUDING TIME SPENT BOTH IN CLINICAL ROTATIONS AND INDIVIDUAL PR ECEPTOR TRAINING, WHILE MORE THAN 215 ANCILLARY STUDENTS SPENT MORE THAN 50,100 HOURS ON T HE SGH CAMPUS ACADEMIC PARTNERS INCLUDED ALLIANT UNIVERSITY, APU, CALIFORNIA NORTHSTATE U NIVERSITY, CALIFORNIA STATE UNIVERSITY FRESNO, CALIFORNIA STATE UNIVERSITY LONG BEACH, CAL IFORNIA STATE UNIVERSITY NORTHRIDGE, CALIFORNIA STATE UNIVERSITY SAN MARCOS, CASA LOMA COL LEGE, CHAMBERLAIN COLLEGE, CON |

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| FORM 990, PART III, LINE 4B (CONTINUED) | CORDE CAREER COLLEGE, EMSTA COLLEGE, FLORIDA INTERNATIONAL UNIVERSITY, GRAND VALLEY STATE UNIVERSITY, GROSSMONT COLLEGE, GROSSMONT HEALTH OCCUPATIONS CENTER, LOMA LINDA UNIVERSITY, NATIONAL UNIVERSITY, PALOMAR COLLEGE, PIMA MEDICAL INSTITUTE, POINT LOMA NAZARENE UNIVERS ITY (PLNU), SAN DIEGO CITY COLLEGE, SAN DIEGO MESA COLLEGE, SDSU, SOUTHWESTERN COLLEGE, TO URO UNIVERSITY, UNIVERSITY OF NEW HAMPSHIRE, UNIVERSITY OF PHOENIX, UCSD, UNIVERSITY OF SA N DIEGO, UNIVERSITY OF SOUTHERN CALIFORNIA, UNIVERSITY OF ST AUGUSTINE, UNIVERSITY OF THE PACIFIC, VILLANOVA UNIVERSITY, WESTERN UNIVERSITY, AND WESTMED COLLEGE. IN ADDITION, SGH OFFERED PROFESSIONAL DEVELOPMENT LECTURES TO 30 PLNU STUDENTS ON NUTRITION. FURTHER, THE S GH CANCER CENTER PROVIDED INTERNSHIPS TO TWO NATIONAL UNIVERSITY RADIATION THERAPY STUDENT S. LASTLY, IN JULY, THE SGH CANCER CENTER SHARED BEST PRACTICES WITH STAFF MEMBERS FROM BO RREGO HEALTH - CENTRO MEDICO EL CAJON, INCLUDING PROVIDING OPTIMAL CARE FOR BREAST CANCER PATIENTS AND UNDERSTANDING PATIENTS' NEEDS AND CONCERNS. SGH OFFERED FREE PROFESSIONAL DEV ELOPMENT OPPORTUNITIES FOR COMMUNITY AND SHARP HEALTH PROFESSIONALS IN FY 2016, INCLUDING THE INTRODUCTION TO MINDFULNESS CLASS SERIES AND MINDFUL MEDITATION CLASSES. THE INTRODUCT ION TO MINDFULNESS FOUR-CLASS SERIES HELPED PARTICIPANTS INCORPORATE MINDFULNESS INTO DAIL Y LIFE, SUCH AS SITTING, WALKING AND EATING MEDITATION, AND HOW TO WORK WITH DIFFICULT THO UGHTS AND EMOTIONS, IN ORDER TO ACHIEVE A RANGE OF POSITIVE BENEFITS, INCLUDING GREATER MI ND-BODY AWARENESS, REDUCED STRESS, IMPROVED WELL-BEING AND HAPPINESS. NEW IN AUGUST 2016, WEEKLY MINDFUL MEDITATION CLASSES WERE OFFERED FOR NEW AND EXPERIENCED MEDITATORS TO PRACT ICE DEVELOPING GREATER MIND-BODY AWARENESS AND REDUCE STRESS. IN FY 2016, MORE THAN 140 HE ALTH PROFESSIONALS PARTICIPATED IN THE INTRODUCTION TO MINDFULNESS SERIES AND MINDFUL MEDI TATION CLASSES AT SGH. FY 2017 PLAN SGH WILL DO THE FOLLOWING: * IN COLLABORATION WITH GUH SD, PARTICIPATE IN THE HESI * CONTINUE TO PARTICIPATE IN THE HSHMC PROGRAM * CONTINUE TO P ROVIDE INTERNSHIP AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES TO COLLEGE AND UNIVERSITY STU DENTS THROUGHOUT SAN DIEGO * CONTINUE TO COLLABORATE WITH LOCAL UNIVERSITIES TO PROVIDE PR OFESSIONAL DEVELOPMENT LECTURES FOR STUDENTS * DEVELOP AN ELEMENTARY SCHOOL FIELD TRIP PRO GRAM TO PROMOTE HEALTHY DECISION-MAKING AS WELL AS TO PROVIDE A BROAD UNDERSTANDING OF HEA LTH CARE CAREER OPTIONS * CONTINUE TO PROVIDE THE INTRODUCTION TO MINDFULNESS CLASS SERIES MINDFULNESS MEDITATION CLASSES * EXPLORE THE PROVISION OF A COMPASSION CULTIVATION TRAINI NG COURSE SGH PROGRAM AND SERVICE HIGHLIGHTS * 24-HOUR EMERGENCY ROOM AND CRITICAL CARE CE NTER, WITH HELIPORT AND PARAMEDIC BASE STATION - DESIGNATED STEMI CENTER * ACUTE CARE * AM BULATORY CARE CENTER * AMBULATORY INFUSION CENTER * BREAST IMAGING CENTER, INCLUDING MAMMO GRAPHY * CARDIAC TRAINING CENTER * CARE TRANSITIONS INTERVENTION (CTI) PROGRAM * DAVID AND DONNA LONG CENTER FOR CANCER |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | TREATMENT, INCLUDING CLINICAL TRIALS, GENETIC COUNSELING, RADIATION THERAPY AND MEDICAL ON COLOGY * ELECTROCARDIOGRAM * ELECTROENCEPHALOGRAPHY * ENDOSCOPY * GROSSMONT MEDICAL PLAZA OUTPATIENT SURGERY CENTER * GROUP AND ART THERAPIES * HEART AND VASCULAR CARE - RECOGNIZED BY THE AHA * HOME HEALTH * HOME INFUSION SERVICES * HOSPICE, INCLUDING BONITAVIEW, LAKEVI EW AND PARKVIEW HOSPICE HOMES * INTENSIVE CARE UNIT * LEVEL III NEONATAL INTENSIVE CARE UN IT * MENTAL HEALTH INPATIENT AND OUTPATIENT SERVICES * ORTHOPEDICS, INCLUDING TOTAL JOINT REPLACEMENT SURGERY * OUTPATIENT DIABETES SERVICES, RECOGNIZED BY THE ADA * PATHOLOGY SERV ICES * PEDIATRIC SERVICES * PHARMACY SERVICES * PRE-ANESTHESIA EVALUATION SERVICES * PULMO NARY SERVICES * RADIOLOGY AND DIAGNOSTIC IMAGING, INCLUDING COMPUTED TOMOGRAPHY (CT) SCAN, POSITRON EMISSION TOMOGRAPHY SCAN, DIGITAL MAMMOGRAPHY AND DEXA BONE DENSITY SCAN * REHAB ILITATION SERVICES (INPATIENT AND OUTPATIENT) * SENIOR RESOURCE CENTER * SKILLED NURSING F ACILITY/ TRANSITIONAL CARE UNIT * SLEEP DISORDERS CENTER * SPIRITUAL CARE SERVICES * STROK E CENTER - RECOGNIZED BY THE AHA * SURGICAL INTENSIVE CARE UNIT * SURGICAL SERVICES, INCLU DING ROBOTIC SURGERY * THERAPY PET PROGRAM * URGENT CARE (OPENING 2017) * VAN SERVICES * W OMEN'S HEALTH CENTER * WOUND HEALING CENTER, INCLUDING HY PERBARIC MEDICINE SECTION 5 SHARP HOSPICECARE AS A SY STEMWIDE PROGRAM, SHARP HOSPICECARE PROVIDES PROGRAMS AND SERVICES TO ALL OF SHARP HEALTHCARE'S (SHARP'S OR SHC'S) HOSPITAL ENTITIES HOWEVER, SHARP HOSPICECARE IS LICENSED UNDER SHARP GROSSMONT HOSPITAL (SGH) AND AS SUCH, THE FINANCIAL VALUE OF ITS COMMUNITY BENEFIT PROGRAMS AND SERVICES ARE INCLUDED IN SECTION 6 OF THIS REPORT THE FOLL OWING DESCRIPTION HIGHLIGHTS VARIOUS PROGRAMS AND SERVICES PROVIDED BY SHARP HOSPICECARE T O SAN DIEGO COUNTY (SDC) IN FY 2016 IN THE FOLLOWING SB 697 COMMUNITY BENEFIT CATEGORIES * OTHER BENEFITS FOR VULNERABLE POPULATIONS INCLUDED CONTRIBUTION OF TIME TO STAND DOWN FO R HOMELESS VETERANS, FEEDING SAN DIEGO AND THE SAN DIEGO FOOD BANK |

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| FORM 990, PART III, LINE 4B (CONTINUED) | * OTHER BENEFITS FOR THE BROADER COMMUNITY INCLUDED A VARIETY OF END-OF-LIFE SUPPORT FOR S ENIORS, FAMILIES, CAREGIVERS AND VETERANS IN THE SAN DIEGO COMMUNITY, SUCH AS EDUCATION, S UPPORT GROUPS AND OUTREACH AT COMMUNITY HEALTH FAIRS AND OTHER EVENTS SHARP HOSPICECARE S TAFF ACTIVELY PARTICIPATED IN COMMUNITY BOARDS, COMMITTEES AND CIVIC ORGANIZATIONS, INCLUD ING SAN DIEGO COUNTY COALITION FOR IMPROVING END-OF-LIFE CARE (SDCCEOLC), CAREGIVER COALIT ION OF SAN DIEGO, SAN DIEGO COUNTY HOSPICE-VETERAN PARTNERSHIP (HVP), CALIFORNIA HOSPICE A ND PALLIATIVE CARE ASSOCIATION (CHAPCA), NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO), SOUTHERN CAREGIVER RESOURCE CENTER (SCRC), SAN DIEGO REGIONAL HOME CARE COUNCIL (SDRHCC), SAN DIEGO COMMUNITY ACTION NETWORK (SANDI-CAN), NORTH COUNTY COMMUNITY ACTION NE TWORK (NORCAN), SOUTH COUNTY ACTION NETWORK (SOCAN), EAST COUNTY SENIOR SERVICE PROVIDERS (ECSSP), SAN DIEGO CHAPTER OF THE HOSPICE AND PALLIATIVE NURSES ASSOCIATION (HPNA), SAN DI EGO PHY SICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) COALITION/SAN DIEGO COALITION F OR COMPASSIONATE CARE (SDCCC), AND SAN DIEGO COUNTY MEDICAL SOCIETY BIOETHICS COMMISSION SEE APPENDIX A FOR A LISTING OF SHARP'S INVOLVEMENT IN COMMUNITY ORGANIZATIONS IN FY 2016 THE CATEGORY ALSO INCORPORATED COSTS ASSOCIATED WITH COMMUNITY BENEFIT PLANNING AND ADMIN ISTRATION, INCLUDING COMMUNITY HEALTH NEEDS ASSESSMENTS * HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS INCLUDED TIME DEVOTED TO EDUCATION AND TRAINING FOR HEALTH CARE PROFESSI ONALS, STUDENT AND INTERN SUPERVISION AND GENERALIZABLE HEALTH-RELATED RESEARCH PROJECTS T HAT WERE MADE AVAILABLE TO THE BROADER HEALTH CARE COMMUNITY DEFINITION OF COMMUNITY SHAR P HOSPICECARE IS LOCATED AT 8881 FLETCHER PARKWAY IN LA MESA, ZIP CODE 91942 SHARP HOSPIC ECARE PROVIDES COMPREHENSIVE END-OF-LIFE HOSPICE CARE, SPECIALIZED PALLIATIVE CARE AND COM PASSIONATE SUPPORT TO PATIENTS AND FAMILIES THROUGHOUT SDC FOR SHC'S 2016 COMMUNITY HEALT H NEEDS ASSESSMENT (CHNA) PROCESS, THE DIGNITY HEALTH/TRUVEN HEALTH COMMUNITY NEED INDEX ( CNI) WAS UTILIZED TO IDENTIFY VULNERABLE COMMUNITIES WITHIN THE COUNTY THE CNI IDENTIFIES THE SEVERITY OF HEALTH DISPARITY FOR EVERY ZIP CODE IN THE UNITED STATES OF AMERICA (U S ) BASED ON SPECIFIC BARRIERS TO HEALTH CARE ACCESS, INCLUDING EDUCATION, INCOME, CULTURE/L ANGUAGE, INSURANCE AND HOUSING AS SUCH, THE CNI DEMONSTRATES THE LINK BETWEEN COMMUNITY N EED, ACCESS TO CARE, AND PREVENTABLE HOSPITALIZATIONS ACCORDING TO THE CNI, COMMUNITIES S ERVED BY SHARP HOSPICECARE WITH ESPECIALLY HIGH NEED INCLUDE, BUT ARE NOT LIMITED TO, EAST SAN DIEGO, CITY HEIGHTS, NORTH PARK, THE COLLEGE AREA, AND DOWNTOWN SAN DIEGO DESCRIPTIO N OF COMMUNITY HEALTH IN SDC IN 2015, 96 7 PERCENT OF CHILDREN AGES 0 TO 11, 94 9 PERCENT OF CHILDREN AGES 12 TO 17, AND 88 9 PERCENT OF ADULTS AGES 18 TO 64 HAD HEALTH INSURANCE - FAILING TO MEET THE HEALTHY PEOPLE 2020 (HP2020) NATIONAL TARGETS39 FOR HEALTH INSURANCE COVERAGE SEE TABLE 24 FOR A S |

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| FORM 990, PART III, LINE 4B (CONTINUED) | UMMARY OF KEY INDICATORS OF ACCESS TO CARE AND TABLE 25 FOR DATA REGARDING MEDI-CAL ELIGIB ILITY IN SDC IN 2015, 15 6 PERCENT OF ADULTS AGES 18 TO 64 DID NOT HAVE A USUAL SOURCE OF CARE AND 12 3 PERCENT OF THESE ADULTS HAD HEALTH INSURANCE IN ADDITION 22 5 PERCENT REPO RTED FAIR OR POOR HEALTH OUTCOMES FURTHER, 45 2 PERCENT OF ADULTS AGES 18 TO 64 LIVING AT 200 PERCENT BELOW THE FEDERAL POVERTY LEVEL (FPL) REPORTED AS FOOD INSECURE TABLE 24 HE ALTH CARE ACCESS IN SDC, 2015 CURRENT HEALTH INSURANCE COVERAGE CHILDREN 0 TO 11 YEARS RA TE - 96 7% YEAR 2020 TARGET - 100% CHILDREN 12 TO 17 YEARS RATE - 94 9% YEAR 2020 TARGET - 100% ADULTS 18 TO 64 YEARS RATE - 88 9% YEAR 2020 TARGET - 100% REGULAR SOURCE OF MEDIC AL CARE CHILDREN 0 TO 11 YEARS RATE - 95 1% YEAR 2020 TARGET - 100% CHILDREN 12 TO 17 YE ARS RATE - 84 6% YEAR 2020 TARGET - 100% ADULTS 18 TO 64 YEARS RATE - 84 4% YEAR 2020 TA RGET - 89 4% NOT CURRENTLY INSURED ADULTS 18 TO 64 YEARS RATE - 11 1% SOURCE 2014-2015 CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS) TABLE 25 MEDI-CAL (MEDICAID) ELIGIBILITY, AMONG UNINSURED IN SDC (ADULTS AGES 18 TO 64 YEARS), 2015 MEDI-CAL ELIGIBLE - 19 0% NOT ELIGIBL E - 81 0% SOURCE 2014-2015 CHIS TABLE 26 SUMMARIZES THE 2015 LEADING CAUSES OF DEATH IN S DC FOR ADDITIONAL DEMOGRAPHIC AND HEALTH DATA FOR COMMUNITIES SERVED BY SHARP HOSPICECARE , PLEASE REFER TO THE SHARP MEMORIAL HOSPITAL (SMH) 2016 CHNA AT HTTP //WWW SHARP COM/ABOU T/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS WHICH INCLUDES DATA FOR THE PRIMARY COMMUNI TIES SERVED BY SHARP HOSPICECARE TABLE 26 LEADING CAUSES OF DEATH IN SDC, 2015 MALIGNANT NEOPLASMS NUMBER OF DEATHS - 5,059 DISEASES OF HEART NUMBER OF DEATHS - 4,763 ALZHEIMER 'S DISEASE NUMBER OF DEATHS - 1,404 CEREBROVASCULAR DISEASES NUMBER OF DEATHS - 1,170 AC CIDENTS (UNINTENTIONAL INJURIES) NUMBER OF DEATHS - 1,071 CHRONIC LOWER RESPIRATORY DISEA SES NUMBER OF DEATHS - 1,001 DIABETES MELLITUS NUMBER OF DEATHS - 713 INTENTIONAL SELF-H ARM (SUICIDE) NUMBER OF DEATHS - 411 CHRONIC LIVER DISEASE AND CIRRHOSIS NUMBER OF DEATH S - 391 ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE NUMBER OF DEATHS - 383 INFL UENZA AND PNEUMONIA NUMBER OF DEATHS - 344 PARKINSON'S DISEASE NUMBER OF DEATHS - 270 PN EUMONITIS DUE TO SOLIDS AND LIQUIDS NUMBER OF DEATHS - 186 SEPTICEMIA NUMBER OF DEATHS - 114 NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS NUMBER OF DEATHS - 98 SOURCE CENTERS FO R DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS UNDERLYING CAUSE OF DEATH 1999-2015 ON CDC WONDER ONLINE DATABASE, RELEASED 2016 DATA ARE FROM THE MULTIPL E CAUSE OF DEATH FILES, 1999-2015, AS COMPILED FROM DATA PROVIDED BY THE 57 VITAL STATISTI CS JURISDICTIONS THROUGH THE VITAL STATISTICS COOPERATIVE PROGRAM COMMUNITY BENEFIT PLANN ING PROCESS IN ADDITION TO THE STEPS OUTLINED IN SECTION 3 COMMUNITY BENEFIT PLANNING PRO CESS REGARDING COMMUNITY BENEFIT PLANNING, SHARP HOSPICECARE * CONSULTS WITH REPRESENTATI VES FROM A VARIETY OF INTERNAL |

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| FORM 990, PART III, LINE 4B (CONTINUED) | DEPARTMENTS AND OTHER COMMUNITY ORGANIZATIONS TO DISCUSS, PLAN AND IMPLEMENT COMMUNITY AC TIVITIES * PARTICIPATES IN PROGRAMS AND WORKGROUPS TO REVIEW AND IMPLEMENT SERVICES THAT I MPROVE PALLIATIVE AND END-OF-LIFE CARE FOR THE SAN DIEGO COMMUNITY * INCORPORATES END-OF-L IFE COMMUNITY NEEDS INTO ITS GOAL DEVELOPMENT PRIORITY COMMUNITY NEEDS ADDRESSED BY SHARP HOSPICECARE THE 2016 CHNAS FOR EACH SHC ACUTE CARE HOSPITAL (SCVMC, SCHHC, SGH, SMH) CONTI NUED TO IDENTIFY SENIOR HEALTH AS A PRIORITY HEALTH NEED FOR THE COMMUNITY SHARP HOSPICEC ARE PROVIDES HOSPICE AND PALLIATIVE CARE SERVICES ACROSS THE SHC CARE CONTINUUM AND HELPS TO ADDRESS SENIOR HEALTH ISSUES THROUGH THE FOLLOWING COMMUNITY PROGRAMS AND SERVICES * E ND-OF-LIFE AND CHRONIC ILLNESS MANAGEMENT EDUCATION FOR COMMUNITY MEMBERS * ADVANCE CARE P LANNING (ACP) EDUCATION AND OUTREACH FOR COMMUNITY MEMBERS, STUDENTS AND HEALTH CARE PROFE SSIONALS * HOSPICE AND PALLIATIVE CARE EDUCATION AND TRAINING PROGRAMS FOR HEALTH CARE PRO FESSIONALS, STUDENTS AND VOLUNTEERS * BEREAVEMENT COUNSELING AND SUPPORT FOR EACH PRIORITY COMMUNITY NEED IDENTIFIED ABOVE, SUBSEQUENT PAGES INCLUDE A SUMMARY OF THE RATIONALE AND IMPORTANCE OF THE NEED, OBJECTIVE(S), FY 2016 REPORT OF ACTIVITIES CONDUCTED IN SUPPORT OF THE OBJECTIVE(S), AND FY 2017 PLAN IDENTIFIED COMMUNITY NEED END-OF-LIFE AND CHRONIC IL LNESS MANAGEMENT EDUCATION FOR COMMUNITY MEMBERS RATIONALE REFERENCES THE FINDINGS OF SHAR P'S 2016 CHNAS, HASD&IC 2016 CHNA OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLES S OTHERWISE INDICATED |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | RATIONALE * IN SHARP'S 2016 CHNAS, SENIOR HEALTH WAS IDENTIFIED AS ONE OF THE PRIORITY HEA LTH ISSUES FOR COMMUNITY MEMBERS SERVED BY SHARP * AS PART OF SHARP'S 2016 CHNAS, DISCUSS IONS HELD WITH SOCIAL WORKERS AND NURSES FROM SHARP'S SENIOR HEALTH CENTERS IDENTIFIED THE FOLLOWING CHALLENGES TO IMPROVING THE HEALTH OF SENIORS IN SDC ACCESS TO CARE ISSUES DUE TO AGING, DECREASED DRIVING OR LOSS OF SUPPORT SYSTEM, DIFFICULTY PURCHASING MEDICATIONS DUE TO FINANCIAL ISSUES, LACK OF TRANSPORTATION OR LACK OF MOTIVATION, DIFFICULTY UNDERSTA NDING MEDICAL INSTRUCTIONS, INABILITY TO RECOGNIZE A HEALTH PROBLEM EXISTS, MEMORY ISSUES, AND THE PERCEPTION THAT HEALTH ISSUES AND LONELINESS ARE A NORMAL PART OF AGING * INFORM ATION PRESENTED BY THE INSTITUTE OF MEDICINE (IOM) INDICATES THAT IMPROVING THE QUALITY AN D AVAILABILITY OF MEDICAL AND SOCIAL SERVICES FOR PATIENTS MAY CONTRIBUTE TO A MORE SUSTAI NABLE CARE SYSTEM, IN ADDITION TO IMPROVING QUALITY OF LIFE THROUGH THE END OF LIFE THE U S POPULATION IS RAPIDLY AGING AND BECOMING INCREASINGLY CULTURALLY DIVERSE WHICH INCREAS ES THE NEED FOR RESPONSIVE, PATIENT-CENTERED CARE. CURRENT LIMITATIONS TO EFFECTIVE END-OF -LIFE CARE INCLUDE BARRIERS IN ACCESS TO CARE THAT DISADVANTAGE CERTAIN GROUPS, AND MISALI GNMENT BETWEEN THE SERVICES PATIENTS AND FAMILIES NEED AND THOSE THEY ARE ABLE TO OBTAIN ( IOM, 2014) * SENIORS ARE AT HIGH RISK FOR DEVELOPING CHRONIC ILLNESSES AND RELATED DISABI LITIES, AND CHRONIC CONDITIONS ARE THE LEADING CAUSE OF DEATH AMONG OLDER ADULTS (CDC AND MERCK COMPANY FOUNDATION, 2007) SIGNIFICANT HEALTH ISSUES FOR SENIORS INCLUDE OBESITY, DI ABETES MELLITUS, STROKE, CHRONIC LOWER RESPIRATORY DISEASES, INFLUENZA AND PNEUMONIA, MENT AL HEALTH ISSUES (INCLUDING DEMENTIA AND ALZHEIMER'S DISEASE), CANCER, AND HEART DISEASE ( SAN DIEGO ASSOCIATION OF GOVERNMENTS, 2014) NATIONWIDE, ABOUT 80 PERCENT OF SENIORS ARE L IVING WITH AT LEAST ONE CHRONIC CONDITION, WHILE 50 PERCENT OF SENIORS HAVE TWO OR MORE CH RONIC CONDITIONS, THUS INCREASING THEIR NEED FOR CARE (COUNTY OF SAN DIEGO HEALTH AND HUMA N SERVICES AGENCY (HHSA), 2013, CDC, 2016) * THOSE CARING FOR A CLOSE RELATIVE, SUCH AS A SPOUSE OR PARENT, ARE AT A MUCH GREATER RISK OF DECLINING HEALTH AS A RESULT OF CAREGIVIN G (NATIONAL ALLIANCE ON CAREGIVING & AARP, 2015) ONE IN THREE CAREGIVERS OF SOMEONE AGE 5 0 OR OLDER SAYS A HEALTH CARE PROVIDER, SUCH AS A DOCTOR, NURSE, OR SOCIAL WORKER, HAS ASK ED ABOUT WHAT WAS NEEDED TO CARE FOR THEIR RECIPIENT, WHILE ONLY 16 PERCENT SAY A HEALTH C ARE PROVIDER HAS ASKED WHAT THEY NEED TO CARE FOR THEMSELVES IN ADDITION, ONE IN FOUR CAR EGIVERS REPORT IT IS VERY DIFFICULT TO GET AFFORDABLE CARE SERVICES IN THEIR LOVED ONE'S C OMMUNITY TO HELP WITH THEIR CARE (PEW RESEARCH CENTER, 2010) * IN SDC OVERALL, THERE WERE 416,568 RESIDENTS (13 0 PERCENT OF THE SDC POPULATION) AGED 65 YEARS OR OLDER IN 2015 BE TWEEN 2015 AND 2020 SDC'S SENIOR POPULATION IS EXPECTED TO GROW BY 22 0 PERCENT * IN 2014 , THERE WERE AN ESTIMATED 3 4 |

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| FORM 990, PART III, LINE 4B (CONTINUED) | MILLION FAMILY CAREGIVERS IN CALIFORNIA, ACCORDING TO THE FAMILY CAREGIVER ALLIANCE. * ACC ORDING TO A REPORT FROM THE NATIONAL ALLIANCE FOR CAREGIVING AND AARP TITLED CAREGIVING IN THE U S 2015, AN ESTIMATED 34 2 MILLION ADULTS HAVE PROVIDED UNPAID CARE TO AN ADULT AGE 50 OR OLDER IN THE PAST 12 MONTHS SIXTY PERCENT OF UNPAID CAREGIVERS ARE FEMALE, AND NEA RLY ONE IN 10 CAREGIVERS ARE AGE 75 OR OLDER (AARP AND THE NATIONAL ALLIANCE FOR CAREGIVIN G, 2015) * ABOUT SIX IN 10 CAREGIVERS ASSIST WITH MEDICAL/NURSING TASKS FOR THEIR LOVED O NE, AND 42 PERCENT OF THESE CAREGIVERS ARE PERFORMING THOSE TASKS WITHOUT ANY PREPARATION ACCORDING TO CAREGIVING IN THE U S 2015, 84 PERCENT OF CAREGIVERS REPORT THAT THEY COULD USE MORE INFORMATION OR HELP ON CAREGIVING TOPICS, WITH 87 PERCENT OF HIGH BURDEN CAREGIV ERS INDICATING THIS NEED THE TOP FOUR TOPICS OF CONCERN TO CAREGIVERS ARE KEEPING THEIR L OVED ONE SAFE AT HOME, MANAGING THEIR OWN EMOTIONAL OR PHYSICAL STRESS, MAKING END-OF-LIFE DECISIONS, AND MANAGING THEIR LOVED ONES' CHALLENGING BEHAVIORS (AARP AND THE NATIONAL AL LIANCE FOR CAREGIVING, 2015) * WHILE RESEARCHERS HAVE LONG KNOWN THAT CAREGIVING CAN HAVE HARMFUL MENTAL HEALTH EFFECTS FOR CAREGIVERS, RESEARCH SHOWS THAT CAREGIVING CAN HAVE SER IOUS PHYSICAL HEALTH CONSEQUENCES AS WELL FINDINGS FROM THE STRESS IN AMERICA SURVEY SHOW THAT INDIVIDUALS WHO SERVE AS CAREGIVERS TO OLDER RELATIVES REPORT POORER HEALTH AND HIGH ER STRESS LEVELS THAN THE GENERAL POPULATION FIFTY-FIVE PERCENT OF SURVEYED CAREGIVERS RE PORTED FEELING OVERWHELMED BY THE AMOUNT OF CARE THEIR FAMILY MEMBER NEEDS (AARP PUBLIC PO LICY INSTITUTE, VALUING THE INVALUABLE, UPDATED JULY 2015) * CAREGIVER INTERVENTIONS THAT HAVE SHOWN TO SUCCESSFULLY IMPROVE THE HEALTH AND WELL-BEING OF DEMENTIA CAREGIVERS INCLU DE PROVIDING EDUCATION TO CAREGIVERS, HELPING CAREGIVERS MANAGE DEMENTIA-RELATED SYMPTOMS, IMPROVING SOCIAL SUPPORT FOR CAREGIVERS, AND PROVIDING CAREGIVERS WITH RESPITE CARE FROM CAREGIVER DUTIES (ALZHEIMER'S ASSOCIATION, 2016) * IN 2013, 140,000 CALIFORNIANS WERE SER VED BY HOSPICE NEARLY 80 PERCENT OF HOSPICE PATIENTS WERE AGES 71 AND OLDER AT CURRENT R ATE OF USE, THE NUMBER OF HOSPICE PATIENTS IS PROJECTED TO MORE THAN DOUBLE BETWEEN 2013 A ND 2040 IT IS PROJECTED THAT IN 2040, 88 PERCENT OF HOSPICE PATIENTS WILL BE 71 AND OLDER (2015 CALIFORNIA HEALTH CARE ALMANAC BEDS FOR BOOMERS REPORT) OBJECTIVES * PROVIDE EDUCA TION AND OUTREACH TO THE SAN DIEGO COMMUNITY CONCERNING ADVANCED ILLNESS MANAGEMENT AND EN D-OF-LIFE CARE * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE EDUCATION AND OUTREAC H TO COMMUNITY MEMBERS, CAREGIVERS AND LOVED ONES * SUPPORT THE UNIQUE ADVANCED ILLNESS MA NAGEMENT AND END-OF-LIFE CARE NEEDS OF MILITARY VETERANS AND THEIR FAMILIES FY 2016 REPORT OF ACTIVITIES SHARP HOSPICECARE SUPPORTS THE SAN DIEGO COMMUNITY IN THE AREAS OF END-OF-L IFE CARE, AGING AND CAREGIVING THROUGH PARTICIPATION IN A VARIETY OF LOCAL ORGANIZATIONS I NCLUDING SDCCEOLC, SDRHCC, SAN |

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| FORM 990, PART III, LINE 4B (CONTINUED) | DIEGO COUNTY HVP, SAN DIEGO CHAPTER OF THE HPNA, SAN DIEGO POLST COALITION/ SDCCC, SAN DI EGO COUNTY MEDICAL SOCIETY BIOETHICS COMMISSION, CAREGIVER COALITION OF SAN DIEGO, SANDI-C AN, NORCAN, SOCAN AND ECSSP IN PARTNERSHIP WITH THESE AND OTHER COMMUNITY ORGANIZATIONS, IN FY 2016, SHARP HOSPICECARE PROVIDED MORE THAN 2,500 COMMUNITY MEMBERS WITH FREE EDUCATI ON AND OUTREACH ON A VARIETY OF END-OF-LIFE AND ADVANCED ILLNESS MANAGEMENT TOPICS THIS I NCLUDED EDUCATIONAL PRESENTATIONS AT CHURCHES, SENIOR LIVING CENTERS, AND COMMUNITY HEALTH AGENCIES AND ORGANIZATIONS THROUGHOUT SDC AS WELL AS PARTICIPATION IN COMMUNITY HEALTH FA IRS AND EVENTS IN OCTOBER, SHARP HOSPICECARE PARTNERED WITH SANDI-CAN AND OTHER COMMUNITY ORGANIZATIONS TO PROVIDE A FREE COMMUNITY CONFERENCE AT THE BALBOA PARK CLUB TITLED CRUCI AL CONVERSATIONS NAVIGATING YOUR WAY/TOOLS TO ASSIST WITH YOUR PERSONALIZED ROADMAP THRO UGH THE CONFERENCE, APPROXIMATELY 40 SENIORS AND THEIR FAMILY MEMBERS RECEIVED TOOLS TO ID ENTIFY THEIR END-OF-LIFE VALUES AND GOALS OF CARE, AND LEARNED COMMUNICATION SKILLS FOR MA KING EDUCATED AND INFORMED HEALTH CARE DECISIONS THE EVENT INCLUDED A COMMUNITY RESOURCE FAIR, A FILM SCREENING OF BEING MORTAL - A DOCUMENTARY THAT ADDRESSES THE NATIONAL DIALOGU E AROUND DEATH AND WHAT MATTERS MOST TO PATIENTS AND FAMILIES - AND A POST-FILM DISCUSSION AND PHYSICIAN PANEL SHARP HOSPICECARE COLLABORATED WITH SDCCEOLC AND OTHER COMMUNITY PAR TNERS THROUGHOUT THE YEAR TO SHARE BEING MORTAL WITH COMMUNITY MEMBERS AND ENCOURAGE DISCU SSION ABOUT END-OF-LIFE PLANNING THIS INCLUDED FILM SCREENINGS FOR APPROXIMATELY 170 COMM UNITY MEMBERS AT THE PACIFIC SOUTHWEST COMMUNITY DEVELOPMENT CORPORATION (LOW-INCOME SENIO R HOUSING COMMUNITY), VERSA AT CIVITA SENIOR APARTMENTS IN MISSION VALLEY, VISTA LIBRARY, SAN DIEGO OASIS AND CHULA VISTA CONGREGATIONAL CHURCH |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | IN MARCH, SHARP HOSPICECARE PARTICIPATED IN THE SMH SENIOR RESOURCE CENTER'S FREE COMMUNIT Y CONFERENCE TITLED CARING FOR THE CAREGIVER, HELD AT THE POINT LOMA COMMUNITY PRESBYTERIA N CHURCH THE CONFERENCE EDUCATED APPROXIMATELY 25 SENIORS AND FAMILY CAREGIVERS ABOUT THE EMOTIONAL ISSUES OF CAREGIVING, HOW TO ADDRESS BEHAVIORS AND IMPROVE COMMUNICATION WITH S OMEONE WITH DEMENTIA, PROPER TRANSFER AND LIFT TECHNIQUES, AND WHEN TO CONSIDER HOSPICE CA RE IN APRIL AND MAY, SHARP HOSPICECARE PARTNERED WITH SCHHC AND THE SMH AND SGH SENIOR RE SOURCE CENTERS TO PROVIDE THREE AGING CONFERENCES FOR COMMUNITY SENIORS AND THEIR FAMILIES TITLED LIFE'S TRANSITIONS CHANGING HEALTH CARE NEEDS THROUGH THE YEARS, THE CONFERENCES WERE HELD AT THE POINT LOMA COMMUNITY PRESBYTERIAN CHURCH, THE LA MESA COMMUNITY CENTER A ND THE CORONADO PUBLIC LIBRARY THE FREE CONFERENCES PROVIDED APPROXIMATELY 300 COMMUNITY MEMBERS WITH EDUCATION FROM SHARP HOSPICECARE LEADERSHIP AND OTHER COMMUNITY HEALTH EXPERT S ON HOW TO APPROACH AGING FROM A HEALTHIER PERSPECTIVE WITH AN ALERT MIND, VITALITY AND A PLAN FOR THE FUTURE IN SEPTEMBER, SHARP HOSPICECARE AND SOCAN HOSTED THE LIVE STRONGER L ONGER CONFERENCE FOR SENIORS AND CAREGIVERS AT THE KIMBALL SENIOR CENTER IN NATIONAL CITY THE FREE CONFERENCE PROVIDED APPROXIMATELY 125 SENIORS AND THEIR CAREGIVERS WITH VALUABL E INFORMATION ON HOW TO CARE FOR THEMSELVES AND THEIR LOVED ONES THE EVENT INCLUDED A VAR IETY OF COMMUNITY RESOURCE AGENCIES, FREE FLU SHOTS, AND PRESENTATIONS ON TOPICS SUCH AS A SKING YOUR DOCTOR THE RIGHT QUESTIONS, COMPLETING AN ADVANCE HEALTH CARE DIRECTIVE (ADVANC E DIRECTIVE), DETECTING FRAUD, DEVELOPING HEALTHY EATING HABITS, GETTING FIT AT ANY AGE, A ND MANAGING DEPRESSION IN ADDITION, THE SCRC OFFERED FREE RESPITE CARE TO SENIORS IN THEI R HOMES WHILE THEIR LOVED ONES ATTENDED THE CONFERENCE SHARP HOSPICECARE PARTNERED WITH T HE CAREGIVER COALITION OF SAN DIEGO AND OTHER COMMUNITY ORGANIZATIONS TO PROVIDE SEVERAL C ONFERENCES THROUGHOUT SDC FOR APPROXIMATELY 300 COMMUNITY MEMBERS WHO ARE PROVIDING CARE F OR A FRIEND OR FAMILY MEMBER CONFERENCES INCLUDED NAVIGATING THE INSANITY OF CAREGIVING H ELD AT ST PAUL'S PLAZA IN CHULA VISTA, DON'T GET SPOOKED BY THE AGING PROCESS HELD AT THE TEMPLE ADAT SHALOM IN POWAY, THE ART OF CAREGIVING HELD AT TEMPLE SOLEL IN CARDIFF BY THE SEA, PROTECTING YOURSELF AND YOUR LOVED ONES HELD AT ST PAUL'S PLAZA SENIOR COMMUNITY IN CHULA VISTA, LET'S TALK DEMENTIA FINDING THE BALANCE IN CAREGIVING HELD AT THE LA MESA C OMMUNITY CENTER, AND CHALLENGES IN THE ART OF CAREGIVING HELD AT THE FIRST UNITED METHODIS T CHURCH OF SAN DIEGO THE FREE CONFERENCES INCLUDED RESOURCE BOOTHS AS WELL AS SPEAKERS O N A VARIETY OF CAREGIVING TOPICS, INCLUDING ALZHEIMER'S DISEASE, SENIOR HOUSING AND CARE O PTIONS, HOW TO HANDLE GRIEF, FEAR, ILLNESS AND LOSS IN A SPIRITUAL WAY, HOW TO HAVE A POSI TIVE EXPERIENCE AS A CAREGIVER, LEGAL AND FINANCIAL PLANNING, REDUCING CAREGIVER STRESS, M ANAGING DIFFICULT CONVERSATION |

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| FORM 990, PART III, LINE 4B (CONTINUED) | S, ACP, PROTECTING AGAINST ELDER ABUSE, THEFT AND SCAMS, LEGAL AND FINANCIAL DEMENTIA CARE PLANNING, CARING FOR YOUR LOVED ONE'S PERSONAL NEEDS, AND SELF-CARE SHARP HOSPICECARE PA RTICIPATED IN NUMEROUS OTHER COMMUNITY HEALTH FAIRS AND EVENTS THROUGHOUT THE YEAR, INCLUD ING THE SHARP SENIOR RESOURCE CENTER ANNUAL SENIOR HEALTH AND SAFETY FAIR, COLLEGE AVENUE SENIOR CENTER HEALTH FAIR, SPRING INTO HEALTHY LIVING AT THE MCGRATH FAMILY YMCA, ST PAUL 'S SENIOR SERVICES HEALTH FAIR, SHARP WOMEN'S HEALTH CONFERENCE, SHARP CORONADO HOSPITAL C OMMUNITY OPEN HOUSE, TOUR DE CURE, ECSSP'S 17TH ANNUAL SENIOR HEALTH FAIR AT SONRISE COMMU NITY CHURCH IN SANTEE, SENIOR EXPO AT THE LA MESA COMMUNITY CENTER, HEALTHFAIR SATURDAY AT GROSSMONT CENTER, CELEBRANDO LATINAS WOMEN'S CONFERENCE, DR DARAMOLA'S HEALTH FAIR, SAN DIEGO GAS & ELECTRIC (SDG&E) EMPLOYEE WELLNESS FAIR, SENIOR HEALTH FAIR AT LAKESIDE COMMUN ITY CENTER, QUALITY OF LIFE FAIR, AGING & INDEPENDENCE SERVICES (AIS) 2016 AGING SUMMIT, A ND THE SOUTH COUNTY BEHAVIORAL HEALTH RESOURCE FAIR SHARP HOSPICECARE SUPPORTS THE NEEDS OF MILITARY VETERANS AND THEIR FAMILIES THROUGH COLLABORATION WITH LOCAL AND NATIONAL ORGA NIZATIONS ADVOCATING FOR QUALITY END-OF-LIFE CARE FOR VETERANS AS WELL AS THROUGH PARTICIP ATION IN VETERAN-ORIENTED COMMUNITY EVENTS SHARP HOSPICECARE IS A PARTNER IN WE HONOR VET ERANS (WHV), A NATIONAL PROGRAM DEVELOPED BY THE NHPCO IN COLLABORATION WITH THE U S DEPA RTMENT OF VETERANS AFFAIRS (VA) TO EMPOWER HOSPICE PROFESSIONALS TO MEET THE UNIQUE END-OF -LIFE NEEDS OF VETERANS AND THEIR FAMILIES AS WHV PARTNERS, HOSPICE ORGANIZATIONS CAN ACH IEVE UP TO FOUR LEVELS OF COMMITMENT IN SERVING VETERANS AT THE END-OF-LIFE AND THEIR FAMI LIES SHARP HOSPICECARE HAS ACHIEVED WHV PARTNER LEVELS I AND II AND IS CURRENTLY WORKING TOWARD LEVEL III AS A LEVEL I PARTNER, SHARP HOSPICECARE IS EQUIPPED TO PROVIDE VETERAN-C ENTRIC EDUCATION TO STAFF, VOLUNTEERS AND COMMUNITY PROFESSIONALS, INCLUDING TRAINING THEM TO IDENTIFY PATIENTS WITH MILITARY EXPERIENCE AS A LEVEL II PARTNER, SHARP HOSPICECARE H AS BUILT THE ORGANIZATIONAL CAPACITY NEEDED TO PROVIDE QUALITY CARE FOR VETERANS AND THEIR FAMILIES SINCE 2010, SHARP HOSPICECARE HAS BEEN A MEMBER OF THE SAN DIEGO COUNTY HVP, A COALITION OF VA FACILITIES AND COMMUNITY HOSPICES WORKING TOGETHER TO ENSURE EXCELLENT END -OF-LIFE CARE FOR VETERANS AND THEIR FAMILIES THROUGH THE PARTNERSHIP, THE VA SAN DIEGO H EALTHCARE SYSTEM (VASDHS) AND SAN DIEGO'S COMMUNITY HOSPICE ORGANIZATIONS COLLABORATE TO P ROMOTE QUALITY CARE FOR VETERANS EXPERIENCING A LIFE-LIMITING ILLNESS AS WELL AS SERVE AS A VOICE AND RESOURCE FOR VETERANS AND THEIR FAMILIES IN MAY, SHARP HOSPICECARE PARTICIPAT ED IN THE SAN DIEGO COUNTY HVP AND THE CAREGIVER COALITION OF SAN DIEGO'S VETERANS RESOURC E FAIR AT THE WAR MEMORIAL BUILDING IN BALBOA PARK THE FREE EVENT PROVIDED APPROXIMATELY 40 VETERANS, FAMILY MEMBERS AND CAREGIVERS WITH PRESENTATIONS ON AVAILABLE HEALTH CARE SER VICES, VA BENEFITS ENROLLMENT |

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| FORM 990, PART III, LINE 4B (CONTINUED) | AND ESTATE PLANNING THE FAIR ALSO INCLUDED COMMUNITY HEALTH RESOURCES FROM NEARLY 30 VEND ORS AS WELL AS AN APPRECIATION CEREMONY TO HONOR ATTENDING VETERANS FOR THEIR SERVICE SHA RP HOSPICECARE PARTICIPATES ON THE ADVISORY BOARD FOR THE SCRC OPERATION FAMILY CAREGIVER, A COMPREHENSIVE PROGRAM THAT HELPS ALL FAMILY CAREGIVERS OF VETERANS, INCLUDING THOSE OF POST-9/11 CONFLICTS, AS WELL AS SERVICE MEMBERS WITH TRAUMATIC BRAIN INJURY (TBI), POST-TR AUMATIC STRESS DISORDER (PTSD) OR OTHER PHYSICAL DISABILITIES IN MARCH, SHARP HOSPICECARE PROVIDED END-OF-LIFE CARE RESOURCES AT THE SCRC OPERATION FAMILY CAREGIVER CONFERENCES AT CAMP PENDLETON AND THE NORTH INLAND LIVE WELL CENTER IN ESCONDIDO THE FREE CONFERENCES E DUCATED MORE THAN 100 MILITARY PERSONNEL, VETERANS AND FAMILY CAREGIVERS ON PRACTICAL SOLU TIONS FOR MANAGING TBI AND PTSD, IMPROVING COMMUNICATION AND CARING FOR THE FAMILY CAREGIV ER IN JUNE, SHARP HOSPICECARE PARTICIPATED IN THE OPERATION ENGAGE AMERICA RESOURCE FAIR AT LIBERTY STATION, AN EVENT HOSTED BY OPERATION ENGAGE AMERICA - A NONPROFIT ORGANIZATION THAT PROVIDES SUPPORT, AWARENESS, EDUCATION AND RESOURCES FOR VETERANS, COMMUNITY MEMBERS AND FAMILIES LIVING WITH PTSD AND TBI NEARLY 200 VETERANS, TRANSITIONING SERVICE MEMBERS , FIRST RESPONDERS, FAMILIES AND OTHER MEMBERS OF THE COMMUNITY ATTENDED THE FREE EVENT, W HICH INCLUDED A 5K WALK, PROFESSIONAL SPEAKERS, AND RESOURCES FROM MORE THAN 100 COMMUNITY ORGANIZATIONS, INCLUDING SHARP HOSPICECARE IN AUGUST, SHARP HOSPICECARE PARTICIPATED IN THE VASDHS 2016 COMMUNITY MENTAL HEALTH SUMMIT THE EVENT BROUGHT TOGETHER KEY COMMUNITY S TAKEHOLDERS IN ACTIVE DIALOGUE AROUND IMPROVING ACCESS TO MENTAL HEALTH SERVICES AND ADDRE SSING THE MENTAL HEALTH CARE NEEDS OF SAN DIEGO VETERANS AND THEIR FAMILY MEMBERS |

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| FORM 990, PART III, LINE 4B (CONTINUED) | IN NOVEMBER, SHARP HOSPICECARE PARTICIPATED IN FINDING THE BALANCE IN CAREGIVING CARING F OR VETERANS, AN EDUCATIONAL SEMINAR PRESENTED BY THE CAREGIVER COALITION OF SAN DIEGO AND THE CITY OF LA MESA HELD AT THE LA MESA COMMUNITY CENTER, THE FREE EVENT PROVIDED APPROXI MATELY 100 ATTENDEES WITH RESOURCE BOOTHS AND EDUCATIONAL PRESENTATIONS ON CARING FOR VETE RANS AND THEIR CAREGIVERS SHARP HOSPICECARE HONORED THE NATION'S VETERANS AT VARIOUS CERE MONIES AND EVENTS IN FY 2016 IN AUGUST, SHARP HOSPICECARE PARTICIPATED IN THE HVP'S KEEP THE SPIRIT OF `45 ALIVE EVENT AT THE VETERANS MUSEUM AND MEMORIAL CENTER IN BALBOA PARK T HE ANNUAL CEREMONY IS PART OF A NATIONWIDE COMMEMORATION AND CELEBRATION OF THE END OF WOR LD WAR II AND THOSE WHO SACRIFICED THEIR LIVES IN DECEMBER, SHARP HOSPICECARE JOINED COMM UNITY MEMBERS AND LOCAL END-OF-LIFE CARE ORGANIZATIONS IN THE ANNUAL WREATHS ACROSS AMERIC A WREATH-LAYING CEREMONY AT FT ROSECRANS TO COMMEMORATE THE VIETNAM WAR AND HONOR THE MEN AND WOMEN WHO SERVED AS WELL AS THEIR FAMILIES AS PART OF THE WHV PROGRAM, SHARP HOSPICE CARE CELEBRATED PATIENTS WHO SERVED IN THE U S MILITARY IN HONOR OF VETERAN'S DAY IN NOVE MBER 2015 BY HOLDING 55 FLAG CEREMONIES FROM NOVEMBER 7 THROUGH 14 DURING THE CEREMONIES, FELLOW VETERANS PRESENTED THE PATIENTS WITH A U S FLAG THAT WAS FLOWN ON THE U S S MIDW AY AIRCRAFT CARRIER IN HONOR OF THE 75TH ANNIVERSARY OF THE ATTACK ON PEARL HARBOR, SHARP HOSPICECARE WROTE AND MAILED 150 THANK-YOU NOTES TO LOCAL VETERANS SHARP HOSPICECARE CON TINUED ITS WIG DONATION PROGRAM IN FY 2016 THROUGH THE PROGRAM, SHARP HOSPICECARE RECEIVE S NEW, UNUSED WIGS FROM MANUFACTURERS, CLEANS AND STYLES THE WIGS, AND DONATES THEM TO IND IVIDUALS EXPERIENCING HAIR LOSS DUE TO CANCER TREATMENT AND OTHER ILLNESSES SHARP HOSPICE CARE TEAM MEMBERS OFFER PRIVATE WIG APPOINTMENTS FOR COMMUNITY MEMBERS TO SELECT THEIR WIG AND RECEIVE PERSONALIZED WIG FITTING, STYLING AND MAINTENANCE INSTRUCTIONS SURPLUS WIGS ARE DONATED TO OTHER DEPARTMENTS THROUGHOUT SHARP, INCLUDING CANCER PATIENTS AT SMH AND TH E DOUGLAS & NANCY BARNHART CANCER CENTER AT SCVMC IN FY 2016, 25 COMMUNITY MEMBERS RECEIV ED FREE WIGS FROM SHARP HOSPICECARE, WITH A TOTAL DONATION OF 175 WIGS FY 2017 PLAN SHARP HOSPICECARE WILL DO THE FOLLOWING * CONTINUE TO COLLABORATE WITH A VARIETY OF LOCAL NETW ORKING GROUPS AND COMMUNITY-ORIENTED AGENCIES TO PROVIDE EDUCATION AND RESOURCES FOR COMMU NITY MEMBERS ON ADVANCED ILLNESS MANAGEMENT AND END-OF-LIFE CARE * COLLABORATE WITH SCHHC AND THE SHARP SENIOR RESOURCE CENTERS TO HOST THREE FREE AGING CONFERENCES, REACHING 100 C OMMUNITY MEMBERS PER CONFERENCE * CONTINUE TO SUPPORT THE NEEDS OF MILITARY VETERANS AND T HEIR FAMILIES THROUGH THE PROVISION OF EDUCATION AND RESOURCES AT VETERAN-ORIENTED COMMUNI TY EVENTS AND COLLABORATION WITH LOCAL AND NATIONAL ORGANIZATIONS ADVOCATING FOR QUALITY E ND-OF-LIFE CARE FOR VETERANS * ACHIEVE WHV LEVEL III PARTNERS TO DEVELOP AND STRENGTHEN RE LATIONSHIPS WITH VA MEDICAL CE |

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| FORM 990, PART III, LINE 4B (CONTINUED) | NTERS AND OTHER VETERAN ORGANIZATIONS AND COMMUNITY HOSPICES * BEGIN WORKING TOWARDS WHV L EVEL IV PARTNERS TO INCREASE ACCESS AND IMPROVE QUALITY OF CARE FOR VETERANS IN THE COMMUN ITY * CONTINUE TO PROVIDE A WIG DONATION PROGRAM IDENTIFIED COMMUNITY NEED ADVANCE CARE P LANNING EDUCATION AND OUTREACH TO COMMUNITY MEMBERS AND HEALTH CARE PROFESSIONALS RATIONAL E REFERENCES THE FINDINGS OF SHARP'S 2016 CHNAS, HASD&IC 2016 CHNA OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * THE SHC 2016 CHNAS IDE NTIFY CARE AT THE END OF LIFE AS A CRITICAL ISSUE FOR THE SENIOR POPULATION * DISCUSSIONS HELD WITH SHARP CANCER PATIENT NAVIGATORS AS PART OF SHARP'S 2016 CHNAS INDICATED THE FOL LOWING MAJOR CHALLENGES TO HELPING ONCOLOGY PATIENTS DIFFICULTY OF HAVING END-OF-LIFE CON VERSATIONS, WHICH MAY BE DUE TO CULTURAL VARIATION, OR LACK OF PHYSICIAN EXPERIENCE WITH P ALLIATIVE CARE, AND FEW INDIVIDUALS HAVING AN ADVANCE DIRECTIVE * ACCORDING TO THE IOM, T HERE IS A NEED FOR PUBLIC EDUCATION AND ENGAGEMENT ABOUT END-OF-LIFE PLANNING AT SEVERAL L EVELS, INCLUDING THE SOCIETAL LEVEL, TO BUILD SUPPORT FOR PUBLIC AND INSTITUTIONAL POLICI ES THAT ENSURE HIGH-QUALITY, SUSTAINABLE CARE, THE COMMUNITY AND FAMILY LEVELS, TO RAISE A WARENESS AND ELEVATE EXPECTATIONS ABOUT CARE OPTIONS, THE NEEDS OF CAREGIVERS, AND THE HAL LMARKS OF QUALITY CARE, AND THE INDIVIDUAL LEVEL, TO MOTIVATE AND FACILITATE ACP AND MEANI NGFUL CONVERSATIONS WITH FAMILY AND CAREGIVERS * ADVANCE DIRECTIVES SHOULD BE COMPLETED W HILE PEOPLE ARE HEALTHY, BECAUSE DOING SO GIVES THEM TIME TO THINK ABOUT THE END-OF-LIFE C ARE THEY WOULD CHOOSE IF THEY WERE UNABLE TO COMMUNICATE THEIR OWN WISHES IT ALSO ALLOWS TIME TO DISCUSS THESE WISHES WITH LOVED ONES (NHPCO, 2015) * THE AMERICAN HOSPITAL ASSOCI ATION'S 2012 REPORT TITLED ADVANCED ILLNESS MANAGEMENT STRATEGIES ENGAGING THE COMMUNITY AND A READY, WILLING AND ABLE WORKFORCE DESCRIBES ADVANCED ILLNESS MANAGEMENT AS A FOUR-PH ASE PROCESS INCORPORATING ADVANCE DIRECTIVES, ACP, PALLIATIVE CARE AND HOSPICE CARE IN TH E FIRST PHASE, PEOPLE ARE HEALTHY AND CAN RECOVER FROM REVERSIBLE ILLNESS TO STAY AHEAD O F THE ADVANCED ILLNESS MANAGEMENT CURVE, IT IS IMPORTANT THAT INDIVIDUALS ENGAGE IN ACP BE FORE AN ILLNESS PROGRESSES AND DOCUMENT THEIR CARE PREFERENCES WITH TRUSTED FAMILY AND FRI ENDS, AS WELL AS WITH THEIR HEALTH CARE PROVIDER * THE SAME REPORT SUGGESTS NUMEROUS STRA TEGIES TO ENGAGE AND EXPAND PATIENT AND COMMUNITY AWARENESS OF THE IMPORTANCE OF ADVANCED ILLNESS AND END-OF-LIFE DECISION-MAKING, INCLUDING STRATEGIES TO INCREASE PATIENT ACCESSI BILITY TO INFORMATION, SUCH AS PROVIDING EFFECTIVE LANGUAGE ASSISTANCE SERVICES OR ADDRESS ING LOW HEALTH LITERACY, STRATEGIES THAT PROMOTE COMMUNITY COLLABORATIONS, SUCH AS DEVELOP ING COMMUNITY ENGAGEMENT PROGRAMS THAT ALIGN WITH THE PATIENT POPULATION'S DEMOGRAPHIC AND CULTURAL NEEDS, WORKFORCE DEVELOPMENT STRATEGIES, SUCH AS EMPLOY ING A DIVERSE AND SKILLED WORKFORCE THAT IS TAILORED TO |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | THE PATIENT POPULATION BEING SERVED, AND INTERNAL SYSTEM STRATEGIES, SUCH AS TRACKING THE PERFORMANCE OF PATIENT ENGAGEMENT PROGRAMS (AHA, 2012) * SEVENTY PERCENT OF AMERICANS DO NOT HAVE AN ADVANCE CARE PLAN (CENTERS FOR DISEASE CONTROL AND PREVENTION, 2014) * A 201 3 REPORT TITLED COMPLETION OF ADVANCE DIRECTIVES AMONG U S CONSUMERS, PUBLISHED IN THE AM ERICAN JOURNAL OF PREVENTIVE MEDICINE, SHOWS THAT OF MORE THAN 7,900 RESPONDENTS, ONLY 26 3 PERCENT HAD AN ADVANCE DIRECTIVE, WITH LACK OF AWARENESS CITED AS THE PRIMARY BARRIER FO R NOT HAVING ONE THIS STUDY ALSO INDICATES RACIAL AND EDUCATIONAL DISPARITIES IN THE COMP LETION OF AN ADVANCE DIRECTIVE AND HIGHLIGHTS THE NEED FOR EDUCATION ABOUT END-OF-LIFE DEC ISIONS THAT IS TAILORED TO EDUCATIONAL LEVEL AND RACE/ETHNICITY * ABOUT TWICE AS MANY CAU CASIANS AS AFRICAN AMERICANS COMPLETED ADVANCE DIRECTIVES THE DIFFERENCE IN PREVALENCE OF ADVANCE DIRECTIVES IS ATTRIBUTABLE TO SEVERAL FACTORS, INCLUDING CULTURAL DIFFERENCES IN FAMILY-CENTERED DECISION-MAKING, DISTRUST OF THE HEALTH CARE SYSTEM, AND POOR COMMUNICATIO N BETWEEN HEALTH CARE PROFESSIONALS AND PATIENTS (MORHAIM AND POLLACK, 2013) * ACCORDING TO THE CDC, BARRIERS TO ACP INCLUDE LACK OF AWARENESS, DENIAL OF DEATH AND DY ING, DENIAL O F BEING IN A CIRCUMSTANCE IN WHICH WE ARE UNABLE TO MAKE OUR OWN DECISIONS AND SPEAK FOR O URSELVES, CONFUSION BETWEEN WHETHER TO CHOOSE PALLIATIVE CARE AND DOING WHATEVER IT TAKES TO EXTEND LIFE, AND CULTURAL DIFFERENCES (CDC, 2012) * ACCORDING TO THE CDC, PLANNING FOR THE END OF LIFE IS INCREASINGLY BEING VIEWED AS A PUBLIC HEALTH ISSUE, GIVEN ITS POTENTIA L TO PREVENT UNNECESSARY SUFFERING AND TO SUPPORT AN INDIVIDUAL'S DECISIONS AND PREFERENCE S RELATED TO THE END OF LIFE IN ADDITION, THE CDC RECOGNIZES THE PUBLIC HEALTH OPPORTUNIT Y TO EDUCATE AMERICANS, AND ESPECIALLY OLDER ADULTS, ABOUT ACP AND TO IMPROVE THEIR QUALIT Y OF CARE AT THE END OF LIFE (CDC, 2012) * A 2014 CONSUMER REPORTS SURVEY OF 2,015 ADULTS SUGGESTS THAT AMERICANS WOULD PREFER TO DIE AT HOME. 86 PERCENT SAID THEY WOULD CONSIDER RECEIVING END-OF-LIFE-CARE AT HOME, BUT JUST 36 PERCENT SAID THE SAME ABOUT GETTING THAT C ARE IN A HOSPITAL |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | OBJECTIVES * PROVIDE EDUCATION, ENGAGEMENT AND CONSULTATION FOR COMMUNITY MEMBERS ON ACP A ND POLST * EDUCATE COMMUNITY HEALTH CARE PROFESSIONALS ON ACP AND POLST * EMPOWER COMMUNIT Y MEMBERS TO MAKE INFORMED HEALTH CARE DECISIONS FY 2016 REPORT OF ACTIVITIES SHC OFFERS A FREE AND CONFIDENTIAL ACP PROGRAM TO SUPPORT COMMUNITY MEMBERS AS THEY CONSIDER THEIR FUT URE HEALTH CARE OPTIONS FACILITATED BY SHARP HOSPICECARE, THE ACP PROGRAM EMPOWERS ADULTS OF ANY AGE AND HEALTH STATUS TO EXPLORE AND DOCUMENT THEIR BELIEFS, VALUES AND GOALS AS T HEY RELATE TO HEALTH CARE THE PROGRAM CONSISTS OF THREE STAGES STAGE ONE, COMMUNITY ENGA GEMENT, FOCUSES ON BRINGING AWARENESS TO HEALTHY COMMUNITY MEMBERS ABOUT THE IMPORTANCE OF ACP THIS STAGE INCLUDES BASIC EDUCATION AND RESOURCES, IDENTIFICATION OF AN APPROPRIATE HEALTH CARE AGENT, AND COMPLETION OF AN ADVANCE DIRECTIVE STAGE TWO, DISEASE-SPECIFIC OUT REACH, FOCUSES ON EDUCATION FOR COMMUNITY MEMBERS WITH A PROGRESSIVE CHRONIC ILLNESS, INCL UDING DECLINE IN FUNCTIONAL STATUS, CO-MORBIDITIES, POTENTIAL FOR HOSPITALIZATION AND CARE GIVER ISSUES WITH A GOAL OF ANTICIPATING FUTURE NEEDS AS HEALTH DECLINES, THIS STAGE FOCU SES ON DEVELOPING A WRITTEN PLAN THAT IDENTIFIES GOALS OF CARE, AND INVOLVES THE HEALTH CA RE AGENT AND LOVED ONES THE THIRD STAGE, LATE-LIFE ILLNESS OUTREACH, TARGETS THOSE WITH A DISEASE PROGNOSIS OF ONE Y EAR OR LESS UNDER THESE CIRCUMSTANCES, SPECIFIC OR URGENT DECI SIONS MUST BE MADE AND CONVERTED INTO MEDICAL ORDERS THAT WILL GUIDE THE HEALTH CARE PROVI DER'S ACTIONS AND BE CONSISTENT WITH GOALS OF CARE THE FOCUS OF THIS STAGE IS TO ASSIST T HE INDIVIDUAL OR APPOINTED HEALTH CARE AGENT WITH NAVIGATING COMPLEX MEDICAL DECISIONS REL ATED TO IMMEDIATE LIFE-SUSTAINING OR PROLONGING MEASURES, INCLUDING COMPLETION OF THE POLS T FORM, A LEGAL DOCUMENT DESIGNED FOR INDIVIDUALS WITH ADVANCED PROGRESSIVE OR TERMINAL IL LNESS THAT SPECIFIES CARE PREFERENCES IN AN EMERGENCY MEDICAL SITUATION SINCE 2014, SHC H AS OFFERED THE SHARP HEALTHCARE ADVANCE DIRECTIVE TO GUIDE THE PUBLIC IN OUTLINING THEIR H EALTH CARE DECISIONS THE DOCUMENT IS PUBLICLY AVAILABLE ON SHARP'S WEBSITE IN BOTH ENGLIS H AND SPANISH, AND USES EASY-TO-READ LANGUAGE TO DESCRIBE WHAT AN ADVANCE DIRECTIVE IS AND HOW AND WHY TO COMPLETE ONE THE FORM ALLOWS INDIVIDUALS TO PUT THEIR HEALTH CARE WISHES INTO WRITING AND TO APPROPRIATELY SIGN THE ADVANCE DIRECTIVE WITH THIS SIGNATURE, THE ADV ANCE DIRECTIVE BECOMES A LEGAL DOCUMENT THAT CAN BE USED AS A TOOL FOR HEALTH CARE DECISIO N-MAKING ADDITIONAL CONTACT INFORMATION IS PROVIDED FOR COMMUNITY MEMBERS WHO ARE INTERES TED IN SPEAKING WITH A SHARP ACP FACILITATOR THROUGHOUT FY 2016, THE SHARP ACP TEAM PROVI DED MORE THAN 140 PHONE AND IN-PERSON CONSULTATIONS TO COMMUNITY MEMBERS SEEKING GUIDANCE WITH IDENTIFYING THEIR PERSONAL GOALS OF CARE AND HEALTH CARE PREFERENCES, APPOINTING AN A PPROPRIATE HEALTH CARE AGENT, AND COMPLETING AN ADVANCE DIRECTIVE IN ADDITION, THE TEAM E NGAGED MORE THAN 2,000 COMMUNI |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | TY MEMBERS AND CAREGIVERS IN EDUCATION ON ACP AND POLST AT A VARIETY OF COMMUNITY SITES, I NCLUDING HEALTH FAIRS, SENIOR CENTERS, HOMECARE AGENCIES, CHURCHES AND SEMINARS AUDIENCES INCLUDED, BUT WERE NOT LIMITED TO, ELK'S LODGE SENIOR HEALTH AND RESOURCE FAIR, SAN YSIDR O SENIOR CENTER, NORMAN PARK SENIOR CENTER, RAMONA LIBRARY, NATIONAL CITY PUBLIC LIBRARY, SAN DIEGO CONTINUING EDUCATION - CESAR CHAVEZ CAMPUS, SENIOR GIFFORD CLINIC AT THE UNIVERS ITY OF CALIFORNIA, SAN DIEGO (UCSD) HEALTH FAIR, SAN DIEGO LGBT COMMUNITY CENTER, CASA FAM ILIAR COMMUNITY DEVELOPMENT AGENCY, CENTER FOR COMMUNITY SOLUTIONS, ALL SOULS EPISCOPAL CH URCH, VETERANS EDUCATION AND RESOURCE FAIR, DECEMBER NIGHTS, SDG&E EMPLOY EE WELLNESS FAIR, SALVATION ARMY, SILVER CREST SENIOR RESIDENCE, GLENNER MEMORY CARE CENTER CHULA VISTA, ST PAULS' SENIOR SERVICES, FAIRBANKS SQUARE SENIOR APARTMENTS, RACHEL'S WOMEN'S CENTER, SAN DIEGO PACE (PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY), CALIFORNIA STATE RETIREES, AL PINE COMMUNITY CHURCH MEN'S AND WOMEN'S GROUPS, CHULA VISTA CHAMBER OF COMMERCE, UTC AEROS PACE SYSTEMS STAFF, DOWNTOWN SHARP SENIOR HEALTH CENTER, SCVMC HEART HEALTH EXPOS, SHARP H OSPICECARE AGING CONFERENCES, SHARP HOSPICECARE AND SOCAN'S LIVE STRONGER LONGER CONFEREN CE FOR SENIORS AND CAREGIVERS, SHARP HOSPICECARE ANNUAL HEALING THROUGH THE HOLIDAYS EVENT , SHARP WOMEN'S HEALTH CONFERENCE, AND THE SGH HEART FAILURE SUPPORT GROUP NEW IN FY 2016 , SHARP'S ACP PROGRAM OFFERED A MONTHLY ACP WORKSHOP AT THE DAVID AND DONNA LONG CENTER FO R CANCER TREATMENT AT SGH TO PROVIDE COMMUNITY MEMBERS IMPACTED BY CANCER WITH AN OVERVIEW OF ACP, ADVANCE DIRECTIVE AND OTHER HEALTH CARE DECISION-MAKING PROCESSES SHARP HOSPICEC ARE ALSO LED A FREE ADVANCE CARE PLANNING SEMINAR AT THE GROSSMONT HEALTHCARE DISTRICT IN OCTOBER TO PROVIDE COMMUNITY MEMBERS WITH AN OVERVIEW OF THE ACP PROCESS, BASIC TOOLS TO D EFINE ONE'S HEALTH CARE CHOICES, AND COMMUNICATION TIPS TO BEGIN THE CONVERSATION WITH LOV ED ONES IN ADDITION, IN HONOR OF NATIONAL HEALTHCARE DECISIONS DAY (NHDD) IN APRIL - A NA TIONWIDE INITIATIVE TO EDUCATE ADULTS OF ALL AGES ABOUT THE IMPORTANCE OF ACP - SHARP'S AC P TEAM PARTICIPATED IN A LIVE DISCUSSION ON SAN DIEGO 6 NEWS ABOUT THE IMPORTANCE OF START ING THE ACP CONVERSATION WITH LOVED ONES AND SELECTING A HEALTH CARE AGENT THROUGHOUT THE YEAR THE SHARP HOSPICECARE ACP TEAM EDUCATED MORE THAN 700 LOCAL, STATE AND NATIONAL HEAL TH CARE PROFESSIONALS ON ACP AND POLST, INCLUDING, BUT NOT LIMITED TO, ATTENDEES OF THE SA N DIEGO PARTNERS IN ADVANCE CARE PLANNING PALLIATIVE CARE AND END-OF-LIFE PLANNING CONFERE NCE, CAPE COD HEALTHCARE, ARBOR HILLS NURSING CENTER, COTTAGE HOSPITAL, MOUNTAIN HEALTH, E AST COUNTY ACTION NETWORK, SOCAN, HPNA, SAN DIEGO PROFESSIONAL PALLIATIVE CARE CONFERENCE, RAINBOW HOSPICE AND PALLIATIVE CARE, NEIGHBORHOOD HOUSE ASSOCIATION, COUNTY AIS, GROSSMON T POST ACUTE CARE, SDCCEOLC, COALITION FOR COMPASSIONATE CARE OF CALIFORNIA (CCCC), SHARP HEALTHCARE'S ADVANCED ILLNESS |

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| FORM 990, PART III, LINE 4B (CONTINUED) | MANAGEMENT CONFERENCE, GREATER SAN DIEGO BUSINESS ASSOCIATION, AND THE CALIFORNIA ASSOCIAT ION OF MARRIAGE AND FAMILY THERAPISTS IN ADDITION, THE ACP TEAM COLLABORATED WITH THE CCC C TO OFFER A TWO-DAY POLST TRAIN-THE-TRAINER WORKSHOP WHICH TRAINED 50 COMMUNITY HEALTH CA RE PROVIDERS ON IDENTIFYING THE TARGET POPULATION FOR POLST COMPLETION, HOW TO FACILITATE A POLST CONVERSATION, AND HOW TO DOCUMENT PATIENT TREATMENT WISHES ON THE POLST FORM NEW IN FY 2016, THE SHARP ACP TEAM PROVIDED EDUCATION TO COMMUNITY HEALTH PROFESSIONALS ABOUT THE END OF LIFE OPTION ACT - A CALIFORNIA LAW MADE EFFECTIVE IN JUNE 2016 THAT PERMITS TER MINALLY ILL ADULT PATIENTS TO REQUEST AND RECEIVE DOCTOR-PRESCRIBED MEDICATION TO END LIFE EDUCATION ON THE LAW WAS PROVIDED TO THE SAN DIEGO RABBINICAL ASSOCIATION, SAN DIEGO CAR EGIVER COALITION AND SAN DIEGO ASSOCIATION OF PROFESSIONAL CHAPLAINS SHARP HOSPICECARE CO LLABORATED WITH SDCCEOLC AND OTHER COMMUNITY PARTNERS TO PROVIDE FILM SCREENINGS OF BEING MORTAL TO ASSIST APPROXIMATELY 400 COMMUNITY PROFESSIONALS IN STARTING DISCUSSIONS ABOUT E ND-OF-LIFE PLANNING THIS INCLUDED A SCREENING EVENT AND POST-FILM PANEL DISCUSSION AT SHA RP'S CORPORATE OFFICE LOCATION AND FOR EMPLOY EES FROM COUNTY AIS AND THE SAN DIEGO REGIONA L CENTER STAFF, AS WELL AS A WEBINAR TITLED USING FILM TO SUPPORT END-OF-LIFE CARE DISCUSS ION AND PLANNING FOR THE HOSPICE FOUNDATION OF AMERICA A PRESENTATION WAS HELD AT THE CCC C ANNUAL SUMMIT IN MAY TO SHARE THE OUTCOMES OF COMMUNITY FILM SCREENINGS ACROSS CALIFORNI A IN THE PAST Y EAR, INCLUDING AUDIENCE DEMOGRAPHICS AND REACTIONS TO THE FILM, HOW CONNECT IONS WERE MADE WITH UNDERSERVED COMMUNITIES, AND HOW TO CONTINUE USING THE FILM TO ENGAGE COMMUNITY MEMBERS IN ACP DISCUSSIONS |

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| FORM 990, PART III, LINE 4B (CONTINUED) | BEGINNING IN FY 2016, THE SHARP HOSPICECARE ACP TEAM JOINED SAN DIEGO HEALTH CONNECT, COUN TY AIS, HEALTH SERVICES ADVISORY GROUP, EMERGENCY MEDICAL SERVICES, AND VARIOUS HEALTH CAR E PROVIDERS IN SDC TO ENSURE THAT COMMUNITY MEMBERS HAVE ACCESS TO ADVANCE DIRECTIVE AND P OLST FORMS IN EMERGENCY SITUATIONS THROUGH THE SAN DIEGO HEALTHCARE INFORMATION EXCHANGE - A COUNTYWIDE PROGRAM THAT SECURELY CONNECTS HEALTH CARE PROVIDERS AND PATIENTS TO PRIVATE HEALTH INFORMATION EXCHANGES IN ADDITION, THE SHARP HOSPICECARE ACP TEAM PARTICIPATES IN AN INITIATIVE FUNDED BY THE CALIFORNIA HEALTH CARE FOUNDATION (CHCF) - AND SUPPORTED BY T HE CCCC AND CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA) - TO CREATE AN ELECTRON IC POLST REGISTRY (POLST EREGISTRY) WHEN A PAPER POLST FORM IS NOT READILY AVAILABLE DURI NG AN EMERGENCY, THE PATIENT'S CARE MAY BE HINDERED OR CONFLICT WITH THEIR WISHES THE POL ST EREGISTRY WILL IMPROVE ACCESS TO CRITICAL INFORMATION THROUGH A CLOUD-BASED REGISTRY FO R COMPLETED POLST FORMS TO BE SECURELY SUBMITTED AND RETRIEVED FY 2017 PLAN SHARP HOSPICE CARE WILL DO THE FOLLOWING * CONTINUE TO PROVIDE FREE ACP AND POLST EDUCATION AND OUTREAC H TO COMMUNITY MEMBERS THROUGH PHONE AND IN-PERSON CONSULTATIONS * COLLABORATE WITH COMMUN ITY ORGANIZATIONS TO PROVIDE EDUCATIONAL CLASSES AND EVENTS TO RAISE COMMUNITY AWARENESS O F ACP * IN COLLABORATION WITH SDCCC AND SDCCEOLC, PROVIDE COMMUNITY EVENTS TO PROMOTE THE IMPORTANCE OF ACP IN HONOR OF NHDD * CONTINUE TO PROVIDE ACP EDUCATION AND OUTREACH TO LOC AL, STATE AND NATIONAL HEALTH CARE PROFESSIONALS * CONTINUE TO SERVE AS A COMMUNITY RESOUR CE REGARDING THE END OF LIFE OPTION ACT * CONTINUE TO COLLABORATE WITH COMMUNITY PARTNERS TO PROVIDE COMMUNITY MEMBERS WITH ACCESS TO ADVANCE DIRECTIVE AND POLST FORMS THROUGH THE SAN DIEGO HEALTHCARE INFORMATION EXCHANGE * PARTICIPATE IN THE CHCF'S POLST EREGISTRY INIT IATIVE WITH CCCC AND EMSA IDENTIFIED COMMUNITY NEED HEALTH PROFESSIONS AND STUDENT EDUCAT ION AND TRAINING, AND VOLUNTEER TRAINING RATIONALE REFERENCES THE FINDINGS OF SHARP'S 2016 CHNAS, HASD&IC 2016 CHNA OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERW ISE INDICATED RATIONALE * ACCORDING TO THE 2013 SDC HEALTHCARE SHORTAGE AREAS ATLAS FROM THE HHSA, SDC IS ONE OF 27 COUNTIES IN CALIFORNIA LISTED AS A REGISTERED NURSE (RN) SHORTA GE AREA * DIRECT-CARE WORKERS IN CALIFORNIA ARE RESPONSIBLE FOR PROVIDING 70 TO 80 PERCEN T OF THE PAID HANDS-ON LONG-TERM CARE FOR OLDER ADULTS OR THOSE LIVING WITH DISABILITIES O R OTHER CHRONIC CONDITIONS (ELDERCARE WORKFORCE ALLIANCE, 2014-15) * THE SAN DIEGO WORKFO RCE PARTNERSHIP (SDWP) RECOMMENDS PROGRAMS THAT PROVIDE VOLUNTEER EXPERIENCES TO HIGH SCHO OL AND POSTSECONDARY STUDENTS, AS ON-THE-JOB TRAINING COULD PROVIDE REAL WORLD EXPERIENCE FOR WORKERS PROGRAMS THAT TARGET UNDERREPRESENTED GROUPS AND DISADVANTAGED STUDENTS COULD HELP INCREASE THE NUMBER OF CULTURALLY COMPETENT HEALTH CARE WORKERS (SDWP, 2011) * A MA RCH 2014 REPORT FROM THE CALIF |

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| FORM 990, PART III, LINE 4B (CONTINUED) | ORNIA HOSPITAL ASSOCIATION (CHA) TITLED CRITICAL ROLES CALIFORNIA'S ALLIED HEALTH WORKFOR CE FOLLOW-UP REPORT EMPHASIZES THE IMPORTANCE OF LOCAL HOSPITALS PROVIDING CLINICAL TRAINI NG FOR NURSES AND ALLIED HEALTH PROFESSIONALS, AS WELL AS PROGRAMS TO SUPPORT MENTORING AN D HOSPITAL WORK EXPERIENCE FOR INTERNS AND HIGH SCHOOL STUDENTS IN THE COMING DECADES, SU CH PROGRAMS WILL HAVE A TREMENDOUS IMPACT ON THE LIVES OF INDIVIDUALS, FAMILIES AND COMMUN ITIES AS A RESULT OF DEDICATING TIME AND RESOURCES TO THE THOUSANDS OF INTERNS AND HIGH SC HOOL STUDENTS WHO GAIN VALUABLE WORK EXPERIENCE AND CAREER EXPOSURE BY SPENDING TIME IN CA LIFORNIA HOSPITALS * THE U S BUREAU OF LABOR STATISTICS (BLS) PROJECTS THAT THE DEMAND F OR HOME HEALTH AIDES WILL GROW 38 1 PERCENT FROM 2014 TO 2024 OLDER INDIVIDUALS OFTEN HAV E HEALTH PROBLEMS AND NEED HELP WITH DAILY ACTIVITIES AS THE U S POPULATION AGES, THE DE MAND FOR HOME HEALTH AIDES WILL CONTINUE TO INCREASE (BLS, 2014) * IN THEIR 2014 OCCUPATI ONAL OUTLOOK QUARTERLY, THE BLS IDENTIFIED SEVERAL FACTORS LEADING TO AN INCREASED DEMAND FOR RNS AND OTHER HEALTH CARE PERSONNEL IN THE U S THESE FACTORS INCLUDE PROJECTED POPUL ATION GROWTH IN THE NEXT DECADE, AGING OF THE U S POPULATION, GREATER NUMBERS OF PEOPLE L IVING WITH CHRONIC CONDITIONS, SUCH AS DIABETES OR OBESITY, IMPROVEMENTS IN MEDICINE AND T ECHNOLOGY, AND FEDERAL HEALTH INSURANCE REFORM, WHICH HAS INCREASED THE NUMBER OF AMERICAN S WITH HEALTH INSURANCE COVERAGE (BLS, 2014) * THE BLS PROJECTS AN EMPLOYMENT OF MORE THA N 3 1 MILLION RNS IN THE U S IN 2024, WHICH IS AN INCREASE OF 16 PERCENT FROM 2014 COMPA RED TO OTHER HEALTH CARE PRACTITIONERS AND TECHNICAL HEALTH CARE OPERATORS, RNS ARE PROJEC TED TO HAVE THE MOST OPPORTUNITY FOR EMPLOYMENT IN 2020 (BLS, 2014) * TOTAL EMPLOYMENT IS PROJECTED TO INCREASE BY 6 5 PERCENT, OR 9 8 MILLION, FROM 2014 TO 2024 THE HEALTH CARE AND SOCIAL ASSISTANCE SECTOR IS PROJECTED TO INCREASE ITS EMPLOYMENT SHARE FROM 12 PERCENT IN 2014 TO 13 6 PERCENT IN 2024 - THE FASTEST GROWING SERVICE INDUSTRY OCCUPATIONS AND I NDUSTRIES RELATED TO HEALTH CARE ARE PROJECTED TO ADD THE MOST NEW JOBS, WITH AN INCREASE OF 2 3 MILLION JOBS (BLS, 2015) * THE NUMBER OF PEOPLE REACHING RETIREMENT WILL DOUBLE BY 2030, ACCOUNTING FOR AN EIGHT PERCENT INCREASE IN THE U S POPULATION NEEDING A WIDE RANG E OF PROFESSIONAL HEALTH, HOME CARE, AND SOCIAL SERVICES AN ESTIMATED 3 5 MILLION ADDITIO NAL HEALTH CARE PROFESSIONALS WILL BE NEEDED BY 2030 TO CARE FOR OLDER ADULTS, WHILE CURRE NT LEVELS OF WORKFORCE ARE ALREADY STRETCHED GERIATRICS HEALTH PROFESSIONS TRAINING PROGR AMS ARE CRITICAL TO ENSURING THERE IS A SKILLED ELDERCARE WORKFORCE AND KNOWLEDGEABLE, WEL L-SUPPORTED FAMILY CAREGIVERS AVAILABLE TO MEET THE COMPLEX AND UNIQUE NEEDS OF OLDER ADUL TS (ELDERCARE WORKFORCE ALLIANCE, 2014-2015) * ACCORDING TO THE HOSPICE AND PALLIATIVE NU RSING ASSOCIATION, PROFESSIONAL NURSES PLAY A LEADING ROLE AS MEMBERS OF THE PALLIATIVE CA RE AND HOSPICE TEAMS, AND ACRO |

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| FORM 990, PART III, LINE 4B (CONTINUED) | SS THE CONTINUUM OF CARE, AS PRIMARY TEAM MEMBERS WHO ASSESS, DIRECT, EVALUATE AND COORDIN ATE PATIENT NEEDS DURING THE ILLNESS EXPERIENCE. ECONOMIC MODELS PROJECT A SIGNIFICANT SHO RTAGE OF BETWEEN 725,000 AND 1 1 MILLION PROFESSIONAL NURSES BY 2030, UNDERSCORING THE IMP ORTANCE OF PREPARING NURSES FOR THE FUTURE (HPNA, 2015) * AN AMERICAN HOSPITAL ASSOCIATIO N (AHA) 2012 REPORT TITLED ADVANCED ILLNESS MANAGEMENT STRATEGIES ENGAGING THE COMMUNITY AND A READY, WILLING AND ABLE WORKFORCE IDENTIFIES A CRITICAL SHORTAGE OF HEALTH CARE PROF ESSIONALS WORKING IN HOSPICE. A TASK FORCE APPOINTED BY THE AMERICAN ACADEMY OF HOSPICE AN D PALLIATIVE MEDICINE ESTIMATES THAT BETWEEN 2,800 AND 7,500 PHYSICIANS ARE NEEDED TO BRIN G CURRENT HOSPICE PROGRAMS UP TO APPROPRIATE STAFFING LEVELS ADDITIONALLY, ONLY THREE PER CENT OF RNS IDENTIFY HOSPICE AS THEIR CLINICAL SPECIALTY * THE SAME REPORT IDENTIFIES A S TRONG NEED FOR OTHER TRAINED PROFESSIONALS WHO PLAY AN INTEGRAL ROLE IN ADVANCED ILLNESS M ANAGEMENT AND END-OF-LIFE CARE, SUCH AS SOCIAL WORKERS, PSYCHOLOGISTS, CASE MANAGERS, DIET ITIANS, PHARMACISTS, COMPLEMENTARY THERAPISTS, CAREGIVERS AND CERTIFIED NURSING ASSISTANTS (AHA, 2012) OBJECTIVES * PROVIDE EDUCATION AND TRAINING OPPORTUNITIES AROUND END-OF-LIFE CARE AND ACP FOR STUDENTS AND INTERNS * THROUGH EDUCATION, TRAINING AND OUTREACH, GUIDE L OCAL, STATE AND NATIONAL HEALTH CARE ORGANIZATIONS IN THE DEVELOPMENT AND IMPLEMENTATION O F APPROPRIATE SERVICES FOR THE NEEDS OF THE AGING POPULATION, INCLUDING INDIVIDUALS IN NEE D OF ADVANCED ILLNESS MANAGEMENT * MAINTAIN ACTIVE RELATIONSHIPS AND LEADERSHIP ROLES WITH LOCAL AND NATIONAL ORGANIZATIONS * PROVIDE VOLUNTEER OPPORTUNITIES FOR ADULTS AND TEENS I N THE SAN DIEGO COMMUNITY FY 2016 REPORT OF ACTIVITIES SHARP HOSPICECARE PROVIDED TRAINING OPPORTUNITIES FOR APPROXIMATELY 60 SAN DIEGO STATE UNIVERSITY (SDSU) NURSING STUDENTS IN FY 2016 EACH SEMESTER, 15 STUDENTS SHADOWED CASE MANAGERS OUT IN THE FIELD, WHILE AN ADDI TIONAL 15 STUDENTS SPENT AN EIGHT-HOUR DAY SHADOWING AND LEARNING FROM THE NURSING STAFF A T SHARP HOSPICECARE'S LAKEVIEW HOME. |

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| FORM 990, PART III, LINE 4B (CONTINUED) | EACH YEAR, THE SHARP ACP TEAM SUPPORTS SAN DIEGO'S FUTURE HEALTH CARE WORKFORCE THROUGH LE CTURES AND PROFESSIONAL TRAINING OPPORTUNITIES IN FY 2016, THE TEAM PROVIDED ONE-ON-ONE S UPERVISION TO STUDENTS FROM THE UNIVERSITY OF SAN DIEGO, NATIONAL UNIVERSITY AND THE UNIVE RSITY OF CALIFORNIA, IRVINE THE ACP TEAM ALSO PROVIDED INTRODUCTORY EDUCATION ON ACP, POL ST, HOSPICE, BIOETHICS AND GOALS OF CARE TO MORE THAN 400 STUDENTS, INCLUDING NURSING STUD ENTS FROM AZUSA PACIFIC UNIVERSITY, SDSU, AND CALIFORNIA STATE UNIVERSITY SAN MARCOS (CSUS M), SOCIAL WORK STUDENTS FROM UNIVERSITY OF SOUTHERN CALIFORNIA, SAN DIEGO MESA COLLEGE ST UDENTS, AND ADVANCED PLACEMENT PSY CHOLOGY STUDENTS AT VALHALLA HIGH SCHOOL IN ADDITION, T HE SHARP HOSPICECARE BEREAVEMENT TEAM PRESENTED ON GRIEF, LOSS AND BEREAVEMENT TO PSY CHIAT RIC NURSING STUDENTS FROM CSUSM, WHILE, IN APRIL, SHARP HOSPICECARE JOINED THE CSUSM INSTI TUTE FOR PALLIATIVE CARE TO PROVIDE A BEING MORTAL FILM SCREENING AND POST-FILM DISCUSSION PANEL ON BEGINNING END-OF-LIFE DISCUSSIONS FOR APPROXIMATELY 50 STUDENTS, STAFF AND FACUL TY SHARP HOSPICECARE LEADERSHIP PROVIDED EDUCATION, TRAINING AND OUTREACH TO LOCAL, STATE AND NATIONAL HEALTH PROFESSIONALS THROUGHOUT THE YEAR THESE EFFORTS SOUGHT TO GUIDE INDU STRY PROFESSIONALS IN ACHIEVING PERSON-CENTERED, COORDINATED CARE THROUGH THE ADVANCEMENT OF INNOVATIVE HOSPICE AND PALLIATIVE CARE INITIATIVES AUDIENCES INCLUDED CAPE COD HEALTHC ARE QUALITY OF LIFE MANAGEMENT SUMMIT, CHAPCA, DELAWARE VALLEY ACCOUNTABLE CARE ORGANIZATI ON CONFERENCE, BIT THIRD ANNUAL WORLD CONGRESS OF GERIATRICS AND GERONTOLOGY, RAINBOW HOSP ICE CARE, OUTCOME RESOURCES PHARMACY BENEFIT MANAGEMENT SOLUTIONS, THE ANNUAL ASSEMBLY OF THE AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE AND HPNA, WINNESHIEK MEDICAL CENTE R PALLIATIVE CARE CONFERENCE, CCCC ANNUAL SUMMIT, CSUSM INSTITUTE FOR PALLIATIVE CARE AND SDCCC PALLIATIVE CARE ACROSS THE CONTINUUM CONFERENCE, HARVARD LAW SCHOOL, AND CAREGIVER C OALITION OF SAN DIEGO PRESENTATION TOPICS INCLUDED PALLIATIVE CARE ECONOMICS, ADVANCED IL LNESS MANAGEMENT, GERIATRIC FRAILTY, PROGNOSTICATION, DELIRIUM AND TREATMENTS, ACP AND POL ST SHARP HOSPICECARE LEADERSHIP CONTINUED TO SERVE ON THE BOARD, AND AS A STATE HOSPICE R EPRESENTATIVE, FOR THE NHPCO AND CHAPCA IN FY 2016 IN AUGUST, SHARP HOSPICECARE LEADERSHI P RECEIVED THE DORRIS A HOWELL MD, AWARD FOR ADVANCING PALLIATIVE CARE IN RECOGNITION OF THEIR ACHIEVEMENTS IN AND CONTRIBUTIONS TO IMPROVING PALLIATIVE CARE IN THE COMMUNITY IN JUNE, SHARP HOSPICECARE PARTICIPATED IN SHARP HEALTHCARE'S CONTINUING EDUCATION CONFERENCE TITLED ADVANCED ILLNESS MANAGEMENT AN INTEGRATED APPROACH ACROSS THE CONTINUUM OF CARE THE FREE CONFERENCE EDUCATED APPROXIMATELY 100 PHY SICIANS, NURSES, SOCIAL WORKERS, CHAPLAI NS, BEREAVEMENT COUNSELORS, OTHER INTERESTED HEALTH CARE PROVIDERS AND COMMUNITY MEMBERS O N WHAT ADVANCED ILLNESS MANAGEMENT MEANS IN TODAY'S HEALTH CARE ENVIRONMENT, TOOLS TO FACI LITATE IMPROVED CARE COORDINAT |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONTINUED) | ION AND PLANNING, AND COMMUNICATION STRATEGIES TO HELP GUIDE DIFFICULT CONVERSATIONS IN A DDITION, SHARP HOSPICECARE PROVIDED EDUCATION, RESOURCES AND SUPPORT AT THE SHARP HEALTHCA RE OSTEOPATHIC MEDICINE CONFERENCE, SHARP HEALTHCARE PULMONARY CONFERENCE AND SGH SEVENTH ANNUAL HEART AND VASCULAR CONFERENCE, SHARP HOSPICECARE CONTINUED TO PROVIDE VOLUNTEER TRA INING OPPORTUNITIES IN FY 2016 HOSPICE VOLUNTEERS ARE OFTEN WORKING TOWARDS A CAREER IN T HE MEDICAL FIELD IN ADDITION TO GAINING KNOWLEDGE AND EXPERIENCE THROUGH VOLUNTEERING, HO SPICE VOLUNTEERS PROVIDE VALUABLE SUPPORT TO HOSPICE ORGANIZATIONS AND THOSE THEY SERVE, I NCLUDING COMPANIONSHIP TO THOSE NEAR THE END OF LIFE, FAMILY AND CAREGIVER SUPPORT, AND CO MMUNITY OUTREACH SHARP HOSPICECARE TRAINED APPROXIMATELY 80 NEW VOLUNTEERS IN FY 2016 IN ADDITION, 13 TEENAGERS WERE TRAINED THROUGH SHARP HOSPICECARE'S TEEN VOLUNTEER PROGRAM WH ILE VOLUNTEER OPPORTUNITIES WERE EXTENDED TO 17 PREMEDICAL STUDENTS FROM POINT LOMA NAZARE NE UNIVERSITY, SDSU, UCSD AND CSUSM THE TEEN VOLUNTEERS DEVOTED TIME TO SPECIAL PROJECTS IN THE OFFICE OR AT SHARP HOSPICECARE'S LAKEVIEW, PARKVIEW AND BONITAVIEW HOSPICE HOMES, W HILE PRE-MEDICAL STUDENTS ASSISTED FAMILY CAREGIVERS IN PRIVATE HOMES NEARLY 40 VOLUNTEER S PARTICIPATED IN SHARP HOSPICECARE'S 11TH HOUR PROGRAM, A SPECIAL PROGRAM THROUGH WHICH A VOLUNTEER ACCOMPANIES END-OF-LIFE PATIENTS WITHOUT FAMILY MEMBERS PRESENT DURING THEIR FI NAL MOMENTS THE VOLUNTEERS MAY ALSO PROVIDE COMPANY TO FAMILY MEMBERS WHO ARE PRESENT AS THEIR LOVED ONE PASSES AWAY IN ADDITION, APPROXIMATELY 20 VOLUNTEERS ARE TRAINED TO PROVI DE INTEGRATIVE THERAPIES, INCLUDING HEALING TOUCH, REIKI, AROMATHERAPY AND COMFORT HAND MA SSAGE, TO PROMOTE RELAXATION, RESTFUL SLEEP AND ENHANCE THE QUALITY OF LIFE FOR SHARP HOSP ICECARE PATIENTS AND THEIR CAREGIVERS AS WHV PARTNERS, SHARP HOSPICECARE PROVIDES VETERAN -CENTRIC EDUCATION AND TRAINING THAT QUALIFIES VOLUNTEERS TO IDENTIFY AND WORK WITH PATIEN TS WITH MILITARY EXPERIENCE THIS INCLUDES THE VET-TO-VET VOLUNTEER PROGRAM, WHICH PAIRS W AR VETERAN VOLUNTEERS WITH VETERAN PATIENTS, AS WELL AS HONORING VETERAN PATIENTS FOR THEI R SERVICE THROUGH SPECIAL PINNING CEREMONIES VOLUNTEERS HELD NEARLY 70 PINNING CEREMONIES FOR VETERANS RECEIVING CARE AT SHARP HOSPICECARE IN FY 2016 FY 2017 PLAN SHARP HOSPICECA RE WILL DO THE FOLLOWING * CONTINUE TO PROVIDE EDUCATION AND TRAINING OPPORTUNITIES FOR N URSING AND OTHER HEALTH CARE STUDENTS AND INTERNS * PROVIDE STUDENTS WITH AN END-OF-LIFE L EARNING ENVIRONMENT IN COMMUNITY-BASED HOSPICE HOMES * CONTINUE TO PROVIDE EDUCATION, TRAI NING AND OUTREACH TO LOCAL, STATE AND NATIONAL ORGANIZATIONS TO SUPPORT THE DEVELOPMENT AN D IMPLEMENTATION OF SPECIALIZED SERVICES FOR THE NEEDS OF THE AGING POPULATION, INCLUDING ADVANCED ILLNESS MANAGEMENT * MAINTAIN ACTIVE RELATIONSHIPS AND LEADERSHIP ROLES WITH LOCA L AND NATIONAL ORGANIZATIONS * COLLABORATE WITH SAN DIEGO COUNTY HVP TO PROVIDE TRAINING T O COMMUNITY HEALTH CARE PROFES |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | SIONALS * PROVIDE VOLUNTEER TRAINING PROGRAMS FOR APPROXIMATELY 75 ADULTS, STUDENTS AND TE ENS * CONTINUE TO PROVIDE SPECIAL TRAINING OPPORTUNITIES FOR HOSPICE VOLUNTEERS, INCLUDING THE 11TH HOUR PROGRAM, INTEGRATIVE THERAPIES FOR PATIENTS AND CAREGIVERS, AND WHV VOLUNTE ER TRAINING TO SUPPORT VETERANS IDENTIFIED COMMUNITY NEED BEREAVEMENT COUNSELING AND SUPP ORT RATIONALE REFERENCES THE FINDINGS OF SHARP'S 2016 CHNAS, HASD&IC 2016 CHNA OR THE MOST RECENT SDC COMMUNITY HEALTH STATISTICS UNLESS OTHERWISE INDICATED RATIONALE * ACCORDING TO THE IOM 2014 REPORT, DYING IN AMERICA IMPROVING QUALITY AND HONORING INDIVIDUAL PREFER ENCES NEAR THE END OF LIFE, CLINICAL CARE IS NOT A PERSON'S SOLE PRIORITY NEAR THE END OF LIFE PATIENTS AND FAMILIES MAY BE DEEPLY CONCERNED WITH EXISTENTIAL OR SPIRITUAL ISSUES, INCLUDING BEREAVEMENT, AND WITH PRACTICAL MATTERS OF COPING APPROPRIATE SUPPORT IN THESE AREAS IS AN ESSENTIAL COMPONENT OF GOOD CARE * ACCORDING TO THE SAME REPORT, RISK FACTORS FOR COMPLICATED GRIEF AMONG BEREAVED CAREGIVERS INCLUDE FEWER Y EARS OF EDUCA TION, YOUNGER AGE OF THE DECEASED AND LOWER SATISFACTION WITH SOCIAL SUPPORT THE CARE PROVIDED BY HOSP ICES MAY LEAD TO POSITIVE HEALTH OUTCOMES, INCLUDING SURVIVAL, AMONG THE BEREAVED AND MAY HELP SOME PEOPLE AVOID LONG-TERM DEPRESSION AND OTHER CONSEQUENCES OF COMPLICATED GRIEF * ACCORDING TO THE NHPCO, GRIEF MAY BE EXPERIENCED IN RESPONSE TO PHYSICAL LOSSES, SUCH AS DEATH, OR IN RESPONSE TO SYMBOLIC OR SOCIAL LOSSES, SUCH AS DIVORCE OR LOSS OF A JOB THE GRIEF EXPERIENCE CAN BE AFFECTED BY ONE'S HISTORY AND SUPPORT SYSTEM TAKING CARE OF ONE'S SELF AND ACCESSING COUNSELING AND SUPPORT SERVICES CAN BE A GUIDE THROUGH SOME OF THE CHA LLENGES OF GRIEVING AS A PERSON ADJUSTS TO HIS OR HER LOSS * ACCORDING TO A 2010 ARTICLE IN JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION (JAMA), WHEN COMPARED WITH NURSING HOMES OR HOME HEALTH NURSING SERVICES, BEREAVED FAMILY MEMBERS REPORT FEWER UNMET NEEDS FOR PAIN A ND EMOTIONAL SUPPORT WHEN THE LAST PLACE OF CARE WAS HOSPICE IN ADDITION, LOWER SPOUSAL M ORTALITY AT 18 MONTHS WAS FOUND AMONG BEREAVED WIVES OF DECEDENTS WHO USED HOSPICE CARE VE RSUS THOSE WHO DID NOT * A 2015 STUDY PUBLISHED IN JAMA SURVEYED 305 BEREAVED SPOUSES OF DECEDENTS WHO USED HOSPICE AND 711 BEREAVED SPOUSES OF DECEDENTS WHO DID NOT USE HOSPICE SURVIVING SPOUSES OF INDIVIDUALS WHO USED HOSPICE FOR AT LEAST THREE DAYS WERE MORE LIKELY TO HAVE SOME REDUCTION IN DEPRESSIVE SYMPTOMS ONE YEAR AFTER DEATH WHEN COMPARED TO THOSE WHOSE SPOUSES DID NOT USE HOSPICE AT ALL (JAMA, 2015) |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | * ACCORDING TO A 2013 STUDY PUBLISHED IN THE JOURNAL OF PALLIATIVE MEDICINE (JPM), MANY CA REGIVERS MAY BENEFIT FROM BEREAVEMENT SUPPORT, AS 12 TO 40 PERCENT OF CAREGIVERS EXPERIENC E POOR PSY CHOLOGICAL OUTCOMES, INCLUDING DEPRESSION AND COMPLICATED GRIEF, SIX MONTHS TO O NE YEAR FOLLOWING LOSS TARGETING SERVICES TO CAREGIVERS AT RISK FOR POOR PSY CHOLOGICAL WE LL-BEING FOLLOWING LOSS MAY FACILITATE EFFECTIVE USE OF HOSPICE BEREAVEMENT SERVICES (JPM, 2013) * ACCORDING TO A 2014 STUDY PUBLISHED IN THE JOURNAL OF HOSPICE AND PALLIATIVE NUR SING (JHPN), FAMILY CAREGIVER DESCRIPTIONS OF BEREAVEMENT ADAPTATION REVEALED SIGNIFICANT THEMES RELATED TO SOCIAL SUPPORT IN BEREAVEMENT, INCLUDING SUPPORT FROM PROFESSIONAL HEALT H CARE PROVIDERS, BOTH FOR THEMSELVES AND THEIR FAMILY MEMBER DURING PALLIATIVE AND HOSPIC E CARE RISK FACTORS FOR POOR BEREAVEMENT ADAPTATION INCLUDED LENGTH OF TIME IN THE CAREGI VER ROLE, LOSS OF AN ADULT CHILD, LOSS OF SPOUSE, AND HISTORY OF MULTIPLE LOSSES (JHPN, 20 14) OBJECTIVES * PROVIDE BEREAVEMENT EDUCATION, RESOURCES, COUNSELING AND SUPPORT TO COMM UNITY MEMBERS WHO HAVE LOST LOVED ONES * PROVIDE INDIVIDUALS AND THEIR FAMILIES REFERRALS TO COMMUNITY SERVICES * PROVIDE THE MEMORY BEAR PROGRAM TO SUPPORT COMMUNITY MEMBERS WHO H AVE LOST LOVED ONES FY 2016 REPORT OF ACTIVITIES THROUGHOUT FY 2016, SHARP HOSPICECARE OFF ERED A VARIETY OF BEREAVEMENT SERVICE OPTIONS TO HELP GRIEVING COMMUNITY MEMBERS LEARN EFF ECTIVE WAYS TO COPE WITH THE LOSS OF A LOVED ONE SERVICES INCLUDED PROFESSIONAL BEREAVEME NT COUNSELING FOR INDIVIDUALS AND FAMILIES AS WELL AS FREE COMMUNITY EDUCATION, SUPPORT GR OUPS AND MONTHLY NEWSLETTER MAILINGS IN FY 2016, SHARP HOSPICECARE DEVOTED MORE THAN 2,70 0 HOURS TO HOME, OFFICE AND PHONE COUNSELING WITH PATIENTS AND THEIR LOVED ONES, PROVIDING THEM WITH BEREAVEMENT COUNSELING SERVICES FROM LICENSED CLINICAL SOCIAL WORKERS WITH SPEC IFIC TRAINING IN GRIEF AND LOSS SHARP HOSPICECARE'S BEREAVEMENT COUNSELORS ALSO PROVIDED REFERRALS TO COMMUNITY COUNSELORS, MENTAL HEALTH SERVICES, AND OTHER BEREAVEMENT SUPPORT S ERVICES AND COMMUNITY RESOURCES AS NEEDED SHARP HOSPICECARE CONTINUED TO OFFER THE HEALIN G AFTER LOSS AND THE WIDOW'S AND WIDOWER'S BEREAVEMENT SUPPORT GROUPS, REACHING MORE THAN 180 COMMUNITY MEMBERS IN FY 2016 OFFERED QUARTERLY, THE GROUPS CONSISTED OF EIGHT-WEEK SE SSIONS FACILITATED BY SKILLED MENTAL HEALTH CARE PROFESSIONALS SPECIALIZING IN THE NEEDS O F THE BEREAVED THE HEALING AFTER LOSS SUPPORT GROUP FOCUSED ON PRACTICAL CONCERNS OF ADUL TS WHO ARE GRIEVING THE LOSS OF A LOVED ONE WEEKLY THEMES INCLUDED INTRODUCTION TO THE GR IEF PROCESS, STRATEGIES FOR COPING WITH GRIEF, COMMUNICATING WITH FAMILY AND FRIENDS, EXPE RIENCING ANGER IN GRIEF, GUILT, REGRET AND FORGIVENESS, DIFFERENTIATING NATURAL GRIEF AND DEPRESSION, USE OF CEREMONY AND RITUAL TO PROMOTE HEALING, AND WHO AM I NOW?/WHAT DOES HEA LING LOOK LIKE? THE WIDOW'S AND WIDOWER'S SUPPORT GROUP HELPED ADDRESS CONCERNS OF MEN AN D WOMEN WHO HAVE LOST THEIR SP |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | OUSE. PARTICIPANTS WERE ABLE TO SHARE THEIR EMOTIONAL CHALLENGES AND LEARN COPING SKILLS F ROM GROUP MEMBERS IN SIMILAR LIFE SITUATIONS IN FY2016, SHARP HOSPICECARE OFFERED SUPPORT TO ADULTS GRIEVING THE LOSS OF A PARENT THROUGH TWO REMEMBERING OUR PARENTS CLASSES HELD AT THE ALL SOULS' EPISCOPAL CHURCH IN POINT LOMA IN APRIL AND AT THE GROSSMONT HEALTHCARE DISTRICT CONFERENCE CENTER IN MAY, THE CLASSES HELPED MORE THAN 50 ATTENDEES TO RECOGNIZE THE SCOPE OF THEIR LOSS, ALLOW TIME TO GRIEVE, MAINTAIN THEIR OWN HEALTH, AND HONOR THEIR PARENT AS MOTHER'S DAY AND FATHER'S DAY APPROACHED OTHER BEREAVEMENT PRESENTATIONS IN FY 2016 INCLUDED GRIEF, HEALING AND SELF CARE FOR RESIDENTS AT LOHAR LODGE NURSING HOME AND GOOD GRIEF THE TRUTH ABOUT GRIEF, HEALING, AND HOW TO PROVIDE MEANINGFUL SUPPORT AT THE S HARP WOMEN'S HEALTH CONFERENCE SHARP HOSPICECARE SUPPORTED APPROXIMATELY 100 COMMUNITY ME MBERS GRIEVING THE LOSS OF A LOVED ONE DURING THE 2015 HOLIDAY SEASON IN NOVEMBER, SHARP HOSPICECARE HELD ITS ANNUAL HEALING THROUGH THE HOLIDAYS EVENT AT SHARP'S CORPORATE OFFICE LOCATION, INCLUDING PRESENTATIONS ON UNDERSTANDING GRIEF, IMPROVING COPING SKILLS, EXPLOR ING THE SPIRITUAL MEANING OF THE HOLIDAYS IN THE FACE OF GRIEF, AND REVIVING HOPE IN DECE MBER, A SIMILAR EVENT TITLED COPING WITH GRIEF DURING THE HOLIDAY SEASON WAS HELD AT THE G ROSSMONT HEALTHCARE DISTRICT, WHICH PROVIDED PRACTICAL SUGGESTIONS FOR COMMUNITY MEMBERS T O COPE WITH THE PAINFUL FEELINGS OF LOSS THAT OFTEN ARISE DURING THE HOLIDAYS ADDITIONALL Y, SHARP HOSPICECARE PROVIDED A SUPPORT DURING THE HOLIDAY SEASON BEREAVEMENT SUPPORT GROU P ON TWO DAYS IN DECEMBER, WHICH FOCUSED ON COPING SKILLS TO PROMOTE HEALING THROUGH THE H OLIDAYS AND REMEMBERING YOUR LOVED ONES SHARP HOSPICECARE ALSO CONTINUED ITS MEMORY BEAR PROGRAM IN FY 2016 IN THIS UNIQUE PROGRAM, VOLUNTEERS USE GARMENTS OF LOVED ONES WHO HAVE PASSED ON TO SEW TEDDY BEARS AS KEEPSAKES FOR SURVIVING FRIENDS AND FAMILY IN FY 2016, N EARLY 3,000 HOURS WERE DEDICATED TO SEWING MORE THAN 740 BEARS FOR APPROXIMATELY 280 FAMIL IES SHARP HOSPICECARE ALSO CONTINUED TO MAIL ITS MONTHLY BEREAVEMENT SUPPORT NEWSLETTER T ITLED HEALING THROUGH GRIEF TO 1,370 COMMUNITY MEMBERS FOR 13 MONTHS AFTER THE LOSS OF THE IR LOVED ONE. FY 2017 PLAN SHARP HOSPICECARE WILL DO THE FOLLOWING * CONTINUE TO OFFER IN DIVIDUAL AND FAMILY BEREAVEMENT COUNSELING FOR COMMUNITY MEMBERS WHO HAVE LOST A LOVED ONE * CONTINUE TO PROVIDE REFERRALS TO COMMUNITY SERVICES * CONTINUE TO PROVIDE A VARIETY OF FREE BEREAVEMENT SUPPORT GROUPS * CONTINUE TO PROVIDE EVENTS AND SUPPORT SERVICES FOR INDI VIDUALS GRIEVING THE LOSS OF A LOVED ONE DURING THE HOLIDAY SEASON * SUPPORT AT LEAST 280 FAMILIES THROUGH THE MEMORY BEAR PROGRAM * CONTINUE TO PROVIDE 13 MAILINGS OF BEREAVEMENT SUPPORT NEWSLETTERS SHARP HOSPICECARE PROGRAM AND SERVICE HIGHLIGHTS * ADVANCE CARE PLANNI NG * BEREAVEMENT CARE SERVICES * CAREGIVER AND FAMILY SUPPORT * HOMES FOR HOSPICE PROGRAM * HOSPICE AIDES * HOSPICE NURS |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | ING SERVICES * INTEGRATIVE THERAPIES * MANAGEMENT FOR VARIOUS HOSPICE PATIENT CONDITIONS, INCLUDING * ALZHEIMER'S DISEASE * CANCER * DEBILITY * DEMENTIA * HEART DISEASE * HUMAN IM MUNODEFICIENCY VIRUS * KIDNEY DISEASE * LIVER DISEASE * PULMONARY DISEASE * STROKE * MUSIC THERAPY * SOCIAL SERVICES SUPPORT * SPIRITUAL CARE SERVICES * VOLUNTEER PROGRAM * WE HONO R VETERANS PROGRAM APPENDIX A SHARP HEALTHCARE INVOLVEMENT IN COMMUNITY ORGANIZATIONS THE LIST BELOW SHOWS THE INVOLVEMENT OF SHARP EXECUTIVE LEADERSHIP AND OTHER STAFF IN COMMUNIT Y ORGANIZATIONS AND COALITIONS IN FISCAL YEAR 2016 COMMUNITY ORGANIZATIONS ARE LISTED ALP HABETICALLY * 2-1-1 SAN DIEGO BOARD * A NEW PATH (PARENTS FOR ADDICTION, TREATMENT AND HE ALING) * ADULT PROTECTIVE SERVICES * AGING AND DISABILITY RESOURCE CONNECTION * AGING AND INDEPENDENCE SERVICES * ALZHEIMER'S SAN DIEGO * ALZHEIMER'S PROJECT SAFETY WORKGROUP * ALZ HEIMER'S SAN DIEGO CLIENT ADVISORY BOARD * AMERICAN ACADEMY OF NURSING * AMERICAN ASSOCIAT ION OF COLLEGES OF NURSING * AMERICAN ASSOCIATION OF CRITICAL CARE NURSES, SAN DIEGO CHAPT ER * AMERICAN CANCER SOCIETY * AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES (ACHE) * AMERICAN DIABETES ASSOCIATION * AMERICAN FOUNDATION FOR SUICIDE PREVENTION * AMERICAN HEART ASSOCI ATION * AMERICAN HOSPITAL ASSOCIATION * AMERICAN NURSES ASSOCIATION * AMERICAN PARKINSON D ISEASE ASSOCIATION * AMERICAN PSY CHIATRIC NURSES ASSOCIATION * AMERICAN RED CROSS OF SAN D IEGO * THE ARC OF SAN DIEGO * ARMS WIDE OPEN * ASIAN BUSINESS ASSOCIATION * ASSOCIATION FO R AMBULATORY BEHAVIORAL HEALTHCARE * ASSOCIATION FOR CLINICAL PASTORAL EDUCATION * ASSOCIA TION OF CALIFORNIA NURSE LEADERS * ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC AND NEONATAL N URSES * AZUSA PACIFIC UNIVERSITY * BAME RENAISSANCE, INC (BAME CDC) * BAYSIDE COMMUNITY C ENTER * BEACON COUNCIL'S PATIENT SAFETY COLLABORATIVE * BOYS AND GIRLS CLUB OF SOUTH COUNT Y * BONITA BUSINESS AND PROFESSIONAL ORGANIZATION * CABRILLO CREDIT UNION SHARP DIVISION B OARD * CABRILLO CREDIT UNION SUPERVISORY COMMITTEE * CALIFORNIA ASSOCIATION OF HEALTH PLAN S * CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS * CALIFORNIA ASSOCIATION OF MAR RIAGE AND FAMILY THERAPISTS |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | * CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS * CALIFORNIA BOARD OF BEHAVIORAL HEALTH SCIEN CES * CALIFORNIA COLLEGE SAN DIEGO * CALIFORNIA MATERNAL QUALITY CARE COLLABORATIVE * CALI FORNIA DEPARTMENT OF PUBLIC HEALTH * CALIFORNIA DIETETIC ASSOCIATION, EXECUTIVE BOARD * CA LIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY * CALIFORNIA HEALTH CARE FOUNDATION * CALIFO RNIA HEALTH INFORMATION ASSOCIATION * CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION * CALIFORNIA HOSPITAL ASSOCIATION CENTER FOR BEHAVIORAL HEALTH * CALIFORNIA HOSPITAL ASSOCI ATION * CALIFORNIA HOSPITAL ASSOCIATION EMERGENCY MANAGEMENT ADVISORY COMMITTEE * CALIFORN IA LIBRARY ASSOCIATION * CALIFORNIA PERINATAL QUALITY CARE COLLABORATIVE * CALIFORNIA STAT E UNIVERSITY SAN MARCOS * CALIFORNIA TERATOGEN INFORMATION SERVICE * CAREGIVER COALITION O F SAN DIEGO * CARING HEARTS MEDICAL FOUNDATION * CENTER FOR COMMUNITY SOLUTIONS * CHECK YO UR MOOD COMMITTEE * CHELSEA'S LIGHT FOUNDATION * CHICANO FEDERATION OF SAN DIEGO COUNTY * COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) BEHAVIORAL HEALTH WORK TEAM * CHIP HEALTH LIT ERACY TASK FORCE * CHIP INDEPENDENT LIVING ASSOCIATION ADVISORY BOARD AND PEER REVIEW ADVI SORY TEAM * CHIP SUICIDE PREVENTION WORK TEAM * CHULA VISTA CHAMBER OF COMMERCE * CHULA VI STA POLICE FOUNDATION * CITY OF CHULA VISTA WELLNESS PROGRAM * CITY OF SAN DIEGO * CITY OF SAN DIEGO PARK & RECREATION - THERAPEUTIC RECREATION SERVICES DISABLED SERVICES ADVISORY COUNCIL * COMBINED HEALTH AGENCIES * COMMUNITY CENTER FOR THE BLIND AND VISUALLY IMPAIRED * COMMUNITY EMERGENCY RESPONSE TEAM * CONSORTIUM FOR NURSING EXCELLENCE, SAN DIEGO * CORON ADO FIRE DEPARTMENT * CORONADO PUBLIC LIBRARY * CORONADO SAFE (STUDENT AND FAMILY ENRICHME NT) * CORONADO SENIOR CENTER PLANNING COMMITTEE * COUNCIL OF WOMEN'S AND INFANTS' SPECIALT Y HOSPITALS * COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES * CVS MINUTECLINICS * CYCLE E ASTLAKE * DOWNTOWN SAN DIEGO PARTNERSHIP * EAST COUNTY ACTION NETWORK * EAST COUNTY SENIOR SERVICE PROVIDERS * EMERGENCY NURSES ASSOCIATION, SAN DIEGO CHAPTER * EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION * EMSTA COLLEGE * FAMILY HEALTH CENTERS OF SAN DIEGO * FEEDING SAN DIEGO * GARY AND MARY WEST SENIOR WELLNESS CENTER * GIRL SCOUTS SAN DIEGO * GIRLS WITH GOALS * GREATER SAN DIEGO EAST COUNTY ADVISORY BOARD * GROSSMONT COLLEGE * GROSSMONT HEAL TH OCCUPATIONS CENTER * GROSSMONT HEALTHCARE DISTRICT * GROSSMONT IMAGING LLC BOARD * GROS SMONT UNION HIGH SCHOOL DISTRICT * HEALTH CARE COMMUNICATORS BOARD * HEALTH INSURANCE COUN SELING AND ADVOCACY PROGRAM * HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) * HELEN WOOD WARD ANIMAL CENTER * HOME START, INC * HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COU NTIES (HASD&IC) * HASD&IC COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY GROUP * HSHMC BOARD * HUNGER ADVOCACY NETWORK * I LOVE A CLEAN SAN DIEGO * INNER CITY ACTION NETWORK * INTERNAT IONAL ASSOCIATION OF EATING DISORDERS PROFESSIONALS * THE JACOBS & CUSHMAN SAN DIEGO FOOD BANK * KIWANIS CLUB OF CHULA V |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | ISTA * LA MAESTRA COMMUNITY HEALTH CENTERS * LA MESA LION'S CLUB * LA MESA PARK AND RECREA TION FOUNDATION BOARD * LAS DAMAS DE SAN DIEGO INTERNATIONAL NONPROFIT ORGANIZATION * LAS PATRONAS * LAS PRIMERAS * LIFE ROLLS ON FOUNDATION * LIGHTBRIDGE HOSPICE COMMUNITY FOUNDAT ION * MARCH OF DIMES * MEALS ON WHEELS GREATER SAN DIEGO * MENDED HEARTS * MENTAL HEALTH A MERICA * MENTAL HEALTH FIRST AID PROGRAM - MHA OF SAN DIEGO * MIRACLE BABIES * MRI JOINT V ENTURE BOARD * NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOY EES ASSOCIATION * NATIONAL ALLIAN CE ON MENTAL ILLNESS * NATIONAL ASSOCIATION OF NEONATAL NURSES * NATIONAL ASSOCIATION OF H ISPANIC NURSES, SAN DIEGO CHAPTER * NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION * NA TIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY * NATIONAL KIDNEY FOUNDATION * NATIONAL UNI VERSITY * NEIGHBORHOOD HEALTHCARE * NORTH SAN DIEGO BUSINESS CHAMBER * PACIFIC ARTS MOVEME NT * PENINSULA SHEPHERD SENIOR CENTER * PERINATAL SAFETY COLLABORATIVE * PERINATAL SOCIAL WORK CLUSTER * PLANETREE BOARD OF DIRECTORS * POINT LOMA NAZARENE UNIVERSITY * PROFESSIONA L ONCOLOGY NETWORK * PUBLIC HEALTH NURSE ADVISORY BOARD * REGIONAL PERINATAL SY STEM * RESI DENTIAL CARE COMMITTEE * ROTARY CLUB OF CHULA VISTA * ROTARY CLUB OF CORONADO * SAFETY NET CONNECT * SAN DIEGO COMMUNITY ACTION NETWORK * SAN DIEGO ASSOCIATION OF DIABETES EDUCATOR S * SAN DIEGO ASSOCIATION OF GOVERNMENTS * SAN DIEGO BLACK NURSES ASSOCIATION * SAN DIEGO BLOOD BANK * SAN DIEGO COMMUNITY COLLEGE DISTRICT * SAN DIEGO COUNTY BREASTFEEDING COALITI ON ADVISORY BOARD * SAN DIEGO COUNTY CIVILIAN/MILITARY LIAISON WORK GROUP * SAN DIEGO COUN TY COALITION FOR IMPROVING END-OF-LIFE CARE * SAN DIEGO COUNTY COUNCIL ON AGING * SAN DIEG O COUNTY EMERGENCY MEDICAL CARE COMMITTEE * SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGE NCY * SAN DIEGO COUNTY HOSPICE-VETERAN PARTNERSHIP * SAN DIEGO COUNTY MEDICAL SOCIETY BIOE THICS COMMISSION * SAN DIEGO COUNTY OLDER ADULT BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL * SAN DIEGO COUNTY OLDER ADULT COUNCIL * SAN DIEGO COUNTY PERINATAL CARE NETWORK * SAN DIEG O COUNTY SOCIAL SERVICES ADVISORY BOARD * SAN DIEGO COUNTY STROKE CONSORTIUM * SAN DIEGO C OUNTY SUICIDE PREVENTION COUNCIL * SAN DIEGO COUNTY TAXPAY ERS ASSOCIATION * SAN DIEGO COUN TY UNIFIED DISASTER COUNCIL * SAN DIEGO COVERED CALIFORNIA COLLABORATIVE * SAN DIEGO DIETE TIC ASSOCIATION BOARD * SAN DIEGO EAST COUNTY CHAMBER OF COMMERCE HEALTH COMMITTEE * SAN D IEGO EYE BANK NURSES ADVISORY BOARD * SAN DIEGO FOOD SY STEM ALLIANCE, HEALTHY FOOD ACCESS COMMITTEE * SAN DIEGO HABITAT FOR HUMANITY * SAN DIEGO HALF MARATHON * SAN DIEGO HEALTH IN FORMATION ASSOCIATION * SAN DIEGO HEALTHCARE DISASTER COALITION * SAN DIEGO HISTORY PROJEC T COMMITTEE * SAN DIEGO HOSPICE AND PALLIATIVE NURSES ASSOCIATION * SAN DIEGO HOUSING COMM ISSION * SAN DIEGO HUMANE SOCIETY * SAN DIEGO HUNGER COALITION * SAN DIEGO IMMUNIZATION CO ALITION * SAN DIEGO IMPERIAL COUNCIL OF HOSPITAL VOLUNTEERS * SAN DIEGO LESBIAN, GAY, BISE XUAL, AND TRANSGENDER COMMUNIT |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B (CONTINUED) | Y CENTER, INC * SAN DIEGO MENTAL HEALTH COALITION * SAN DIEGO MESA COLLEGE * SAN DIEGO ME SA COLLEGE ADVISORY BOARD * SAN DIEGO MILITARY FAMILY COLLABORATIVE * SAN DIEGO NORTH CHAM BER OF COMMERCE * SAN DIEGO OLDER ADULT COUNCIL * SAN DIEGO ORGANIZATION OF HEALTHCARE LEA DERS, A LOCAL ACHE CHAPTER * SAN DIEGO PATIENT SAFETY CONSORTIUM * SAN DIEGO PHYSICIAN ORD ERS FOR LIFE-SUSTAINING TREATMENT COALITION/SAN DIEGO COALITION FOR COMPASSIONATE CARE * S AN DIEGO REGIONAL CHAMBER OF COMMERCE * SAN DIEGO REGIONAL HOME CARE COUNCIL * SAN DIEGO R ESCUE MISSION * SAN DIEGO RIVER PARK FOUNDATION * SAN DIEGO STATE UNIVERSITY * SAN DIEGO W ORKFORCE PARTNERSHIP * SAN DIEGO WORKFORCE - WORK WELL COMMITTEE * SAN YSIDRO HIGH SCHOOL * SANTEE CHAMBER OF COMMERCE * SAY SAN DIEGO * SECOND CHANCE * SERVING SENIORS * SHARP AND CHILDREN'S MRI BOARD * SHARP AND UC SAN DIEGO HEALTH'S JOINT VENTURE BOARD * SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING * SOUTH BAY COMMUNITY SERVICES * SOUTH COUNTY A CTION NETWORK * SOUTH COUNTY ECONOMIC DEVELOPMENT COUNCIL * SUPERFOOD DRIVE * SUSAN G KOM EN BREAST CANCER FOUNDATION * SWEETWATER UNION HIGH SCHOOL DISTRICT * THE MEETING PLACE * TRAUMA CENTER ASSOCIATION OF AMERICA * UNION OF PAN ASIAN COMMUNITIES * UNIVERSITY OF CALI FORNIA, SAN DIEGO * UNIVERSITY OF SAN DIEGO * UNIVERSITY OF SOUTHERN CALIFORNIA * VA MENTA L HEALTH COUNCIL * VA SAN DIEGO HEALTHCARE SYSTEM * VETERANS HOME OF CALIFORNIA, CHULA VIS TA * VETERANS VILLAGE OF SAN DIEGO * VISTA HILL PARENTCARE * WE HONOR VETERANS * WOMEN, IN FANTS AND CHILDREN PROGRAM * YMCA * YWCA BECKY'S HOUSE(R) * YWCA BOARD OF DIRECTORS * YWCA EXECUTIVE COMMITTEE * YWCA FINANCE COMMITTEE * YWCA IN THE COMPANY OF WOMEN EVENT |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

**Employer identification number**
33-0124488

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
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**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (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 | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| (1) CONTINUOUS QUALITY INSURANCE SPC<br>23 LIME TREE BAY AVENUE<br>PO BOX 1<br>CJ | CAPTIVE INSURANCE COMPANY | CJ | N/A | C | | | | | No |
| (2) CHARITABLE REMAINDER TRUST (3) | PROGRAM SUPPORT | CA | N/A | T | | | | | No |
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**Part V** **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| **(1)**GROSSMONT HOSPITAL CORPORATION | B | 4,927,862 | ACCRUAL |
| **(2)**GROSSMONT HOSPITAL CORPORATION | P | 715,987 | ACCRUAL |
| **(3)**GROSSMONT HOSPITAL CORPORATION | C | 1,653,175 | ACCRUAL |
| **(4)**GROSSMONT HOSPITAL CORPORATION | N | 66,882 | ACCRUAL |
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**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 | |
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## Part VII Supplemental Information

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

| Return Reference | Explanation |
|---|---|

## Additional Data

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

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

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